



Medical Representative Profession in 2010

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Research completed with the kind support of Mercury Research.

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Abstract

“Medical Representative Profession in 2010” is a research completed by Iordacheiordache T&D with the support of Mercury Research with the aim of helping executive of pharmaceutical companies in Romania to establish relevant human resources strategies for further development of their sales forces with benefits for all involved: clients, sales professionals and companies.

We hope to provide relevant insights for successful transformation of actual sales forces in order to accommodate the future needs of the industry - keeping profits under high price erosion, smaller sales forces, a more complex selling environment and possibly moving towards KA management.

The findings focus on actual perceptions on job satisfaction, success factors, motivators, management, several processes and provide a view on perceptions about how the job has evolved in the last period of time.

Results are analyzed at overall level for the MR community as a whole but also at subgroups level on criteria such as age, experience, size of the employer, type of product promoted, type of formal education, work experience, level of training provided and commitment for the job in the future.

Introduction

The medical representative profession is relatively new in Romania. Its actual start is associated with beginning of '90s when multinational pharmaceutical companies diffidently started to set representative offices in Romania.

In the mid '90s this new profession took off as more and more representative offices opened up. Originally, reps were almost exclusively recruited from fresh medical science and pharmacy graduates who found it difficult to accommodate into a poor and corrupt healthcare system, looking for the low hanging fruits that pharmaceutical industry was showing them. Most of them saw their involvement in pharma as a quick fix rather than a lifelong journey; however the majority of the top and middle managers of today started as medical reps then.

Between 2000-2006, the international “arms race” (companies massively increasing their sales forces in their quest for share of voice and share of noise fuelled by the ever richest period in blockbusters) was even magnified locally. Starting from a rather low base both pharmaceutical sales forces and market have increased steadily at faster pace than in the Western world and companies took Romania more seriously as it was about to join the “safety” of EU. It was a time when sales forces would almost double every 2-3 years. With a scarcer pool of medically educated candidates the industry was looking to recruits with other educational background. Too busy with growth companies lowered selection and training standards. The economic boom played also a role in rapid increase of salary pay for the job, decreased loyalty of employees for their actual company and high rate of personnel turnover.

The economic slowdown starting at the end of 2008 has also made its print on the pharmaceutical industry although with some delay and not as steep like on other industries. The overall Romanian pharmaceutical market in 2009 recorded a decrease for the first time in years. Consecutively, we witnessed erratic cuts in sales forces in a number of companies. Year 2010 seems to be the most difficult so far and is very likely to leave a long lasting dent in margins and profits of many companies.

The future looks if not darker (for the medical reps community as a whole) at least blurry. Globally, the industry is looking to redefine its sales model as traditional blockbusters are slow to appear, patents expire at an alarming rate, the new and promising molecules are more from rare and severe disease area, buying (prescription) decision goes away from doctors usually to institutionalized healthcare funds and patients play a more important role in choosing the medication. These foreseen changes are not going to pass-by the Romanian market either, although delay is expected.

The role of medical representative will be transformed (most would say towards a complex key account management (KAM) model), other methods of pharmaceutical promotion will be employed and, very likely, sales forces will significantly decrease in size (our estimation is to half of current size during the next five years).

In order to prepare for such challenges we may need to better understand our medical representatives from many angles and be able to identify those with strong potential for the future needs and models. The challenge is to consciously cultivate the right players and the appropriate capabilities and behaviors. The actual research intends to help those interested in achieving a smooth and successful transformation in the near future.

Research objectives

1. To learn about the perception of MRs on their own profession:
 - a. A perception as compared to other professions within the labor market
 - b. What, in their view are the ingredients needed to be successful in this job.
2. To evaluate the dynamics of this job in the last 1-3 years keeping in mind the growing concern of pharmaceutical industry about their sales model and the global economic crisis; both at the market and personal level.
3. An evaluation of MR expectations on their direct managers as well as their perception of actual delivery of key leadership tools.
4. An exploration of the perception of MRs related to their training programs offered by their companies in the last three years.
5. Identifying the respondents' level of satisfaction related to their work, both company and various aspects of their daily routine such as sales tools, marketing strategy, involvement in decisions affecting their work, level of freedom etc. Related to these topics we explored the commitment of actual reps to stay on the job in the future as well as their intention to leave their current employer.
6. Understanding the general motivators and the reasons behind their migration among pharmaceutical companies and their real weight in the decision to move.

Methodology:

1. 15-minute anonymous online questionnaire
2. Period: 11.11.2009 – 22.03.2010
3. Respondents: questionnaires have been sent to 134 MRs and KAMs who are doing physician detailing for pharmaceutical companies; the estimated number of pharmaceutical MRs in Romania is 3500. Respondents were chosen through an impressive networking effort (existing contacts, recommended contacts, professional social media website and recommendations from participants for reps in companies other than own). 113 have been received back (84.3% participation rate). Respondents were contacted initially by phone, asked for permission to participate (8 refused right away), then send questionnaire and reminder after a period of time (45% of cases, which increased visibly the response rate). They were asked to confirm completion of the job, 7 did not. None of the answers were excluded from analysis. Two respondents did not fill in demographic data at the end of questionnaire possibly due to technical problems.
4. Companies: the 134 questionnaires were sent to MRs from 57 companies. Except companies with less than 19 MRs we collected answers from maximum 10% of MRs in each company. 106 of the participants from 48 companies confirmed they completed the questionnaire.
5. Based on collected demographic data we have defined for analysis the following subgroups:
 - A. *Age of respondents:*
 - a. *Youngsters:* <30 years of age (35 respondents, 31,5%)
 - b. *Average age:* 31-35 (44 respondents, 39,6%)
 - c. *Elders:* >36 years of age (32 respondents, 28,8%)
 - B. *Seniority as medical representatives:*
 - a. *Juniors:* 1-3 years of experience (32 respondents, 28%)
 - b. *Experienced:* 4-6 years of experience (43 respondents, 38%)
 - c. *Seniors:* more than 7 years of experience (48 respondents, 34%)
 - C. *Number of MRs in the employed by the company:*
 - a. *Small companies:* <40 MRs (34 respondents, 30,7%)
 - b. *Medium companies:* 41-100 MRs (43 respondents, 38,6%)
 - c. *Large companies:* >101 MRs (34 respondents, 30,7%)
 - D. *Types of promoted products in portfolio:*
 - a. *Generics group:* promoting generics only or mainly generic products (16 respondents, 14,1%)
 - b. *Originals group:* Promoting originals only or mainly original products (83 respondents, 73,5%)
 - c. *Mix group:* Equal share of generics and originals (12 respondents, 10,6%)
 - E. *Type of company:*
 - a. *Romanian companies:* Romanian only or with important production in Romania: Zentiva, Antibiotice, Ranbaxy, Gedeon Richter, Labormed, Biofarm, Sandoz, Actavis (17 respondents, 15%)
 - b. *Top 10 global multinationals* (according to IMS): Pfizer, GSK, Novartis - without Sandoz, Sanofi Aventis, Astrazeneca, Roche, J&J, MSD, Abbott, Lilly (39 respondents, 34,5%)

