

Pharma Training and Development Special

Multichannel Marketing

Executing a strategy that's in tune with the customer

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Why a well-devised program is crucial for any biopharma firm



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From mini MBAs to the "Full Monty" — a look at the courses on offer

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Defining and developing your organization's digital talent

From Mini to Full Monty – Trends in Pharma MBAs

The depth of learning provided by different types of course varies enormously.

John Ansell assesses the wide range of pharma MBA courses currently available, from the 5-day 'mini MBA' to year-long programs of study.

Over the past decade there has been a marked increase in the variety of specialist

pharma MBA courses on offer. These courses last from one week in the case of most mini MBAs, up to

a year's full-time study or equivalent. And so the depth of learning provided by these different types of course varies enormously. Both the public and private sector offer courses — sometimes they are provided by alliances of both.

Who takes the courses?

As a trainer and tutor who has been involved with five different MBA courses, I see a tremendous variety in the background of participants.

All of my courses have been for organizers based in Europe; I see participants from right across the continent



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but also from other regions — particularly the Middle East. Course participants are mostly in middle or senior management positions. Most are working in the pharmaceutical industry or for companies serving the industry but who lack commercial background. Most commonly participants have an R&D background.

Mini MBA courses clearly have to limit the material they cover.

Where do courses take place?

Courses may be completely computer based, they may be run on-campus at a university, at a conference hotel, or be held in-company. But often today there is a combination. For example, there is often preparatory on-line learning work to do before a face-to-face course starts.

Some companies see it as an advantage that the participants they send to an open course get the chance to interact with their peers from other companies. Others prefer the confidentiality that in-house training ensures.

Evolution and trends

Of course, you can choose to study a general course rather than a specialist pharmaceutical one — as I did when I studied for an MA in Business Studies at the University of Sheffield near the beginning of my career; at that time there were no specialist pharma masters degrees on offer. I studied full-time for 12 months in the city that later gained increased fame as the setting for the film *The Full Monty*. The intake of students at the School of Management Sciences there has multiplied more than twenty fold since that time.

Specialist pharma MBAs and mini MBAs began to be set up from about 20 years ago.

I detect three factors which

have had a major impact on the nature of courses on offer over that time.

First, the cost of public courses has risen considerably. This means that anyone contemplating a year's full-time course has to take into account not only the salary they will forgo but also hefty course fees and costs.

Second, the average pharmaceutical executive is today busier than in the past.

And third, distance learning technology is much more advanced today than it was 20 years ago.

All this has had several consequences. There is a trend towards shorter courses, and courses that take students away from their workplace for less time. The cost-effectiveness and better quality of distance learning has led to its much greater application to pharma courses. These trends have led to a much more noticeable growth in the number of mini MBAs on offer than of full MBAs.

Mini MBA courses clearly

have to limit the material they cover. Normally sessions or modules include:

- An introduction to the pharmaceutical industry
- strategy
- marketing
- business development
- finance
- leadership.

While distance learning courses have gained in popularity because of cheapness, and they do allow flexibility on when coursework has to be done, they have the drawback that interaction is usually limited. To offset this, courses have been set up which offer students the chance to participate in periodic workshops.

As a tutor for the Manchester University MSc program, I field questions from students by e-mail and also lead a face-to-face marketing workshop which is part of an annual Winter School. Though this is not strictly an MBA course, I list it below, since it includes

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the option of a Masters Degree in Pharmaceutical Business Development and Licensing.

Specialist pharma vs general courses

Although some issues the pharma industry faces are no different to those applying to any other, many aren't. With time at a premium, a specialist pharma course can cut more quickly to the chase, addressing topics of most relevance to pharma participants.

When I am kicking off a face-to-face course, I first cover a few pharma fundamentals. I usually spend the first session up to the coffee break on these specific pharma industry characteristics, because I have found that this avoids spending time later in explanations to puzzled participants. For example:

- The majority of participants don't understand that a product's commercial life may well not end when the patent expires. Why

should they? No one has ever explained intellectual property to them! So I devote 10 minutes to that topic.

