

# LEARNING TO INVEST IN DOCTORS' EDUCATION



# INTRODUCTION

**Pharmaceutical companies know doctors want high-value educational content. In a highly pressurised, cost-constrained healthcare environment with increasing demands for value and improved patient outcomes, time-poor doctors are calling out for more educational resources.**

However, the industry can find it hard to make a break from traditional methods of engaging with doctors, such as promotional communications and the traditional sales representative call to hospitals and GP surgeries.

This whitepaper explores exclusive new research highlighting the importance of educational and non-promotional clinical content to doctors, demonstrating why it should play an important part in any pharma engagement strategy.

By showing a commitment to doctors' education, pharma companies make their interactions with these doctors more powerful, increasing the chances of long-term advocacy. This mutually beneficial approach meets the needs of both the company and the doctor.

There remains an important place for branded, promotional content and this whitepaper discusses how to balance the provision of promotional and non-promotional content to create lasting, positive relationships with doctors. This not only helps fill gaps in their medical education but can build trust in the industry and ultimately improve patient care and outcomes.

The industry is well-used to taking a long-term approach to drug development cycles, therapy area endeavours and drug patent lifecycles. It's time to be comfortable looking beyond the short-term for doctors' education, too.







# LISTENING TO WHAT DOCTORS WANT

**Healthcare systems are cash-strapped and in a seemingly constant state of flux, presenting something of a challenge to pharma companies working to launch and market new drugs. Meanwhile, time-poor doctors are increasingly closing their doors to sales representatives. While there has been no sudden 'death of the sales rep', there is a need for the industry to provide more value to its customers and be clearer about how it can help improve patient outcomes.**

Heather Hancock, executive director, business and commercial operations at MSD, explains: "There are demographic and social pressures with an ageing population, which is putting increasing demands on an NHS that is already under-resourced and financially struggling. Coupled with empowered and informed patients generally expecting more, the pharmaceutical industry is now finding itself in a situation where there is a greater demand for evidence of outcomes as doctors and payers want confirmation of the value that medicines can deliver."

To better understand these strains on the healthcare landscape M3, which operates the Doctors.net.uk online network of 235,000 UK doctors, ran a listening exercise with its HCPs to understand their wants and needs.

The survey involved nearly 250 UK-based doctors and their top-cited clinical concerns were a lack of financial resources and support staff, a lack of time to keep up to date with the latest clinical developments, and high levels of medical vacancies.

One important area highlighted by the survey was the way in which doctors' working days are changing and the pressures this creates. For example, one consultant noted that it is increasingly difficult to find the time to attend congresses, meaning there is a pressing need to fill that knowledge gap. Indeed, doctors classified digital conference coverage as desirable and beneficial content to feature on Doctors.net.uk.

Not only are the working days changing, but the roles themselves; the age of the generalist is diminishing. Particularly in secondary care, doctors are becoming more specialised, even within their given therapy areas, and are looking for a wider variety of educational resources than ever before to support their ongoing development.

## 31.5%

**OF RESPONDENTS WANT MORE  
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The survey results appear to reflect these changing needs, as the most in-demand types of content were educational modules and continuing professional development (31.5%), and clinical information and non-promotional content (23%). Also sought after were summarised updates of clinical advances (cited by 15% of respondents), news (15%), relevant specialist material (8%), and clinical forums (7.5%). There was also an appreciation of digital conference coverage, particularly among secondary care, with a third (33%) of diabetologists saying they usually look at this type of content on Doctors.net.uk as part of their regular activities on the website.

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Doctors were very clear in their responses that they would like the industry to provide unbiased information and services that help improve patient care, while specialists wanted any face-to-face contact to be with knowledgeable reps who could discuss the therapy area rather than recycle product messages.

Consultant rheumatologist at Cambridge University Hospitals NHS Foundation Trust and head of e-learning at the University of Cambridge Clinical School, Dr Deepak Jadon, explains it this way: "All the reps come and tell me their drug is better than others. They say their 'scientific data is fantastic', but then the rep who comes the next day from another company says the same thing. I just ignore what they say now, and I'll try and look at the primary trial data from journal websites. I suspect that very few of my colleagues will ever go to the pharma company website for this information."