- c. *Other multinationals* - multinationals with high presence in RO: Servier, Wyeth, Bayer, Solvay, Menarini, Schering Plough, Novo Nordisk, Boeringer Ingelheim, BMS (24 respondents, 21.2%)
- d. *Unspecified group*: the rest of the companies. (31 respondents, 27.4%)
- F. *Formal education of respondents*:
 - a. *Medical education*: graduates of general medicine or pharmacy (65 respondents, 59%)
 - b. *Non-medical education group*: any other education (46 respondents, 41%)
- G. *Commitment to further work as MR*:
 - a. *Short term commitment group*: 1-3 years (49 respondents, 43%)
 - b. *Medium term commitment group*: 4-9 years (37 respondents, 33%)
 - c. *Long term commitment group*: >10 years (27 respondents, 24%)
- H. *Number of attended trainings in the last three years, only for reps more than 3 years on the job (101 respondents). This may not necessarily be in the same company!*
 - a. *One or less trainings yearly*: 1-3 training sessions in the last three years (27 respondents, 27%)
 - b. *2 or less than 2 trainings yearly*: 4-6 training sessions in the last three years (35 respondents, 35%)
 - c. *More than 2 trainings yearly*: more than 6 in the last three years (39 respondents, 39%)
- I. *Work experience*
 - a. *Only MR job group*: Medical representative the only job ever had (28 respondents, 25%)
 - b. *Various employment experience*: also had other jobs in the past too (85 respondents, 75%)

Description of sample

1. Distribution by sex: 40% female, 58% male (2% did not fill in demographic data).
2. Age structure: 20-25 years – 2.8%, 26-30 years – 28.4%, 31-35 years – 39.4% and 36-45 years – 27.5%.
3. Educational background: medicine – 50.5%, pharmacy – 7.3%, biology, biochemistry, vets – 13.8%, economic – 10.1%, engineering – 5.5% and other – 15.6%.

Results

1. Objective: To learn about the perception of MRs on their own profession:

- a. **Perception as compared to other professions within the labor market**
- b. **What, in their view, are the ingredients needed to be successful in this job.**

When asked *how important do they think is the work of a medical representative (MR) within a pharmaceutical company*, three quarters (74.3%) considered as very important with the remaining quarter (24.8%) considering it important. One single answer was neutral.

There was significantly more agreement that the job is very important within the *elders group*, within the *Romanian pharmaceutical companies group* and within the *various employment experience group!*

93.8% of respondents strongly agree and agree that *MR is a sought after job* on the market with less than 1% in disagreement. A great majority of people (93.8%) are in agreement (68.1% strongly agree) that *the MR job is useful for society* with nobody in disagreement. There is a wider distribution of opinions as to whether this job is *as appreciated as other jobs* (65% consider the job is not as appreciated as other jobs, 18% in disagreement). This may undermine to some extent the energy level of this professional group and may be in line with global tendency.

Please find in Figure 1 various elements that may influence career success of a medical representative and how is their importance on success rated on a 1-10 linear scale.

Level of knowledge in medical and pharmaceutical field interestingly ranked lowest with a mean score of 8. This score was significantly higher in the following subgroups:

- *Large companies* compared to *medium sized companies* (41-100 MRS): 8.5 vs. 7.3.
- *Generics group* compared to *originals group*: 9.1 vs. 7.6.
- *Long term commitment group* compared to *short term one as MRs*: 8.6 vs. 7.7.

Collaboration with other MR colleagues ranked second lowest: 8.4. *Seniors* were considering even less important this aspect (7.9, compared to those 4-6 years on the job: 8.8).

Correct usage of selling skills during daily activity: 8.6. It looks like people appreciate knowing them more than actually using the selling skills.

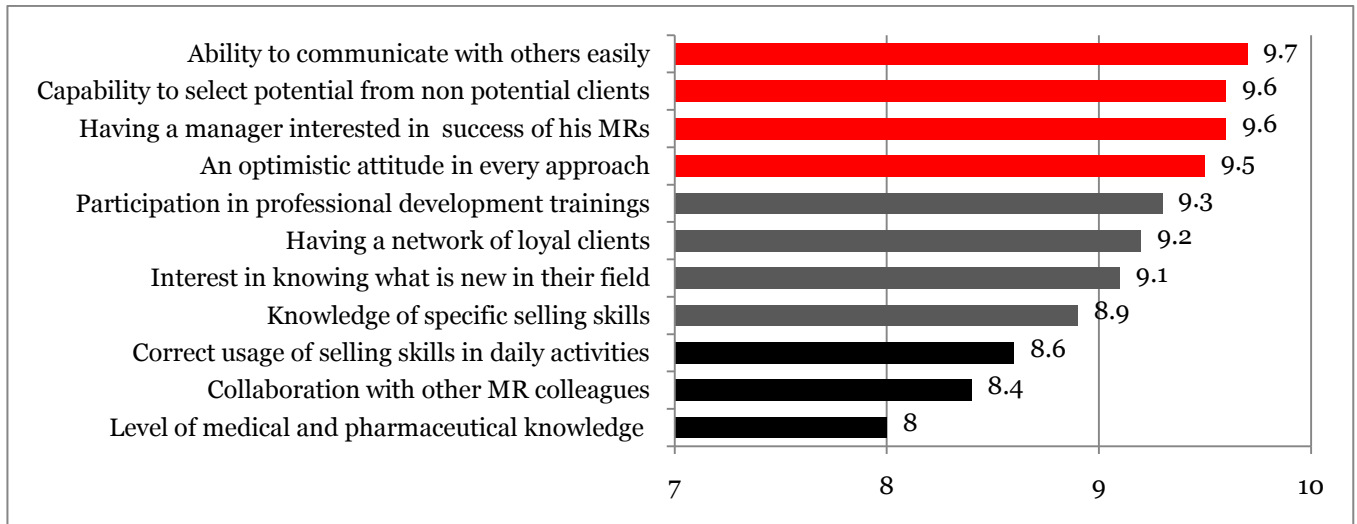


Figure 1. Elements influencing career success of MRs (mean score on 1-10 scale)

Knowledge of specific selling skills: mean score 8.9. There was no significant difference amongst groups except the *various employment experience group* (9.1) compared to *only MR job group* (8.4).

The interest in updating with relevant news in their professional field as success factor for MRs was ranking in the middle: 9.1. Significant differences have been found amongst the following groups.

- *Juniors* consider this as more important (9.6) compared to the whole group (9.1) and especially the *seniors* (8.7).
- *MRs non medical education* seem to relate success more with interest in field news (9.4) as compared to those with *medical education* (8.9).
- Similar situation was observed with the group of MRs with *various employment experience* (9.3) compared to those holding *MR job only* (8.7).