- The cost structure of a pharma company is very different to that of most of other industries. When the relatively very high R&D and low manufacturing cost elements are explained, a lot then falls into place.

Selecting a course

I have found courses that are run by organizations in Turkey and Poland. In India over 20 organizations are currently advertising pharma MBAs. The list on the right focuses on courses run by organizations in the USA and Europe. I hope that the links below will help potential participants choose the course most suited to their own particular needs.

About the author

John Ansell is a pharma business consultant and Senior Partner at **TranScrip Partners**. He is a member of the Advisory Board of

the University of Sheffield Management School and Honorary Consultant to the University of Manchester Pharmacy School's MSc in

Pharmaceutical Business Development and Licensing.

He also runs mini MBA courses for **Falconbury Ltd**.

PHARMA MBA COURSES

MBA courses

- [Aspen University, Colorado](#)
- [Drexel University College of Business, Philadelphia](#)
- [IBC \(Informa\)/Middlesex University distance learning](#)
- [St. Joseph's University, Philadelphia](#)

MSc course

- [Manchester University Pharmacy School \(for MSc in Pharmaceutical Business Development and Licensing, in association with UK Pharmaceutical Licensing Group\)](#)

Mini-MBA courses

- [Falconbury, London](#)
- [Management Centre Europe](#)
- [Management Forum, London](#)
- [Marcus Evans, London](#)
- [PTI \(Informa\), Europe](#)
- [Rutgers Center of Management Development, Piscataway, New Jersey](#)
- [Falconbury distance learning](#)

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Filling the Digital Skills Gap

The need for digital training is company-wide and, as technology cycles shorten, so is the skills development cycle.

Defining and developing your organization's digital talent involves more than just signing up for a couple of courses, writes Peter Houston.



Fifty years ago, a small group of American economists started talking about the role that people play in the creation of economic value. They came to the conclusion that businesses that invested in their people saw the same positive returns they did when they spent money on the latest manufacturing equipment. This came to be known as investing in 'Human Capital'. Today we would readily accept that it is only common sense to invest in developing the skillsets of your staff.

But when it comes to digital

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transformation, how do you define and develop that talent? What is the stock of competencies, knowledge, social and personality attributes that embody the ability to perform?

2013's '[Digital Talent Gap](#)' report from Capgemini said that only 46 per cent of the 150 executives it interviewed globally were investing in the development of digital skills. This despite broad acknowledgement of the importance of digital — 87 per cent saw digital transformation as a competitive opportunity.

The report notes that mobile and social technologies and sophisticated analytical tools are having an impact way beyond the IT department. The need for digital training is company-wide and, as technology cycles shorten, the skills development cycle is shortening. "Employees must now refresh their skills more frequently if they wish to stay relevant in this rapidly changing digital environment," say the report's authors.

Capgemini's research, conducted with the [MIT Center for Digital Business](#), shows that 77 per cent of companies consider missing digital skills as the key hurdle to their digital transformation. Over 90 per cent of the executives interviewed stated that their businesses did not have the necessary skills in the areas of social media, mobile, internal social networks, process automation and performance monitoring and analysis.

Training opportunities

There is no shortage of digital training out there. Type 'digital marketing training' into your favourite search engine and you'll be overwhelmed by opportunities to spend your training budget. From bootcamps to 3-day MBAs, in-house seminars to e-learning, training to bring marketers up to speed with digital is big business.

But signing your team up for a couple of courses isn't the whole answer. A key challenge uncovered by Capgemini

was how out of sync training efforts are: only 4 per cent of companies ensured that their training efforts were aligned with their overall digital strategy.

The bottom line is that technical talent needs to develop a strong understanding of business requirements, while business professionals must become fluent in the language of technology. But beyond this, the whole organization has to develop a deep understanding of the audience's needs, regardless of the digital tools used to serve them.