According to those surveyed, the single most important change that pharma could implement in their interactions with doctors is sponsoring more educational events. This was closely followed by the provision of honest and unbiased

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information. Doctors said their channel of choice for general healthcare information, such as medical education, was third-party media. These sites are seen as preferable to company websites because the information was judged to be impartial and presented in a form tailored to doctors' needs.

The survey also found variation, by setting and specialty, in the content desired by different groups of doctors. This highlights the need for materials to be customised accordingly rather than taking a one-size-fits-all approach. For instance, GPs said they wanted more online CPD and shorter bite-sized information, cardiologists and diabetologists seemed to prefer video content, while rheumatologists particularly liked podcasts. However, the majority of all doctors surveyed said they wanted content to be brief, preferably about half a page in length. And, given their time constraints, there was some desire for content that could be easily consumed in their downtime – such as during the commute to and from work.

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# EDUCATION IS KEY - ADDRESSING DOCTORS' NEEDS

**While there remains a place for branded promotional content, the provision of valuable, educational content that meets doctors' needs is increasingly important. Many in the industry understand this is a pressing need, but converting this need into action can be challenging.**

Heather from MSD explains: "E-detailing generally only talks about the drugs. However, when you are treating a patient, the patient goes through a particular pathway. They have many drugs. They often have a number of interactions with many different types of doctors. Therefore, the conversation needs to broaden out from just detailing on a particular medicine.

"We need to educate on the patient pathway and how the particular molecule or vaccine kicks into it, and how it helps patients. Rather than it being a one-way 'I will sell to you' conversation, it has got to become 'I will give you a learning experience.'"


It's a subtle shift, but one with major benefits. By incorporating an educational component into the overall content strategy, pharma not only helps fill doctors' knowledge gaps, but actively works to improve patient outcomes. Take, for instance, patients with respiratory disease. For a number of patients, heart failure will be the cause of their respiratory disease, in which case treatment with an asthma inhaler is neither effective nor addresses the underlying condition. By ensuring that doctors treating these patients are equipped with relevant information on differential diagnoses such as heart failure, patients will be better diagnosed and treated.

There are benefits, too, for pharma. By focusing on educational content, the company adds value and becomes more patient-centric. This helps improve company and industry reputation and lays the foundations for building strong and trusted relationships with doctors.

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During a recent roundtable discussion on the topic, facilitated by M3, the benefits of various types and channels of content were discussed. Members noted some substantial gaps in the educational content space, such as podcasts and digital conference coverage. Regarding the latter, a desire was expressed for easily digestible content in a digital format, given that doctors often struggle to attend medical congresses. It was concluded that pharma could have a specific role to play here, being well placed to invest in delivering this type of content, providing value to doctors and meeting an unmet need.

There is scope for pharma to include CPD certification in educational modules to help with doctors' professional development. Certainly, this is one area keenly desired by doctors, as seen in the M3 survey results, with doctors citing



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the convenience and depth of information provided by online educational modules. As the NHS struggles to find the resources to create these, pharma companies have the perfect opportunity to provide a much-needed educational tool while also raising their profile. In addition, it enables doctors to create their own educational dossier to improve their learning.

Tim Russell, vice president and head of business development at M3, says: “It is no secret that many institutions, NHS and global, are lacking funding for education, and pharma are perfectly positioned to provide a service to fill the gap; there has never been a better time. Doctors have told us what they need, now is our opportunity to show them that we’re listening.”

Most pharma companies have been exploring educational content for patients and several examples were given during the roundtable discussion. These included the use of gamification to educate patients on how drugs attack diseases, and the use of virtual reality, via Xboxes and VR headsets, to explain how drugs work to aid compliance and disease management.

When it comes to education for doctors, one top 10 pharma company has seen the benefits of adopting an educational approach for one of its blockbuster drugs,

successfully engaging with doctors by focusing on non-promotional content. As a result, the company has experienced consistently high sales figures for the drug in question, setting an exciting example of return on investment. Dr Jadon had first-hand experience of the approach, saying the strategy was so good he felt a real sense of loyalty to the company and, consequently, its portfolio of products.

“They were all about education, education, education. They rarely ever mentioned their product. What they focused on was disease awareness – how the disease presents itself, epidemiology, all clinical indices, imaging and laboratory testing. The same person used to see me every time and any questions I had, whether they were related to education, prescribing, staff training, supply chains, or serious adverse events, I would have one point of contact. It has been the same person for the last few years,” he said.