Having a network of loyal clients ranked also in the middle (9.2) with the *MRs from large companies* significantly appreciating this more (9.5) than those in the *medium sized companies* (8.8).

Participation in professional development trainings has been viewed more important by *junior reps* (significantly more than *seniors*; 9.6 compared to 9 in the latter). Similarly, those who had *various employments experience* seemed to appreciate participation in professional trainings more than those holding *only MR jobs* (9.5 to 8.9).

Having an optimist attitude in every approach was also ranking high (mean score 9.5) with those in the *Romanian companies group* having the highest score (10) than any of the other groups.

The ability to differentiate between clients with high potential and those without potential was ranking interestingly second highest (9.6) with all groups being in agreement.

Having a manager that is interested in the success of his own MRs ranked also second highest (9.6). Respondents from the *experienced group* significantly regarded this as more important (9.8) than *seniors* (9.4).

Ability to communicate well with others ranked highest: mean score of 9.7. There was no significant difference amongst groups except *various employment experience group* (9.8) compared to those who were *only MRs* (9.5).

2. To evaluate the dynamics of this job in the last 1-3 years keeping in mind the growing concern of pharmaceutical industry about its sales model and the global economic crisis; both at the market and personal level.

We were first looking at some professional changes in the last year (it includes the year since world economic crisis has started).

Knowledge level has uniformly increased along subgroups of respondents (mean score 2.9 out of 3; decreased – 1, stable – 2, increased – 3).

The number of clients has also increased, mean score (2.6). Especially in the *generics group* the growth was seen as more uniform (mean score 3!) than in any other groups (*originals* and *mix groups*). Also in the group of *Romanian companies* the number of clients increased more (2.8) than in the group of *multinationals with large presence in Romania* (2.4).

Sales volume of each rep has uniformly increased amongst all groups (2.8), only 9 subjects responded that they remained the same and 7 confirmed decrease. Growth was more visible in *Romanian companies* and the *unspecified group* (2.9) as compared to other *multinationals group* (2.5).

Salary level stayed the same or increased (mean score 2.6). Only 1 MR reported salary decrease. 37% stayed the same and 62% reported increase. Interestingly, more of those who had attended *more than 2 trainings yearly* (2.8), have reported increase as compared to the respondents from *less training* groups (2.5).

Benefits level however was rather stagnating during this period of crisis (mean score 2.1). 45% of respondent mentioned it stayed the same, 23% reported a decrease and 32% had an increase. Situation was uniformly distributed along all MR groups.

The number of daily calls made was slightly on the rise (mean score 2.2). The *youngsters* group seems to have made more visits (2.3) than the *elders* who are making the same number of visits (mean score 2).

Regarding *the overall appreciation they received from the company* an increase has been noticed as a general rule (47% stayed still, 50% increased and only 3% showed a decrease; mean 2.5). This appreciation has been observed more by MRs from *originals group* compared to those in *generics group* (2.5 vs. 2.2) and by those with *medical studies background* as compared to those without (2.6 vs. 2.3).

Then we looked at some dynamics of their job in the market over the last three years as observed by respondents.

The average call time has been perceived as decreasing (mean score 1.9 out of 3; decreased – 1, stable – 2, increased – 3), following an expected trend in the industry. Nevertheless opinions were split (29% reporting growth, 30% reporting stability, and 37% – decrease; 4 could not appreciate). Within subgroups, reps from the *generics* and *mix group* reported a small increase in call duration compared to those in the *originals* group (2.3 and 2.4 vs. 1.8). Also less MRs with *non-medical background* reported a longer call time compared to their colleagues with *medical background* (2.2 vs. 1.8).

Access to clients has become slightly more difficult although opinions have been quite divided between respondents 45% reporting increased difficulty, 16% reporting stability, and 37% – decreased difficulty; 2 could not tell. No significant differences between subgroups.

Probability for reaching the sales targets set for each rep has slightly decreased in the last three years, mean score 1.9 (32% reporting increased probability, 19% reporting stability, and 42% – decreased probability; 2 could not tell). Amongst groups the happy campers were those having attended on *average 2 or more training programs yearly* (mean score 2.2 compared to 1.9 and 1.8 in the groups with less training programs).

The total number of clients seems to have increased in the last three years (mean score 2.4, 57% reporting increased number of clients, 30% reporting stability, and 12% – less clients; 1 could not tell). MRs from *small companies* seems to suffer most from these changes (2.6 vs. 2.3 in medium sized companies).

There is a slight increase in *the difficulty to convince clients to choose the promoted products* in the last period of time (mean score 2.1, 46% reporting increased difficulty, 18% reporting stability, and 36% – decrease; 1 could not tell) with no significant differences amongst subgroups.

3. An evaluation of MR expectations on their direct managers as well as their perception of actual delivery of key leadership tools.

Firstly, we wanted to learn how important are MRs considering different FLSM success elements described in leadership literature. We asked them to rank the importance of such elements on a 1-4 scale (1 – not important at all, 2 – little importance, 3 – important, 4 – very important). Our findings are described in Figure 2.

Treating subordinates equitably without favoritism ranked on top (mean 3.9). Those demanding more of this behavior are: those in *elders* group, employees of *large companies*, those from *top 10 global multinationals*, and those in the *long term commitment* group (all having a mean score 4, maximum).

