

IS THERE A FUTURE FOR MEDICAL REPS?

What makes the sales rep efficient, effective and worthwhile?

CHANGING ENVIRONMENT

Like in sales, jobs and job descriptions are changing over time. With the changes in the economy, in the financial models and the customer's expectations, the sales techniques have evolved, and with that so have the skill set we link to the sales people.

Mostly we hear about the downsizing of sales teams in the pharmaceutical industry and the new communication models and channels makes us think about that ONE question: *Do we still need a sales force?*

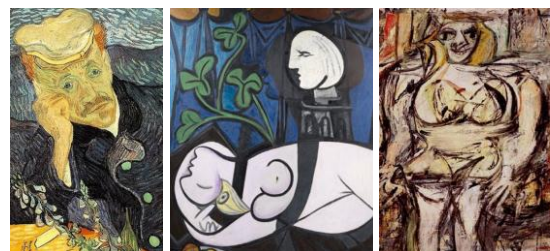


"Sales reps do have a role to play in selling in pharma; it's less about selling and much more about changing!"
 Allard Claessens,
 Global Practice Leader - Health Care, Mercuri International

JOB EVOLVEMENT

If we compare the challenges of painters over centuries, than we can identify a clear objective for painters in the 17th century: to reproduce the reality on canvas. Once photography was discovered in 1839, there was no

longer a need for 'clear reproduction' and so the painters moved their technique away from 'copying' to 'interpreting' like surrealisme, pointiïsme and abstract art. Just discover this evolution from Rubens, over Van Gogh, Picasso and De Kooning.



DECISION MAKING

In the era of 'empathetic sales' decisions were taken after reflection, very often with the sales person playing an important role. Buyers becoming more demanding, not only on price but also on expertise from sales people, this means that even doctors and specialist are

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becoming more resistant towards changing their prescription habits.

96% of doctors consider the sales rep as **THE** source for price, product characteristics and scientific information.

In the age of new media and fast communication, decision taking has also evolved. The customer becomes more independent in his/her role as a buyer, communicating easily with his/her peers on subjects where he/she wants to (virtually) meet with other experts. This has driven the decision process to a 3D-pathway: **DISCOVER – DISCUSS – DECIDE**. And we have to bear in mind that the discussion will take place with experts only.

99,9% of the doctors do not have needs; they're happy with their choices, their protocols and the outcome.

VISITS WITH ADDED VALUE

The 'share of voice' (SoV) model is already out of date, but we still see sales people being immersed into a 'marketing message-bath', telling the right story while highlighting the key messages. And YES, it is important at the product launch to have a clear positioning. And NO, by just repeating this message, we do not convince a doctor to start prescribing. We need to find out what is relevant for him/her and his/her patients. Collected information will help any rep to know and prepare: what he/she wants to say/ask/share/do. His/her first challenge is to be **SELECTIVE**.

When defining his/her selling strategy, the rep will have to find out what the HCP is doing for him/her already:

does he/she prescribe, or is he/she still in the phase of discovering, hesitating or refusing? The way of approaching the doctor will differ: do I have to convince him/her to start prescribing, to prescribe more, or to keep prescribing? It is a matter of defining; do I need 'to win' or is it all about 'to grow' and 'to keep'?

As doctors have their habits and best practices – and thus no needs – the sales rep is there to make him/her change his/her mind. Only when a product or treatment will bring benefits to the prescriber, the patient and/or the national health system, the doctor might consider changing his/her habits. This requires a skill of the sales rep that he/she has not acquired when being hired as a 'medical informant': the capability of **INFLUENCING** in order to "change a mind".

With the challenge of making someone change his/her mind, it seems obvious that we need to be clear on 'what does he/she do now' and 'what change do I want to obtain'. The departing point is the competitor in place; and this defines the battle he's/she's going to find. So, define your **OPPONENT**.

Finally, with the demand for expertise towards sales people, we do see an increasing level of autonomy among customers, prescribers, doctors and HCP's.

Very often it is not the sales person who is having direct influence on the HCP; other sources, other references, other elements are being used to discover and review information, leading to a change of mind.

Depending of this level of autonomous behaviour, the sales rep will have to choose both strategy and sources to influence the prescriber, being only the driver of the **PROCESS OF CHANGE**.

- **BE SELECTIVE**
- **TO WIN or TO KEEP**
- **SELLING = CHANGE**
- **WINNING STRATEGY = DEFINE THE LOSER**
- **USE OF LEVERS**