Fundamentally for pharma, the cornerstone of any educational content strategy is building trust and loyalty – sales are a by-product of the resulting relationship.

# OVERCOMING PHARMA'S EDUCATIONAL CONTENT CHALLENGES

**Most pharmaceutical companies have begun to venture into the digital education space in some way, but the constant conundrum is that the industry tends to find it hard to break from traditional methods of engaging with doctors via branded e-details and sales reps.**

Tim Russell describes the pharma landscape as “traditionally short-termist.” The commercial objective has historically been to sell more products in the here and now in order to see immediate results. By focusing on the present, rather than taking a long-term view of the situation, pharma tends to ‘default’ to promotional messaging instead of educational content. Tim goes on to say, “hopefully pharma can evolve to a new ‘default’, using education as the vehicle.” While there is still a place for branded, promotional content, a blended approach factoring in both short-term and long-term goals – looking at both brand messaging and the long-term support of doctors and patients – is the way forward. Given that the patent life of a drug is 10 to 15 years, and most companies’ pipelines contain multiple drugs in the same therapy area, it makes sense to invest in building a relationship based on more than short-term sales gains.

According to MSD’s Heather, it helps to think about sales in a different way. In the consumer world, customers usually take time to research a product before they are receptive to being sold to. The same principles can be applied in healthcare, Heather says. Pharma should try to understand a doctor’s position in the buying process and understand how they develop trust and loyalty, and the role that plays in buying. Thinking of sales in this way creates a shift to a longer-term strategy.


For pharma, there are internal challenges associated with educational content, such as measuring its value and return on investment. This can be compounded by a focus on the delivery of immediate growth and returns. The hosting of

educational content also needs consideration, given doctors tend to avoid ‘pharmacompany.com’ websites, preferring independent, third-party sites that do not require them to share ‘e-permissions’ with pharma.

There are other factors that pharma has to grapple with when it comes to incorporating educational materials into a content strategy. To many in the industry, these can be seen as barriers. The two most notable are compliance issues and budgeting. In order to meet the requirements of the ABPI’s Code of Practice, education has to be siloed from promotion to ensure educational content does not become hidden promotion. Meanwhile, the question of where budgets for medical education sit currently varies between pharma companies, with some preferring to provide fully arm’s length educational grants whilst others choose to retain a degree of control over the direction of the content to ensure all material is ABPI compliant.

Such challenges to investing in an educational, long-term approach are not insurmountable and, indeed, a balanced approach with a focus on educational content is not only feasible but desirable for today’s modern, forward-thinking pharma company.





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# INCORPORATING EDUCATIONAL MATERIALS INTO A PHARMA CONTENT STRATEGY

**So, how does the modern pharma company go about addressing the challenges behind educational content? There are six areas that companies can immediately focus on as they move to invest in a long-term approach.**

**Redefine value away from sales figures:** Value, traditionally, has been equated to sales and return on investment. For a long-term educational approach, value becomes about establishing and investing in a relationship with doctors, which will ultimately have a positive impact on future sales – something that can be measured.

Heather refers to this as customer lifetime value, where the doctor develops trust in the company and product and, as a result, prescribes the drug to multiple patients, time and again. This is a concept taken from the consumer world that aims to nurture customers over the long-term. The benefits of such an approach include a reduced need for sales reps to continually be on the treadmill, chasing doctors to prescribe to meet short-term targets.