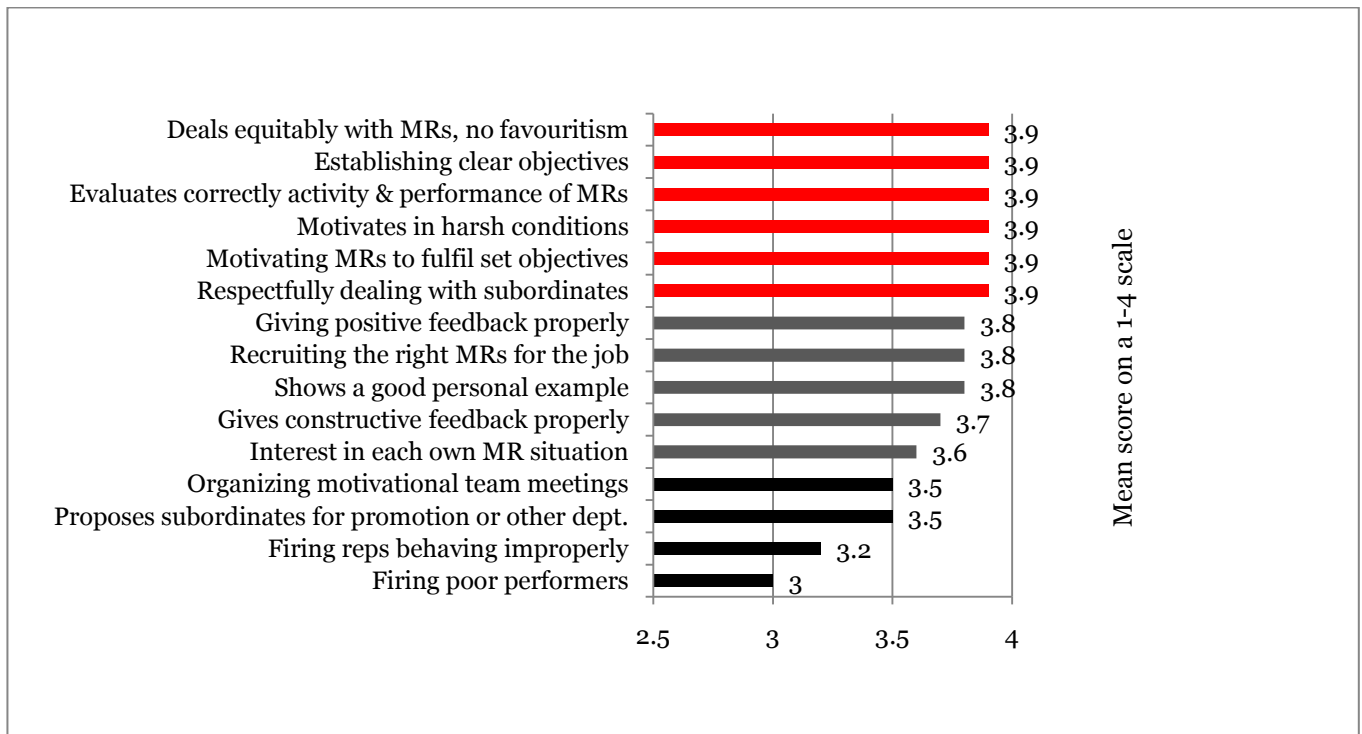


Figure 2. Importance of different FLSM capabilities in respondents view

Establishing clear objectives should be top priority for FLSMs (93% claiming as being very important). Significantly more demanding on clear objectives were respondents in the *non-medical education group* (all 46 granted maximum importance to this topic).

MRs gauged also as very important *correctly assessing their performance* (3.9). Reps from small companies and those from top 10 global gave highest importance to this aspect (4) while those from *Romanian companies* regarded it relatively less important (3.6).

Another top important element is the *capability to motivate people in harsh conditions*, meaning objectives seem difficult to reach and pessimism is installed (mean score 3.9). Reps from *large companies* (<101 employees) and those in *short term commitment group* were most sensitive to this element (mean 4).

Motivating MRs to fulfill set objectives has been evenly ranked within subgroups as very important (mean score 3.9).

Respectfully dealing with subordinates also ranked highest (mean score 3.9). *Seniors* seem to care slightly less (3.8) about this topic as compared to their less experienced colleagues.

Giving proper positive feedback ranked equally high for all groups (mean 3.8).

Recruiting the right MRs for the job ranked equally high for all groups (mean 3.8).

Expectations to *show a good personal example* ranked in the middle (mean 3.8), with *elders* being most demanding in this respect (31 out of 32 regarding it as very important!!!).

Giving constructive feedback properly ranked in the middle (mean 3.7) and opinions were evenly spread within groups.

Interest in each own MR situation (mean 3.6). A slightly higher rank was observed in *top 10 multinationals* (3.8) as compared to other groups of companies (3.5 for *Romanian group* and the rest of companies).

Organizing motivational meetings ranked relatively low (third lowest). However, in absolute terms expectations are rather high (mean 3.5). Those with *non-medical education* regarded it as more important than their *medically educated* colleagues (3.7 vs. 3.4). It also ranked very high (3.9) for those in *long term commitment group* compared to all other groups (3.5) and especially those planning for only 1-3 years (3.3).

Proposing their own subordinates for promotion or transfer to other departments ranks relatively low (mean 3.5) in importance compared to the others however, still high in absolute terms. At the subgroup level opinions are evenly spread except for those with *more than 2 trainings yearly* (mean 3.6) compared to those not receiving much training (less than one training yearly in the last three years, mean 3.3).

Firing reps who behave improperly was uniformly regarded as second lowest in importance amongst the surveyed elements. Mean score was 3.2; poor behavior/ attitude has been regarded as more important to avoid than poor performance.

Firing poor performers ranked lowest (mean 3). It appears to be more important for reps from *top 10 multinationals* (3.2) compared to the *unspecified group* (mean 2.7).

Secondly, we were looking at how they perceive the actual performance of FLSM in the industry related to the mentioned success factors.