I've written previously about the [digital skills gap on the Pharmexec Blog](#). Key concerns listed in that post included:

- Spotty levels of knowledge, skill levels and experience at all levels of the organisation.
- Missed opportunities in existing training and skills acquisition efforts.
- A need for solid, measurable, and accurate digital talent education.

In that post I quoted Rich Meyer writing about this subject on his [World of DTC Marketing blog](#). If you'll forgive me, I think it's worth repeating.

"Those who commit to ramping up the proper talent development programs, with effective education, implementation of measurable standards, and focused training and hiring practices will ultimately win market share and achieve desired business outcomes."

To put that a different way, if you accept the 50-year old theory that investing in 'Human Capital' brings real competitive advantage, then surely it's madness not be working hard to get your best people up to speed and closed the digital skills gap once and for all.

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The Elements of GMP and GDP Training

Codifying the elements of the training program will help a company maintain compliance and address regulatory concerns

Establishing a well-defined training program is a crucial activity for any biopharmaceutical organization, writes Susan J. Schniepp.

Training represents one of the key elements that management can use to assure a consistent, high

quality product. Codifying the elements of the training program will help a company maintain compliance to

the regulations and address regulatory concerns about employee qualifications that might arise during inspections.

Some companies are fortunate to have either a training department or a training coordinator to define and administer the program. Companies that do not have either should establish a training team with representatives from the quality assurance, quality control, and operations departments at a minimum.

There should be approximately four parts



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to any training program: the introductory training requirements for new employees, the annual training requirements for all employees regardless of function, the continuing education training expectations, and special training requirements that may be required for continuous quality and process improvements. The first three may be tracked with a training matrix.

Introductory training requirements

New employees should be initially trained on applicable GMPs, good documentation practices (GDPs), and any additional global requirements impacting their jobs.

It is prudent for a company to develop a quiz or test to demonstrate the new employee's comprehension of these basic requirements with an established minimum passing percentage.

The minimum percentage must be achieved before the employee is considered to have

the basic knowledge needed to work in the company. Incorrect answers should be discussed as part of the process.

Companies should perform annual refresher training on a variety of topics.

If the required minimum is not achieved, the prospective employee should be provided additional instruction on the material and a different test should be employed to measure comprehension.

If the minimum required comprehension level is still not achieved, the quality assurance department should inform the hiring manager and indicate the new employee is not suitable for employment.

Once new employees have passed the minimum understanding requirements on the quizzes, they should then be trained on company policies and specific job-

related standard operating procedures (SOPs).

Annual training requirements

Companies should perform annual refresher training on a variety of topics. At a minimum, it is recommended that employees be retrained annually on cGMPs and cGDPs.

Additional yearly training topics could be tailored to the type of operations being conducted at the facility. If the company is manufacturing parenteral products, the annual training program might include modules on microbiological control in aseptic manufacturing and conducting investigations/root cause analysis.

This yearly training should also measure employee comprehension of the material. This comprehension might be measured in a variety of ways including but not limited to written quizzes, oral quizzes, and hands-on demonstration.

Whichever way is chosen

to assess the employee's comprehension of the material, it should be noted on individual training records.

To assure continued funding for training, management should establish metrics to monitor performance...

Continuing education training requirements

Employees should be encouraged to enhance their job-specific knowledge and skills by attending external training conferences, seminars, and activities. The training team should be responsible for reviewing literature and recommending which employees should attend specific courses to enhance their skills and knowledge.

The benefits of the external training should be discussed

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with senior management. There are several organizations that provide seminars, training classes, and symposia including the American Society for Quality, the Parenteral Drug Association, the American Chemical Society, and for-profit organizations.

Special training

Companies need to recognize there may be occasions when special training is required for employees. The responsibility for determining the need for special training will reside with the training team but should be performed using qualified trainers with recognized expertise in the specific discipline being addressed.