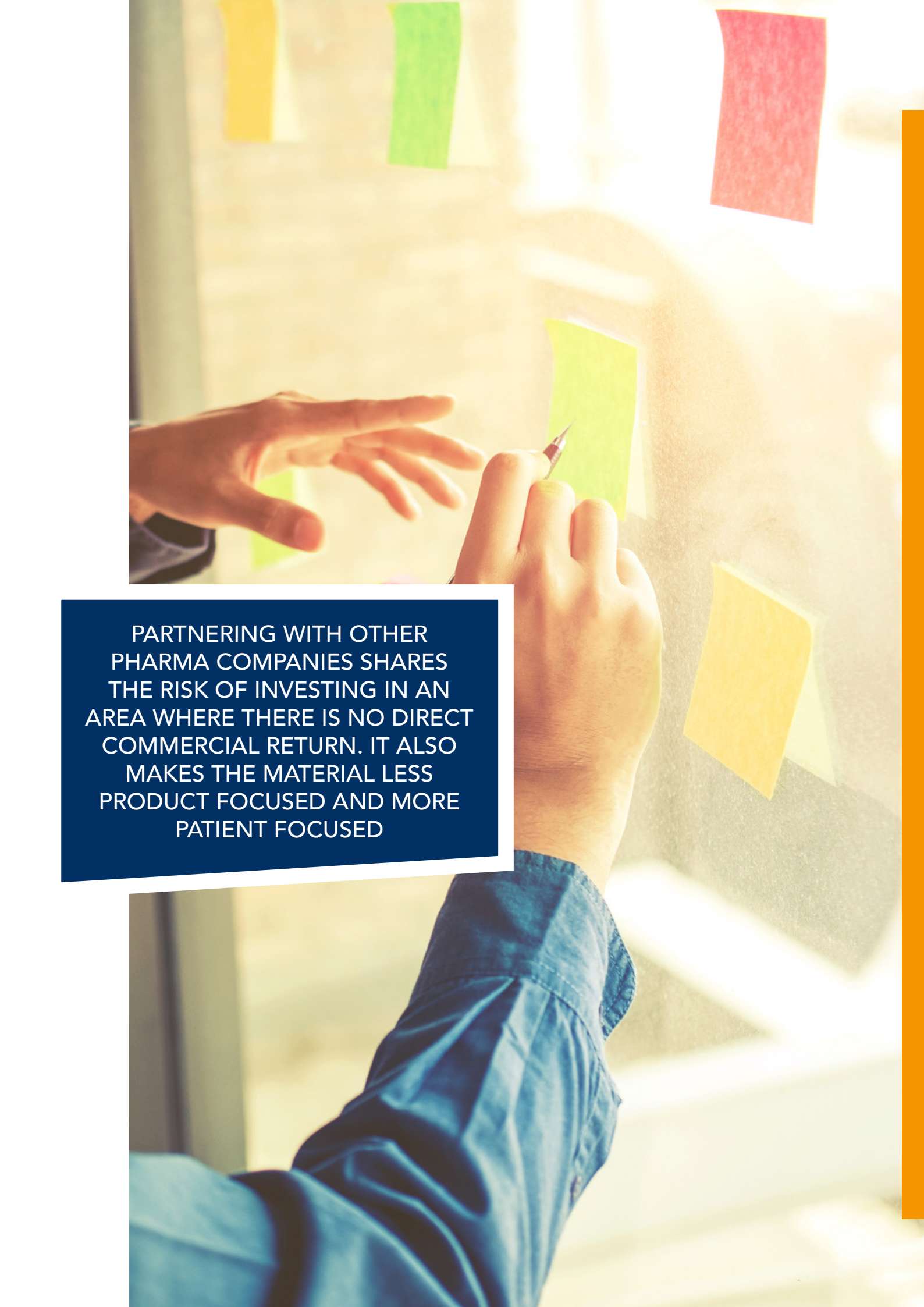
**A single point of contact to address all doctors' needs:** Having a single point of contact at the company to address all doctor needs is seen by Dr Jadon as an integral part of pharma's commercial strategy moving forward. Not only is this valuable in terms of the education and one-stop support shop provided, but it also helps build trust and loyalty that later flows through to drug sales.

Currently, pharma tends to have a piecemeal approach in its interactions with doctors from sales reps for e-detailing, MSLs for clinical information and health economics specialists for budgeting. Heather says: "This results in big gaps in understanding that don't actually help doctors. It all has to be pieced together. How fabulous would it be if you

just had one person that works with you, almost like a concierge?" Implementing a model where there is a single access point could add real benefit to pharma–doctor relationships, including imbuing them with a greater degree of personalisation.

**Partner with other pharma companies:** Partnering with other pharma companies shares the risk of investing in an area where there is no direct commercial return. It also makes the material less product focused and more patient focused. Dr Jadon describes a case where six pharma companies contributed in a non-product specific capacity to a series of educational meetings. While this provided great value to doctors, the benefit to the companies was having reps, KAMs or MSLs on the ground interacting with delegates. He says: "It wasn't difficult. What I don't understand is why the industry can't get together to do the same thing on an online platform, whereby it's not product specific, you're sharing information and the remit is education."