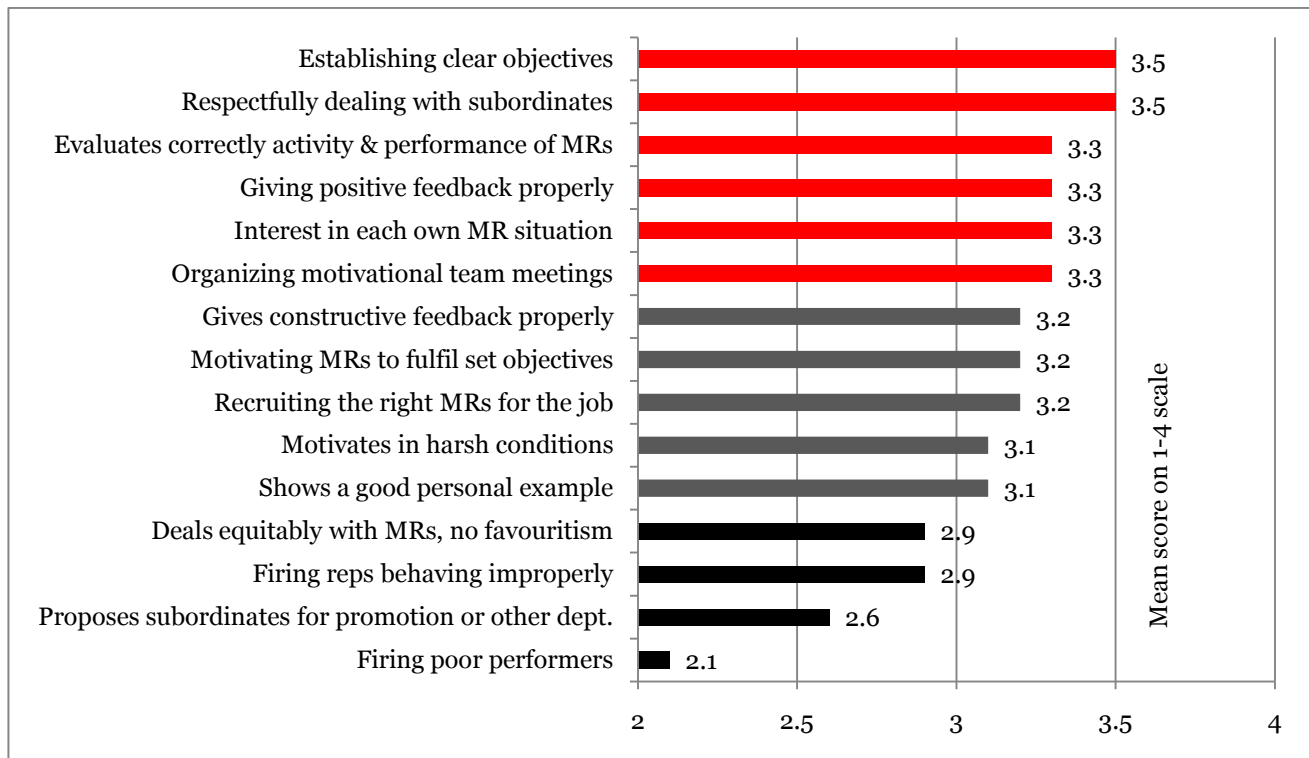


Figure 3. Perceived performance on FLSM capabilities

Generally, *setting clear objectives* is one of the best things FLSMs within pharmaceutical industry are doing (mean score 3.5 on a 1-4 scale, 52% of respondents saying objectives are always clearly set, 42% frequently and 6% rarely). It seems that in *large companies* (<101 reps employed) this is done much better (3.7) than in the smaller ones (3.4 for *small* and 3.3 for *medium*).

Respectfully dealing with subordinates is the other top ranked element (mean score 3.5 on a 1-4 scale, 58% of respondents always observing the behavior, 37% frequently, 5% rarely). Amongst groups we found the following patterns:

- *Elders* agreed more with the statement (3.6) compared to the *youngsters* group (3.3).
- *Seniors* agreed more with the statement compared to their younger (*experienced*) colleagues (3.7 vs. 3.3).
- Those in *Romanian companies* agreed more with the statement than those from *unspecified group* of companies (3.8 vs. 3.4).

Correct evaluation of performance and activity of MRs ranked second top (mean score 3.3 on a 1-4 scale, 40% of respondents always observing the behavior, 49% frequently, 10% rarely and... 2% never). Amongst groups we uncovered the following patterns:

- MRs in the *average age* group were more satisfied with performance evaluation than those in *youngsters* group (3.5 vs. 3).

- Managers from *top 10 global multinationals* are doing a better job than those in the *unspecified group* (3.5 vs. 3).
- MRs with *medical education* seem to be happier with their manager's evaluation as compared to those in *non-medical education group* (3.4 vs. 3).

Capacity to provide proper positive feedback ranked also second (mean score 3.3 on a 1-4 scale, 42% of respondents always observing the behavior, 48% frequently, 10% rarely and... 1% never). Amongst groups we identified the following patterns:

- *Juniors* were more in agreement than those in the *experienced group* (3.4 vs. 3.1).
- Those from *large companies* compared to those from *small ones* (3.5 vs. 3.1).
- *Romanian companies* compared to the *unspecified group* (3.6 vs. 3.2).

Interest in each own MR situation ranked second in terms of what managers deliver (mean score 3.3 on a 1-4 scale, 48% of respondents always observing the behavior, 38% frequently, 12% rarely and 2% never). Interestingly, managers from large companies ranked better especially when compared to the small ones (3.6 vs. 3.1). Also those with medical education feel this more than those without (3.5 vs. 3.1).

Organizing motivational meetings ranked second (mean score 3.3 on a 1-4 scale, 53% of respondents always observing the behavior, 23% frequently, 20% rarely and 4% never). Amongst groups we discovered the following patterns:

- The *youngsters* group saw less of this behavior (2.9).
- Similarly the *juniors'* group saw less of this behavior too (mean 3.0).
- Surprisingly the respondents in the *small companies'* group saw less of this behavior too (mean 3.0).
- The *only MR job group* saw more of this behavior as compared to their colleagues (3.7 vs. 3.1).

Giving proper constructive feedback also ranked in the middle (mean score 3.2 on a 1-4 scale, 40% of respondents always observing the behavior, 43% frequently, 13% rarely and 4% never). Managers from *large companies* seem to be more "educated" in this respect than their colleagues in *small companies*.

Motivating MRs to fulfill set objectives ranks in the middle (mean score 3.2 on a 1-4 scale, 35% of respondents always observing the behavior, 50% frequently, 12% rarely and 3% never). Amongst groups we found the following patterns:

- Reps in *average age group* agreed more with the statement compared to their younger colleagues (3.4 vs. 3). It is likely that FLSMs have subordinates of all ages and this information would tell that their capability to adjust to different motivational needs might be not well enough developed or that motivators for the young age group are different from those of their older colleagues.
- Interestingly enough, managers from large companies seem also better in mastering this skill (3.4) compared to those in small (3.0) or medium (3.1) teams.
- Managers from top 10 multinationals were better (3.3) than those from unspecified companies (2.9).

The capacity of FLSMs to recruit the right MRs for the job ranked in the middle (mean score 3.2 on a 1-4 scale, 40% of respondents always observing the behavior, 55% frequently, 12% rarely and 1% never). No significant differences amongst any of the subgroups.

Managing to motivate the team even in harsh conditions ranked in the middle (mean score 3.1 on a 1-4 scale, 40% of respondents always observing the behavior, 38% frequently, 15% rarely and 8% never). Managers from *Romanian companies* and those from *Top 10 global multinationals* were significantly better in this respect than those in the *unspecified group* (3.4, 3.3 vs. 2.8).

Showing a good personal example ranked mid-low as seen by respondents (mean score 3.1 on a 1-4 scale, 35% of respondents always observing the behavior, 41% frequently, 20% rarely and 4% never). A significantly better response was observed from managers in *large companies* as compared to those in *Small ones*. (3.3 vs. 2.9)

Dealing with MRs equitably and showing no favoritism ranked third lowest (mean score 2.9 on a 1-4 scale, 35% of respondents always observing the behavior, 30% frequently, 26% rarely and 10% never). *Seniors* gave a more positive picture as compared to the *experienced group* (3.1 vs. 2.8).

Firing reps who behave improperly also ranked third lowest (mean score 2.9 on a 1-4 scale, 28% of respondents always observing the behavior, 41% frequently, 23% rarely and 8% never). No significant differences amongst any of the subgroups.

Interestingly enough, *proposing subordinates for promotion or to work in other departments* did rank second lowest (mean score 2.6 on a 1-4 scale, 14% of respondents always observing the behavior, 44% frequently, 26% rarely and 13% never). This is an important skill for managers and it seems pitifully ignored. Those in the *originals group* seem to perform slightly better than in companies with more generics, (2.8 vs. 2.2).

Firing poor performers ranked lowest (mean score 2.1 on a 1-4 scale, 33% frequently, 42% rarely and 26% never!). Amongst the subgroups the *generics* one seems to be the most tolerant.