Using qualified trainers in this situation assures the attendees will be trained by experts that will understand questions that may arise during training. As with all training, a record of the training should be put into the employee's personnel folder.

When a company invests in the future of its employees by establishing a comprehensive training program, they need evidence that the monies were well spent. To assure continued funding for training, management should establish metrics to monitor performance as a practical measure of the ongoing effectiveness of training activities.

By continuing to invest in training, companies invest in their employee's futures and develop a knowledgeable, skilled and experienced workplace as well as a culture supporting continual improvement and growth.

About the author

Susan J. Schniepp is vice-president of quality and regulatory affairs at **Allergy Laboratories**.



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The Secret to Multichannel Success: Lead with a Conductor

In today's pharma industry, there are nearly as many communication channels as there are instruments in the Philharmonic...

Jan van den Burg looks at what companies need to do to execute a multichannel strategy that's always in tune with the customer.

The London Philharmonic Orchestra's Principal Conductor, Vladimir Jurowski,

coordinates an ensemble of nearly 100 musicians. His expert choreography ensures that when all of their timbres

flow in the right order, at just the right time, they create mind-blowing music.

In today's pharmaceutical industry, it seems there are nearly as many communication channels as there are instruments in the Philharmonic, and a similar level of coordination is needed to ensure multichannel success.

Then, there's the added challenge of managing interactions with today's multifaceted customer, who could be a government agent; payer; physician (primary, specialist, or key opinion



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WHAT PHYSICIANS WANT

In a recent panel discussion with physicians from Spain, France and the UK, three common themes emerged:

- 1) Physicians often prefer to communicate with pharmaceutical sales reps through digital channels;
- 2) Physicians appreciate the variety of channels but are frustrated by the lack of relevant content or coordinated outreach; and
- 3) Physicians don't have time to meet as often with sales reps but still want information that will help them improve patient care.

leader); nurse; hospital administrator; or pharmacist.

Considering all the complexity in today's life sciences industry, hitting the right note is much more difficult than just communicating through all channels. It requires a tremendous amount of coordination between sales, marketing and medical affairs. Companies get it, but don't necessarily have all the right roles, processes and technologies in place to execute a multichannel

strategy that's always in tune with the customer.

To start, we can take a cue from the London Philharmonic by establishing a 'customer conductor' who can orchestrate all elements of communication to deliver a valuable interaction for each unique customer.

With a customer conductor leading the effort (and that could be a team of people), companies can leverage vital data about customer channel preferences, profile data, and insights gained from

previous interactions with the company to guide decisions about content, frequency, and channel. This also places companies in a good position to adapt to changing conditions as they occur rather than waiting until reviewing a campaign report, for example, weeks after the campaign has ended.

With the cloud, all of the information can be viewed in one place: a single system that's centrally accessible from anywhere in real-time.

Even when a strong conductor is holding the baton, he or she needs the right instruments — in this case, technologies that seamlessly connect customer communications channels.

New cloud-based

technologies empower companies with increased visibility for a more complete view of customer interactions across channels like face-to-face, phone, email, and online.

With the cloud, all of the information can be viewed in one place: a single system that's easily and centrally accessible from anywhere in real-time. Many new technologies also deliver companies the ability to personally engage with customers through the channels they prefer. Combined, it's a perfect harmony.

Without customer insight, it's just noise

From online to face-to-face sales tools, life sciences companies have been spreading their proverbial eggs in many different communications baskets, but each of these channels often stands alone

As a result, this approach only scratches the surface of the full potential of customer-centric, multichannel communication.

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THE FUTURE OF MULTICHANNEL IS HERE

Consider this scenario: A pharmaceutical rep calls on a doctor and learns that the majority of his COPD patients are children. The rep adds this detail to the customer profile in his organization's multichannel CRM system, available in the cloud for all users. Later that day, when the same physician goes to the pharmaco's web site following an email received from the rep, he is greeted with tailored information, including data about mean change in growth rates in children when using beclometasone inhalers. Perfect – relevant information, exactly when the customer has time to access it. The doctor leaves the site informed and satisfied with the interaction, fostering a long-term customer relationship. This is the future, thanks to modern cloud-based technologies ... and it's here now.

