



Creating a winning team

The relationship between medics and marketers is crucial in driving pharma companies and their brands forward, but it often faces competing challenges; these can be overcome using simple techniques

In pharma, the relationship between the medical and marketing departments - or, more importantly, the medical advisers and marketing teams, is a crucial one. It has a key role in driving how a product team works, interacts and reaches conclusions on the brand. Where a great relationship exists and the medic and marketing manager see eye-to-eye, decisions are reached, deadlines are usually met, the team is respected and the brand and company benefit. If and when this is not the case, the opposite is often true.

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So why the perceived differences? Both work for the same company, both want their brands to do well and both wish the company to be well thought of by peers and the public. What, then, is each side ‘up against’?

Safety first

The medic is, by nature, cautious. He or she has been taught from day one at medical school ‘First do no harm’, the first rule of the Medical Hippocratic Oath. The training, right up to that of a consultant, is a mix of theory and rote

learning along the lines of ‘see one, do one, teach one’. Ingrained into the medic is that his or her first duty is to the patient’s safety. Marketing, especially to the newly arrived medic is a ‘dark art’, the language and intent as foreign as any found on a gap year. The language of standard operating procedures, key performance indicators and end-of-year targets, few of which have been met on the wards or in GP practice, adds to the sense of awe and confusion.

On entry into the industry, in a relatively high position in the team but with little initial training in the way businesses run and function, the medic often feels way out of his or her depth. Add to this the complexities and uncertainties of the Prescription Medicines Code of Practice Authority code, and the scene is set for uncertainty and apparent indecision.

Sales orientated

A new marketer, on the other hand, usually comes to his or her role at head office with experience of working in industry - if not in marketing, often having had years of ‘carrying the bag’ and liaising with customers and management teams. This is built on, and supported by, the extensive marketing network within most companies, allowing marketers to take on responsibility in line with their experience. Marketers are, by nature, gregarious and outgoing, natural salespeople able to pitch an idea to a client or their team. At least that is how they appear to a medic.

So are the sometimes perceived differences between medical and marketing teams just down to differences in experience and personality? Partly, but probably a much greater reason for the disparity comes down to different pressures on the team members. A marketing manager’s role is to hit targets, gain market share and boost profits ethically and within budget. This requires direction, leadership and keeping the extended team, including the salesforce, on side. It is no mean feat and requires a team approach with the medic quite rightly expected to play his or her part in meeting deadlines.

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From the medic’s viewpoint, training, safety and preventing complaints from patients, other companies, the media or government is paramount. Their role in many companies encapsulates not just a medical but a pseudo-legal role.

The code is effectively a guideline application, which depends on a deep understanding of individual cases and how these apply to copy and the business scenarios suggested by the rest of the team. Medics, on the whole, do not make good lawyers.

Medicine is logical, relatively consistent and generally does not change from year to year. Though 'the spirit' and basic guidance in the code change little, the application varies with the seasons, dependent on new business practice, rapidly evolving technology and the rulings of the latest cases.

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The medic, especially in smaller companies, often has to rely only on his or her judgment. Every scenario presented is different. Advisory boards, for instance, come in all shapes and forms, national, international, or patient group-led. Often, there is no right or wrong answer in their approval, only shades of grey and the distant echo of a once-read intercompany dispute. The marketing teams need, and rightly demand, a judgment. The medics, especially those with relatively few years' experience, qualify their decisions, ask for further information and may appear indecisive. However, a 'no' or 'maybe' does not help a marketing team with an impending launch deadline or a sales team with a crucial meeting requiring approval.

So how can the way these two sets of professionals work together be improved?

The way forward

First, and most importantly, both teams need to understand the viewpoint of the other. The medic must understand the need for rapid and decisive judgments, ideally not at risk of being overturned by another medic further along the review process. The marketer needs to understand how medics consider a piece or an idea not just from a medical standpoint, but often from the side of the patient and of other companies, in the context of them launching complaints. The medic also considers the law, both pseudo - under the code - and real, in the context of The Medicines Act, which comes under the jurisdiction of national agencies, such as the Medicines and Healthcare

products Regulatory Agency (MHRA).

Secondly, the medic and marketer should respect each other's time and recognise the need to give one other adequate time to review, consider and discuss. Few people are particularly good at making quick decisions. Those that do often find their judgment is wrong or, at least, can be improved upon. Pieces sent for review with no, or little, context or prior discussion, are particularly difficult to evaluate and give a balanced judgment on. Often impossible timelines result from agencies, especially global ones, failing to keep to copy deadlines or supply adequate referencing. In attempting to meet the deadline, mistakes are made and the reputation, usually of the medical reviewer, suffers.

Keep talking

A key skill is the ability to negotiate. The British politician Ernest Bevin once said: "The first thing to decide before you walk into any negotiation is what to do if the other fellow says no."

'No' is never a good negotiating position!

The newly qualified medic quickly realises that unless an alternative is given or additional clarification requested, marketing colleagues will not be impressed. On more than one occasion, medics have found themselves out of favour for not being team players. From the marketer's point of view, if an alternative is offered it should at least be considered as a starting point for further discussion.

Give and take

A great team, like any relationship, requires mutual respect, time and a very large dose of give and take. Medics and marketers are professionals with a common aim - the improvement of patients' lives including those of friends and loved ones. Marketing is key to any company's survival, but particularly so in pharma. The benefits of a new treatment are often not immediately obvious to either funding bodies or prescribers. New technologies will bring new challenges to how medical and marketing work together, but their relationship is too important to leave to chance.

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