Thirdly, we looked at the gap between what is believed as being important and what is perceived as being delivered in the whole group (Figure 4).

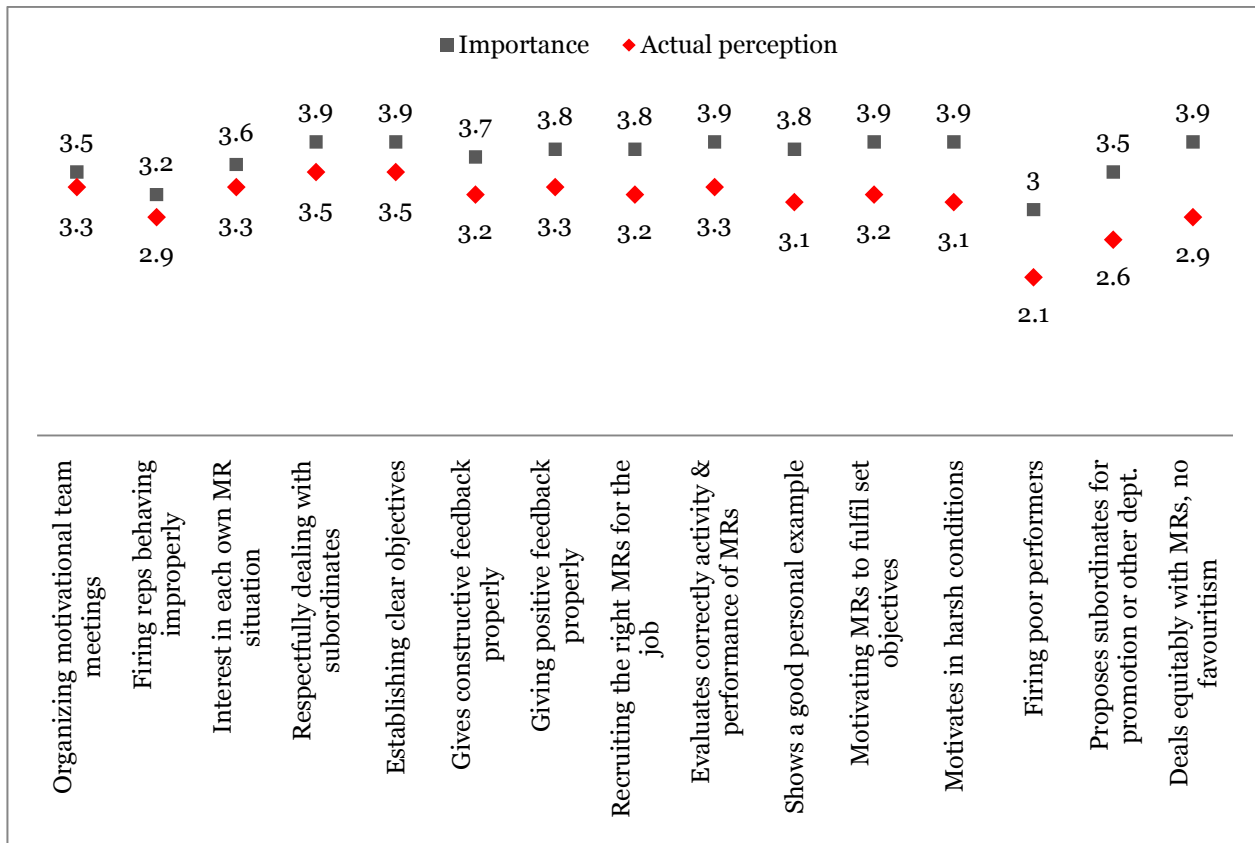


Figure 4. Gap between importance and actual performance of examined FLSM managerial capabilities

Dealing equitably with MRs/ no favoritism has recorded the biggest gap between importance and reality, followed shortly by *active promotion of subordinates within company*, *firing poor performers*, and *consistently motivating subordinates*. Nevertheless, *firing poor performers* ranks low as importance.

4. An exploration of the perception of MRs related to their training programs offered by their companies in the last three years.

The average number of training programs for this sample is 5.1 in the last three years, almost 2 programs yearly. There was no significant difference between groups of companies. We could notice a tendency to provide visibly less training to *seniors* and those in *elders’ group*.

Please find in Table 1 in what extent the training programs offered by companies were appreciated by medical representatives.

Youngsters and *reps with less experience* seem to be more concerned about the relevance of the training programs (mean 2) as compared to *elders* or *seniors* (means of 1.4 – 1.5).

5. Finding out the respondents' level of satisfaction related to their work, both company and various aspects of their daily routine such as sales tools, marketing strategy, involvement in decisions affecting their work, level of freedom etc. Related to these topics we explored the commitment of actual reps to stay on the job in the future as well as their intention to leave the actual company.

Proposed statement about the training programs	<i>In a very large extent (%)</i>	<i>Alarge extent (%)</i>	<i>A small extent (%)</i>	<i>In a very small extent (%)</i>	TOTAL	Mean score on 1-4 scale
It is difficult for a MR to reach his objectives without these programs	24	55	19	2	100	3
They are adapted to the new market conditions	21	56	18	5	100	2.9
They are too theoretical and not enough connected to practicalities of the job	12	27	47	14	100	2.4
They are pleasant regardless of their topic	21	55	21	3	100	2.9
They are irrelevant to our work	6	11	33	50	100	1.7

Table 1.Level of appreciation of training programs

Analysis of respondents' opinion about own situation in current company has been done by asking respondents to position themselves on a 1-7 scale from 1 - not valid at all in my case – to 7 - surely valid in my case versus some statements summarized in Figure 5.