Worse still, more is not always better. In fact, it can have the opposite effect of creating a lot of ear-piercing noise that causes physicians to respond by limiting access and turning their time to other, less intrusive ways of receiving drug information.

Using multiple channels to over-communicate with customers in the hopes that

something will stick is a tactic of limited value, at best.

"Multichannel communication strategies aren't new. For years, the life sciences industry has been investing in various channels, intent on providing customers with the information they need," said Eric Newmark, program director for IDC Health Insights.

"Unfortunately, the customer interaction information has been locked in different systems designed to execute across each different channel individually," added Newmark. "For multichannel to truly be powerful, sales and marketing need a combined, single view of the customer to deliver a seamless and coordinated customer experience."

Indeed, one of the greatest causes of discord today is the fact that customer interaction data — specifically, which channel and what content the physician prefers — is either not captured at all, or, if collected, is isolated in different systems that are not integrated.

Any data that might be useful gets stuck in silos. As a result, there is no consolidated intelligence that can be used to inform brand teams or field representatives in the next customer interaction.

Without this combined data intelligence, current multichannel communications wind up as merely a push of

Using multiple channels to over-communicate with customers in the hopes that something will stick is a tactic of limited value.

content that the company wants to send, instead of a pull of content that the customer wants to receive.

The communications are not based on customer preferences for how they want to receive the information (e.g., which channel) and what information they want to receive (e.g., which message). Plus, by leveraging preferred channels, companies can overcome government-enforced limitations around insights that can be gained from certain individual channels.

For example, email open rate tracking is not allowed in

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Germany, so companies can turn off tracking mechanisms in order to continue utilizing this valuable channel in that region. And, without such insights, commercial teams are limited in their ability to change course if necessary.

Marketing also loses a valuable opportunity to modify interaction tactics mid-campaign to improve impact, resulting in a lower ROI.

New multitenant cloud-based systems and platforms, however, enable multichannel data accessibility, seamless integration, and flexibility. Companies can collect and analyze important data about customer interactions to enable both sales and marketing to understand a customer's needs and respond appropriately.

Each proceeding customer interaction, then, is consistent, relevant and timely for higher quality interactions — rather than just high quantity. It ensures that customers receive the content they want, when and how they want it — say,

in between appointments on a mobile device, after-hours on an iPad or at lunch in their email.

When physicians' interests are accounted for, they are more willing to take the time to absorb the information because it is relevant, personal and delivered on their own terms.

The encore — ongoing positive interactions

The next crucial step is to leverage the insights gathered from previous multichannel customer interactions to continuously tailor customer engagement with each new interaction.

A life sciences sales rep with a full view of the customer can now effectively coordinate what information goes to which customer, the best channels to use, and when to deliver the content, designing a customer-centric engagement strategy that brings everything together.

That is not to say that sales will determine the marketing plan — sales and

The informed multichannel sales rep can serve as a customer conductor with the ability to influence other channels...

marketing have separate roles for a reason, and should complement each other.

Instead, the informed multichannel sales rep can serve as a customer conductor with the ability to influence other channels and create a unique, cross-channel synergy that incorporates customer preferences and personal relationships.

The result is that each communication will be more impactful and more likely to be consumed, whether it's direct mail, an online detail or a face-to-face interaction. With each positive experience, the physician is more receptive to

communications from the rep in the future — possibly one of the greatest benefits yet.

As it is, the average primary care physician has just two to eight minutes (depending on the country), to spend face-to-face with pharmaceutical sales reps.