A person wearing a blue long-sleeved shirt is writing on a yellow sticky note attached to a glass wall. Another hand is visible on the left, gesturing towards the notes. Several other colorful sticky notes (yellow, green, red) are already attached to the glass. The scene is brightly lit, suggesting a window or strong indoor lighting.

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**Co-create content with doctors:** Just creating educational content for the sake of it may not necessarily meet the needs of doctors. According to Tim, companies need to first understand where the learning need is – what is the gap in the knowledge that will ultimately lead to an improvement in patient care?

In order to create the most value and fill this gap, pharma companies are advised to co-create content with doctors or patient organisations that can then endorse the material and give it credibility. This not only helps to build trust and viable relationships but shows doctors they are both supported and listened to by the industry.

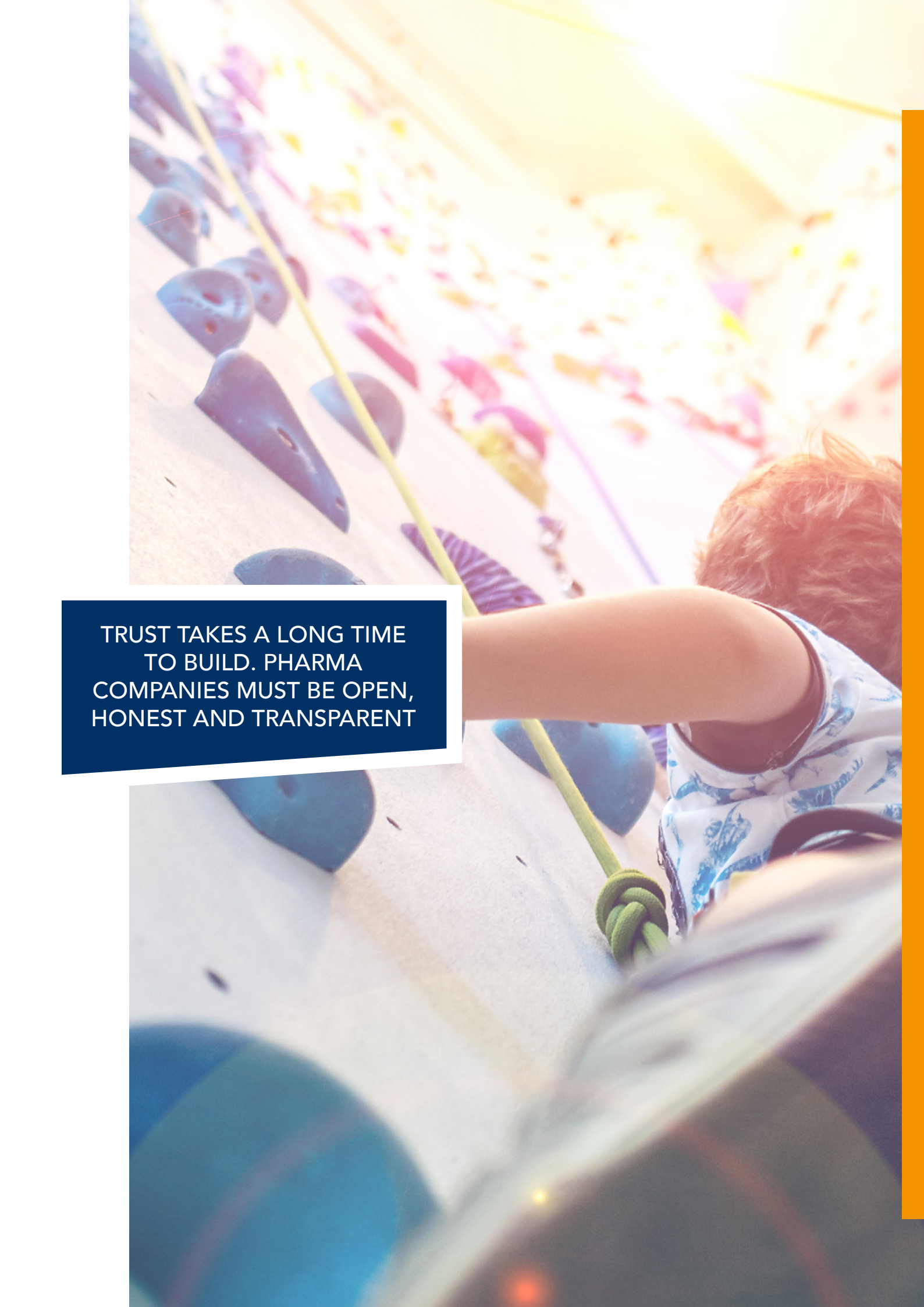
**Get the content right:** A blend of content is deemed optimal, from the branded promotional message through to education. Likewise, channel mix (face-to-face, print and digital) and type of content based on doctor preference, is important. As the M3 survey showed, digital conference coverage, for instance, is highly valued by medical oncologists, suggesting a strong role for pharma to provide this information in an unbiased way. Likewise, podcasts may appeal to many groups of doctors, with the survey highlighting their appeal to rheumatologists in particular.