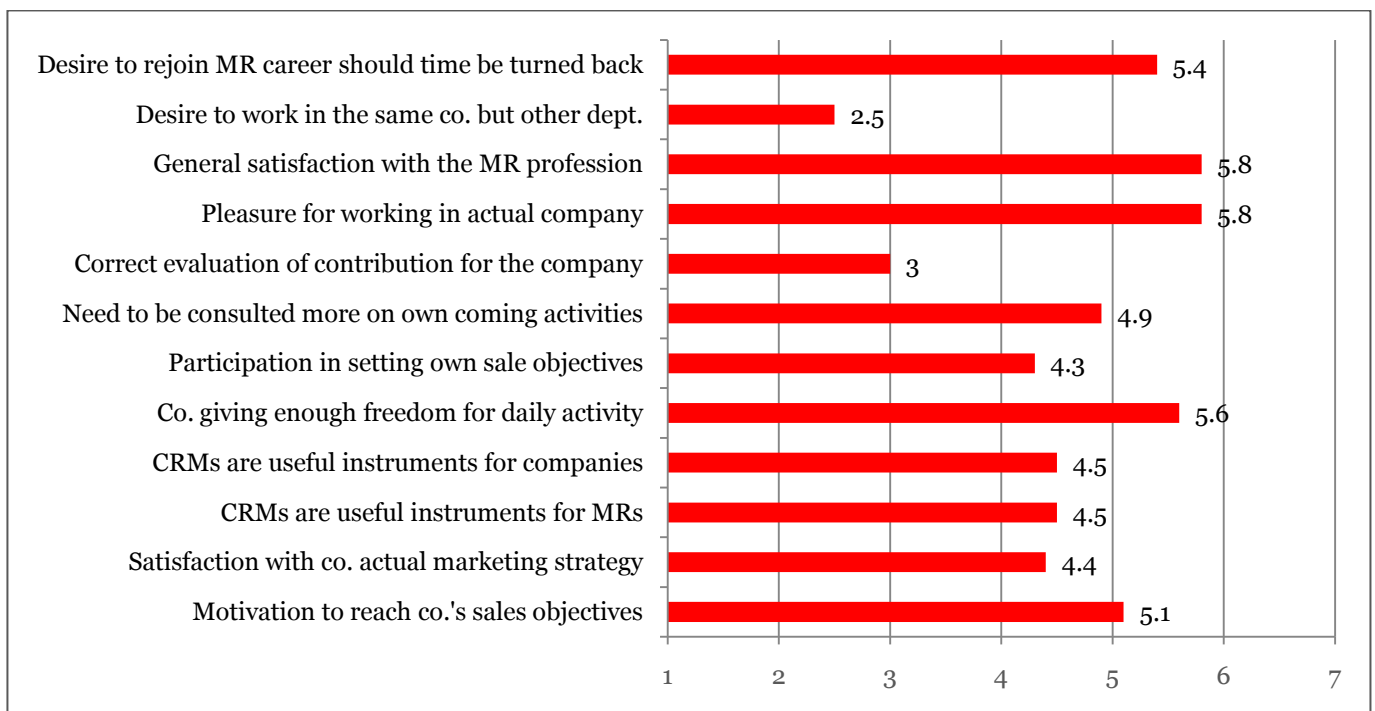


Figure 5. Level of satisfaction on various tools and processes in present company

Satisfaction level on how reps are motivated to reach company sales objectives (mean score 5.1 from 7). It is higher for those in the *medical education group* as compared to their colleagues in the *non-medical education group* (mean 5.4 vs. 4.7)

Satisfaction levels with marketing strategies of own company is just a little into agreement side (mean 4.4). Not to be implied that disagreement is always bad. Amongst subgroups we found the following differences:

- Those in the *average age group* were more understanding of marketing strategy as compared to the *youngsters group* (4.8 vs. 4.2).
- *Experienced* reps were happier with marketing strategy than their *junior* counterparts (4.7 vs. 4).
- Those in *large companies* were more understanding than those in *medium sized companies* (4.9 vs. 4.2).
- Those in *long term commitment group* were more understanding than those with *short and medium term commitment* (5 vs. 4.3).
- Those with *more than 2 trainings yearly* were happier with strategy than their less trained colleagues (5.3 vs. 4.1).
- Reps from both *multinational groups* were more in agreement with strategy than their colleagues from *Romanian companies* or from the *unspecified group* (4.7 vs. 4.2).

CRMs are useful instruments for medical representatives received a mean of 4.5 uniformly distributed amongst subgroups.

CRMs are useful instruments for companies (meaning that companies make sound decisions on them) did not go any further either (4.5). Interestingly enough, reps from mainly *generics* companies found them more useful (5.8) than their colleagues (4.4 for *originals* and 3.8 for the *mixed* group).

Freedom to work offered by the company was perceived quite positively with a mean of 5.6.

- As expected the *juniors* (4.8) received less freedom compared to their more *experienced* or *senior* colleagues (5.9).
- Reps from *originals group* received more freedom (5.9) than their colleagues in the *generics group* (4.3).
- Those in the *Romanian companies* have mentioned to have a lesser degree of freedom (4.5) as compared to any other groups (5.6-6.1 in *unspecified group*).
- Those with *medical education* felt more work freedom than those with *non-medical education* (6-5.1).

Personal participation in setting own sales target ranked average (4.3). Those in the *unspecified group* scored highest (4.8) while those in *other multinationals* lowest (3.8).

Generally, reps expressed the need to *be consulted more on the activities they are supposed to run* (mean 4.9).

- It also looks like those in *large companies* (5.4) desire more of it than those in *medium sized companies* (4.4).
- Those with *non medical education* (5.3) desire it more as compared to those with *medical education* (4.5).
- Similarly, reps from *long term commitment group* (5.6) wish more to be consulted more than their less committed colleagues (4.5).

Correct evaluation of contribution within company had a rather negative perception (mean score 3). *Other multinationals* scored best (3.6) as compared to *top 10* which scored lowest (2.5). *Non-medical education group* was more satisfied (3.6) with evaluation compared to those in *medical education group* (2.5).

Pleasure of working in the actual company received a pretty high agreement (score 5.8). Those in *average age group* were reporting to work with more pleasure than the *youngsters* and, understandingly, those who plan more than 10 years in the job (6.4) work with more pleasure than those in the *short term commitment group* (5.4).

General satisfaction with the MR profession has also received a large agreement (5.8). Amongst groups we found significant differences.

- *Juniors* are happier with the job than *seniors* (6.2 vs. 5.4).
- Those in the *unspecified group* (6.5) of companies than those in all other groups (5.4-5.7).
- Those *without medical education* compared those *medically educated* (6.2 to 5.4).
- Obviously those in *long term commitment group* compared to those in the *short term commitment* (6.3-5.3).
- Those with *various employment experiences* (6.0) as compared with those having *only MR experience* (5.2).

There was a small *desire of MRs to join other departments* in their company (mean score 2.5) and it was rather uniformly spread amongst groups. Exception: Those having only MR job in the past were more interested in such change compared to those with various employment experiences (3.2-2.2).

Respondents were asked *whether they would consider joining this career again should time be hypothetically set back*. Half of them answered surely true in their case. In general the answers were positive (mean 5.4). Significantly more agreement was found with:

- Juniors compared to *experienced* (6.2-4.9).
- *Long term commitment* (6.5) compared to those in *medium term* (5.5) and *short term* (4.7).
- Those with *various employment experiences* compared to *only MR job* group (5.6-4.6).

When asked for how long reps are willing to stay on their current job we discovered that few of them (9%) were planning to change job in the coming year, one third (34%) were willing to stay for 2-3 years, a quarter for 4-5 years, 8% 6-9 years, and another quarter (24%) were committed to the job for even more than ten years. This does not look threatening when thinking that in five years from now the total number of MRs may be halved. However, in this study we were not able to link our findings to actual performance of respondents.

As for intention to stay or leave the current company in the coming year we found the following: 81.4% are committed to stay with their actual employer while 15% are planning to move to another company and 2 respondents were planning to change the industry and another 2 to start something on their own. We did not find any particular trend in this respect among sub groups.