Omar Ali, formulary development pharmacist for Surrey & Sussex Healthcare NHS Trust, explains:

“Physicians are up against the clock all day to manage both high-quality best patient care and meet financial and administrative challenges. Meeting with reps ranks low on the priority list, so we don't see as many — and the time we do spend with reps is significantly decreasing.”

Furthermore, as CMI/Compas Media Vitals' 2013 study points out, the number of physicians willing to see reps is steadily declining.(1) Also, in a 2013 survey of 1,000+ general practitioners in the UK, 52 percent stated that they do not see any reps in a typical week, while 26 percent only see one rep a week.(2)

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Many European governments have enacted policies either banning or dramatically limiting drug reps from accessing physicians.

For example, access to physicians in Sweden is limited to one visit per year. In Poland, reps can only access physicians in state hospitals after 6 p.m., and pharmacy access is heavily restricted in Turkey.

Better customer interactions and new digital channels may open windows where doors had been shut, to greatly expand pharmaceutical selling opportunities. In fact, studies show that the proportion of European doctors who prefer to consume their information on their mobile phone or via text over in-person visits has grown from zero to 29 percent in recent years while 66 percent of doctors prefer email, up from 58 percent in 2009.(2)

“Even though I’m pressed for time, I still usually need the information that reps deliver so I often request that they send via email ... or even by text,” added Ali. “I continue to be shocked

— and, worse still, frustrated — when reps say they are prohibited from email and they don’t offer a digital alternative.”

Fortunately, things are changing quickly. Today, only the most advanced cloud CRM technology enables sales reps to send approved promotional content via email — a practice once considered challenging in the industry due to risk of non-compliance.

Email communications, expertly orchestrated by a customer conductor, offer a dramatically new level of value and effectiveness. Reps can quickly and easily respond to the question “can I get a copy of that,” extending the call beyond the walls of the office. And, low-access physicians may become easy-access with just a few clicks.

In addition to email and mobile, there’s also a growing interest in e-details and other online sources. Nearly a quarter of the 1,000 general practitioner respondents to a doctors.net.uk survey said they preferred to find drug information via

Life sciences companies can finally engage with their customers on their terms...

independent online resources. Indeed, it’s a multichannel world these days – physicians are choosing an average of 2.9 different preferred channels of communication, according to a 2013 study.(2)

“Reaching me via different channels is not merely a luxury today; it’s essential to providing me with any important information that pharmaceutical companies want me to learn,” said Dr. Jean-Paul Stahl, who practices in France. “Ideally, I would like to receive drug information through various means so I can carefully review it during an unexpected break, or from home.”

Cloud-enabled multichannel interactions offer many benefits, including:

- Comprehensive view of the customer, including preferences and behaviors.
- Highly orchestrated communications based upon customers’ specific needs.
- Ability to leverage the right multichannel tools most efficiently.
- Best physician experience, regardless of how or when they engage with the company.
- More productive interactions versus stand-alone, uncoordinated communications; and
- Enhanced marketing effectiveness with firsthand view of customer interactions.

A standing ovation

By combining next-generation technology with informed customer conductors, life sciences companies can finally engage with their customers on their terms to foster strong, lasting relationships. Sales reps benefit from a more complete view of the customer, including channels that they may otherwise have been unable to leverage or see.

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This full-scale visibility, combined with integrated technology that makes it easy and efficient to extend interactions well beyond face-to-face visits, makes even non-personal channels ... personal. The multichannel communications are more meaningful, and customers, in turn, are better informed about the latest drug information to best meet the needs of their patients. Please, take a bow.

About the author



Jan van den Burg is vice president of commercial strategy, Europe for **Veeva Systems**.

He focuses on developing business strategies in the commercial pharmaceutical function.

Sources

1. CMI/Compas, “**2013 Media Vitals Study**,” July 2013.
2. **Doctors.net.uk**, part of the M3 Group with operations in Asia, U.S. and Europe.

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Are Drug Ads in Print Journals Still Effective?