Making the content easily accessible and clear in its value is vital, alongside tailoring it to the customer, area or population according to the doctor's educational needs. As such, and borne out by the survey findings, focusing on therapy area and disease awareness rather than specific treatment options is the preferable approach.

Understanding the type of content doctors want, identifying where there are learning gaps, and tailoring content accordingly, is crucial. This is important in order to meet doctors' educational needs and improve patient outcomes. If the content isn't right, it merely becomes a missed opportunity for pharma.

**Focus on building trust and relationships:** Trust takes a long time to build. This is why a long-term approach based on relationship building – and taking in the considerations above – is fundamental. Pharma companies must be open, honest and transparent, and avoid any temptation to make educational material promotional, hidden or otherwise.



A person with reddish-brown hair, wearing a white t-shirt with a blue pattern, is climbing a rope. The rope is green and has a knot at the bottom. The background is a bright, sunny outdoor setting with a white wall and colorful, abstract shapes. The text is overlaid on a dark blue rectangular box.

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## THINK LONG-TERM

**There will always be a place for branded, promotional content in a busy marketplace, but for pharma to reap the rewards in the new healthcare environment, investing in a more long-term approach that incorporates educational content, relationship building and trust is required. With healthcare systems struggling to fill the knowledge gap for doctors, there is a real role for pharma to play as it works towards helping to improve patient care and outcomes.**

Tim concludes: "Pharma has to adapt, it has to make it feasible and easier for doctors to get the right information at the right time. Pharma companies must make sure that education is a priority, that it is credible and high value and, crucially, that the end goal of any content is to improve patient care. This is a commitment that doctors will recognise and respond to."







## M3 - Creating connections, improving healthcare

M3 is the world's largest network of verified doctors with over 5 million members across key markets; our closed, local communities of doctors are trusted by our members as places where they can reach content relevant to their profile and geography. These communities include Doctors.net.uk in the UK, Vidal in France and m3.com in Japan and offer clients a unique opportunity to communicate with doctors. M3's deeper engagement model enables clients to build lasting and effective relationships with their target doctors. Through market research and precise profiling capabilities M3 can provide an in-depth understanding of target audiences, ensuring that all messaging is shaped for maximum effect. This bespoke content can be localised, translated and delivered according to compliance regulations in each of our communities. Using its analytics capabilities M3 can provide insights, demonstrate campaign impact and prove return on investment.

M3 is committed to its mission to use technology to help people live longer, healthier lives and reduce costs in healthcare.

## CONTACT

[reachdoctors@eu.m3.com](mailto:reachdoctors@eu.m3.com)

+44 (0)1235 828400

[eu.m3.com](http://eu.m3.com)



**Tim Russell**

An experienced international marketer, Tim has spent over 20 years in the pharmaceutical industry. For the last five years he has worked for M3, connecting clients with doctors in its online communities. He is passionate about offering compelling solutions that meet clients' commercial objectives and offer clear and tangible value.

[tim.russell@eu.m3.com](mailto:tim.russell@eu.m3.com)



**Heather Hancock**

Heather Hancock holds an MBA and studied Biochemistry and Chemistry at University. She is currently the Business and Commercial Operations Director of MSD in the UK, and has 20 years' experience within the healthcare industry across multiple sectors including private hospital operations and business development and a variety of European and international markets.



**Dr Deepak Jadon**

Dr Deepak Jadon MBBS MRCP PhD, is a consultant rheumatologist at Cambridge University Hospitals NHS FT and head of e-learning at the University of Cambridge Clinical School. He is also lead advisor to the rheumatology section of Doctors.net.uk, and is part of digital and education steering committees for several pharmaceutical companies.