6. Understanding the general motivators and the reasons behind their migration among pharmaceutical companies and their real weight in the decision to move.

We were looking at general motivators at work as described in literature and sought to find the importance for each of them for the general community of MRs. We discovered a pretty uniform distribution amongst subgroups, which may possibly ease the job of HR policy makers.

Importance of various motivational factors for medical representatives	Very important	Important	Average importance	Little importance	Not important at all	Mean score (1-5 scale)
Atmosphere at work	86%	14%				4.9
Relationship with direct managers	86%	14%				4.9
Job security	78%	18%	3%	1%		4.7
Possibility to do things they like	70%	26%	4%			4.7
Other benefits (bonuses, car...)	59%	40%	1%			4.6
Possibility to learn new things	64%	32%	4%			4.6
Salary level	56%	41%	3%			4.5
Advancement opportunities	52%	37%	8%	1%	2%	4.4

Table 2. Importance of various motivational factors for medical representatives

We were also looking at the impact of those motivators in the decision of MRs to migrate from a company to another. Please see below results. As expected, we observed that job security paid a lesser role as motivator in the past compared to now.

Influence of various motivational factors on migration between pharmaceutical companies (81 respondents)	Very large influence	Enough influence	Little influence	No influence at all	Mean score (1-4 scale)
Atmosphere at work	72%	11%	12%	5%	3.5
Relationship with direct managers	65%	18%	8%	9%	3.4
Possibility to do things they like	49%	29%	16%	6%	3.2
Possibility to learn new things	51%	27%	17%	5%	3.2
Job security	46%	30%	14%	10%	3.1
Salary level	36%	38%	15%	11%	3.1
Advancement opportunities	44%	34%	13%	9%	3.1
Other benefits (bonuses, car...)	28%	39%	23%	10%	2.9
Others	22%	25%	27%	26%	2.4

Table 3. Influence of various motivational factors on migration between pharmaceutical companies

Please find below (figure 6.) a graph on intention to change the current employer in the coming year.

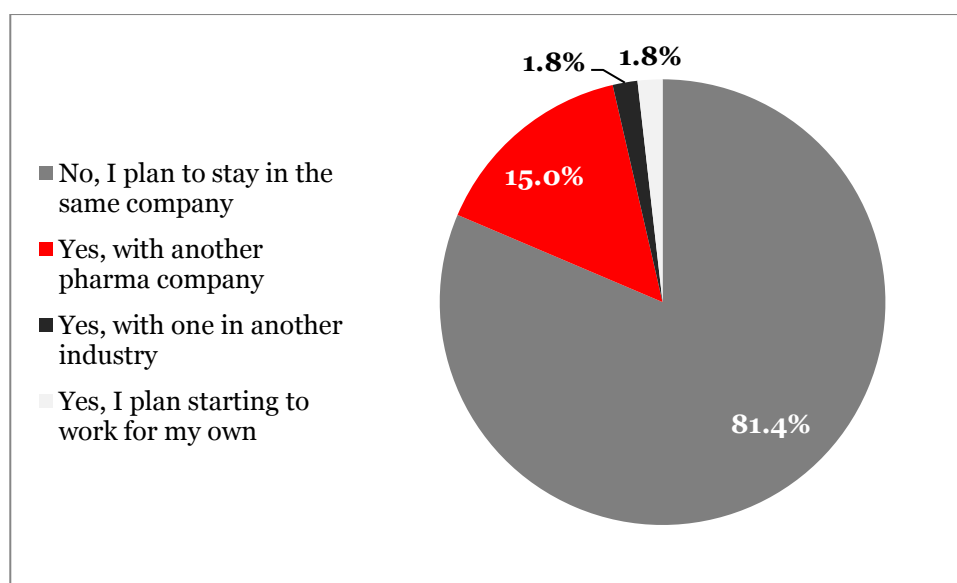


Figure 6. Intention to change the current employer in the coming year

Conclusions

- a) MRs are largely considering their job to be both important for their company and useful for society in general.
- b) Top factors that influence success in MR career were deemed to be: ability to communicate with others, capacity to target potential clients, having a manager that is interested in their success and an optimistic attitude in their approach. Interestingly, medical and pharmaceutical knowledge (together with collaboration with other MRs) ranked lowest amongst investigated elements.
- c) Present economic crisis does not seem to have hit the pockets of this group of professionals, with salaries either staying the same or increasing while other benefits remained the same on average.
- d) Doing a proper job became more and more difficult in the last three years prompted by the need see more clients, make more calls, decreasing face to face time of visits and a slightly more difficult access to clients. Probability to hit sales targets is now lower and clients are getting more difficult to convince to choose the promoted product.

- e) FLSMs are expected first of all to deal equitably with all subordinates without favoritism, establish clear objectives, correctly evaluate activity and performance of MRs, motivate well under all conditions and deal respectfully with subordinates.
- f) FLSMs are performing best: establishing clear objectives and dealing respectfully with subordinates followed by correct evaluation of activity and performance, giving positive feedback, interest in each own MR situation and organizing motivational team meetings.
- g) The biggest gap between what is considered to be important and what is actually being performed is observed in dealing equitably with MRs without favoritism, proposing reps to move up or in other departments, firing poor performers and motivating subordinates.
- h) As an industry average, MRs receive almost 2 training sessions yearly. *Seniors* and *elders* are being trained less. A small, uncategorized group of reps desire more practical training (less theoretical) and adapted to new realities in the market. Programs should be adjusted to accommodate needs of *youngsters* and *juniors*.
- i) In terms of job satisfaction reps are generally happy both with their profession (they would choose it again should time be set back years ago and are less interested in working in other departments in their actual company) and with their current employer. They appreciate the freedom in their activity and the way they are motivated to reach objectives in general. They appreciate less the actual marketing strategies, CRMs usage and utility, level of their involvement in setting own sales objectives, correct evaluation of their own contribution in the company or the way they are consulted on next planned activities.
- j) Top important motivational factors are atmosphere at work and relationship with direct managers followed by job security and possibility to do things they like. Salary level ranked 7.
- k) No 1 reason for leaving a company is atmosphere at work; second is relationship with direct manager. Job security used to play a smaller role in the past. Salary level still ranked 5-7 in decision to switch companies. Advancement opportunity came last!
- l) We also observed some interesting patterns within subgroups. ***Descriptions for each group can be provided on request.*** For example, let's look at the respondents coming from small companies. In this group the number of clients a rep has to deal with increased the most in the last period of time. Relation with direct manager is viewed as more important as compared to respondents from larger companies. FLSMs in these companies are relatively less efficient in the following fields: establishing objectives, paying attention to each rep, giving feedback (both positive and constructive), organizing motivational meetings, motivating reps, firing reps with improper behavior and fairly evaluating their subordinates.



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