Ben Comer looks at what the collective dropping of more than 4000 medical journal pages last year might mean for pharma marketers.

Professional marketers have steadily shifted resources into digital channels and other outside-the-book physician engagement activities.

Collectively, medical journals dropped over 4,200 pages in 2013, as reported by MM&M, a

direct result of fewer ad buys in the category. Professional marketers have steadily shifted resources into digital channels

and other outside-the-book physician engagement activities.

But marketers should think twice about cutting off print journal plays, at least for some physician audiences, according Jaime Hodges, EVP, healthcare, at **Phoenix Marketing International**.

The company has developed an assessment tool that attempts to quantify the “stopping power” of a journal ad, among other things, that can influence a physician’s behavior.

To establish a set of benchmarks for effective



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journal advertising, Phoenix randomly selected 50 drug ads from last year's medical journals, and asked physicians to review them according to a set criteria. Hundreds of physicians gave input during the ad review benchmarking process.

In addition to stopping power and recall, physicians were asked to rate ads based on whether the ad reminded them of something they already knew, gave them new information, and what actions they might take as a result of seeing the ad.

Actions like "prescribing the drug, prescribing it more than they already do, seeking out more information, requesting samples, and testing their rep about the product," says Hodges.

"We're finding that a third of the physicians will report a high likelihood — a six or a seven on a seven-point scale — to take at least one of those actions." About a quarter of physicians "strongly agree" that a journal ad can be a good

reminder, even when it's not anchored to a new product or new indication, she says.

Other findings include:

- Single page ads outperform two-page ads
- The most effective ads feature images of patients
- Journal ads more easily get the attention of specialists versus PCPs or pediatricians
- Oncologists in particular are very receptive to journal ads.

Asked about a correlation between high-performing ads and prescription uptick or other proven ROI measures, Hodges says the company hasn't completed the validation process yet, but hopes to tie its ad review product — Journal AdPi — to drug sales in the future. "The real barrier is access to prescribing data...it's difficult to get unless we get it from our clients."



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EUROPE



Advanced Accelerator Applications S.A. (Saint-Genis-Pouilly, France) announced

that **Dr Kapil Dhingra** has joined the Company Board of Directors as an Independent Non-Executive Director. Dr Dhingra has over 25 years' experience in oncology clinical research and drug development, including nine years at Roche Pharmaceuticals, where he played a key role in the expansion of Roche Oncology.



Biopharma company Prosensa Holding N.V. (Leiden, The

Netherlands), announced that **Michael S. Wyzga** has been nominated for appointment to its Supervisory Board at the next shareholders' meeting, scheduled for June 17, 2014.

Nanomedicines company Midtech (Abingdon, UK) appointed **Rolf Stahel** as Chief Operating Officer (COO) and **Dr Craig Cook** as Chief Medical Officer (CMO). Mr Stahel has spent 20 years were spent at CEO and Board level in public and private life science companies across Europe, the US and India. Dr Cook joins from SpaceCode Technologies, a healthcare IT company he co-founded in 2005.

USA

Tauriga Sciences Inc. (Los Angeles, CA) appointed **Lawrence A. May, M.D.**, as Chief Medical Officer.

Dr May has served on Tauriga's Medical Advisory Board and has been advising the company on developing products in the natural medicine market.

Kim Johnson was appointed President of health communications company Palio+Ignite (New York, NY). Ms Johnson was a partner at The CementBloc, where she oversaw numerous agency operations.

Coherus Biosciences, Inc. appointed **Michael A. Fleming**

as Senior Vice President, Commercial Strategy. Mr Fleming joins with more than 25 years of experience in strategic and operational leadership roles at preeminent biotech companies.



Array BioPharma Inc. (Boulder, CO) announced that **Charles M. Baum, M.D., Ph.D.**,

President and Chief Executive Officer of Mirati Therapeutics, joined the company's board of directors, effective April 25, 2014.

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Global Digest

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