CONNECT

ANNUAL NEWSLETTER OF THE MRII

Issue 7 ▪ September 2016

PRESIDENT'S WELCOME

Mr John Woods, MRII President

NATIONAL CONFERENCE 2016

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What's inside...

CONNECT is an annual publication produced in-house by the MRII. For advertising please contact:

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or 058 43955

JOIN US

"The MRII is committed to the promotion of professionalism and best practice for all Healthcare Sales Professionals, and to providing educational and social opportunities for all members to interact, in a relaxed and friendly environment."

Membership of the MRII is open to those who are employed (or seek to be employed) as Healthcare Sales Professionals in Ireland – our members represent those in customer facing roles in pharmaceutical and medical device companies in Ireland.

10 Reasons you should be an MRII Member...

1. We are the only body representing your profession in Ireland
2. Enhance your network – meet industry colleagues and service providers and stay informed
3. Our National Conference provides an essential learning and networking opportunity
4. Broaden your knowledge – physical meetings, webinars/podcasts, tours and courses
5. Gain access to the MRII Syllabus and Examination providing you with an industry recognised qualification
6. Active participation will enhance your CV and you both professionally and personally
7. MRII Ambassador and Volunteer Programmes and Annual Awards for Members
8. Gain strength from our numbers
9. Many members have secured jobs through MRII contacts and initiatives
10. Enjoy discounts for members

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MRII NATIONAL CONFERENCE 2017

Mark this important date in your diary

WEDNESDAY APRIL 5TH 2017 (FROM LUNCHTIME)
THE WESTGROVE HOTEL, CLANE, CO. KILDARE

DATE FOR YOUR DIARY

This is a networking and educational event not to be missed.

- **Are you in a customer facing role working in a pharmaceutical or medical device company?** Put this date in your diary for this annual gathering of your profession.
- **Are you managing a customer facing team?** Put this date in your team's diary for 2017 and why not attend also?
- **Are you considering a Healthcare Sales Professional role?** Come along and network on the day.
- **Are you a company looking to network at our National Conference?** Email info@mrii.ie for details and availability at our 2017 National Conference Trade Exhibition

FULL AGENDA AND BOOKING DETAILS TO BE ANNOUNCED AT A LATER DATE

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Presidents Welcome

Mr John Woods

I am honoured to welcome you to this issue of CONNECT, the annual newsletter of the MRII. This publication is circulated to our members, industry colleagues, sponsors and all our contacts and now has a distribution list of near 1,750.

I am entering my 10th year as an MRII member and having served 6 years on Council I decided that the time was right to put myself forward as President of the MRII. I wish to build on the fantastic work that has been put in place by my predecessors. I want to accelerate the momentum we are experiencing as we continue the delivery of a top class educational and networking service to our membership.

My goals for the year are to increase membership and to increase participation and activity from our members. We need help and your support with this –

> **I call upon all those in customer facing roles within pharmaceutical or medical device companies to join as members and also to management to support this move.**

I was asked the question "What does the MRII do for me?" on a few occasions over the past few months. My sentiments on this are that if you engage, participate and proactively align yourself with the MRII, you will not only be assured of continuous education and industry updates, but you will develop both professionally and personally through the events, webinars, local meetings and opportunities that will present to you throughout the year.

Have you considered the MRII as a vehicle to assist you in achieving the objectives as set out in your annual reviews? Have you thought of how being involved within the Institute might help with your career? Have you thought of a topic or a speaker that would be of significant interest to you and which may assist in progressing your professional development? This Institute will continue to address the needs of its members. The best and quickest way for progress is for you, our members, to engage and participate.

I look forward to serving our members, sponsors and industry colleagues well during my term of office.

John Woods

president@mrii.ie

IPHA Medal Winner 2016

Mr Philip Hannon, Communications and Public Affairs Manager, IPHA presents Niamh McCormack, A. Menarini, with the IPHA Medal for the highest scoring candidate in the 2016 MRII Examination.

MRII Awards 2016

NEW MEMBERS

Recently appointed Full Members of the MRII pictured with John Elliott, MRII Ex-Officio are Caroline Eyre (Pfizer Healthcare Ireland), Brendan Lee and Tom O'Dwyer

MRII REP OF THE YEAR 2016

Joan Moloughney, LEO Pharma

AMBASSADOR OF THE YEAR 2016

Mike Blackwell, Eurodrug Pharma Wholesalers

MRII Event

Diagnostic Radiology for the Non-Radiologist

Patricia Cunningham, Consultant Radiologist

Diagnostic radiology is the use of imaging to diagnose, treat and monitor various diseases. Continuous advances in technology and our understanding of the features of disease on diagnostic images have allowed for imaging to be used at much earlier stages of the diagnostic process. Similarly, changes in the characteristics of disease with treatment can be detected by imaging, which is now frequently used to monitor progress as well as to perform image-guided treatment, thanks to a much greater clarity that often even replaces the need for a surgical procedure. Now almost all clinical specialties rely heavily on radiology in order to be able to function clinically. Radiology today is a cornerstone of diagnosis and treatment and radiologists are at the heart of patient care. The enormous growth in applications of radiological imaging and image-guided treatments has resulted in an ongoing demand for radiologists and radiology related resources. There are a number of modalities available for imaging, each with advantages and disadvantages, and are selected based on the clinical questions to be answered, the system or organ to be evaluated and in some cases availability of equipment or radiologist expertise.

General Radiography

General Diagnostic Radiology is the most familiar/common form of radiology and encompasses plain radiography and fluoroscopy. These procedures include plain film examinations, gastrointestinal studies, arthrograms and guidance for therapeutic injections. Plain film radiography and fluoroscopy have been the mainstay of diagnostic radiology for many years. They are often the first radiological examinations performed on a patient. The exam consists of passing a small amount of radiation through the body to form an image that the radiologist interprets. X-ray (radiography) is commonly used to evaluate the chest, spine and extremities (Fig. 1). Fluoroscopy utilises technology similar to x-ray; however, fluoroscopy allows the radiologist to examine the patient in real time using a monitor. The patient's anatomy is imaged and viewed as it functions. Common fluoroscopy procedures include upper GI series, cystograms, arthrograms and guidance for injections.

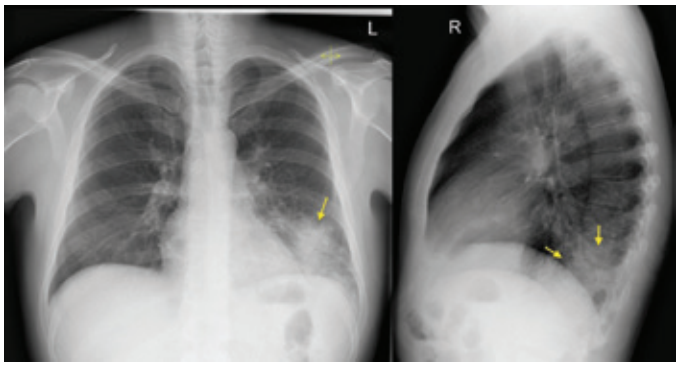


Figure 1: PA and lateral chest radiographs showing left lower lobe pneumonia (outlined by arrows).

Computed Tomography

Since its introduction in 1974, computed tomography, also known as CT or CAT scan has revolutionised medical care by providing detailed images of the body and disease processes. A CT Scan uses an x-ray beam that rotates around the patient. This process generates data used by a computer to generate an image of the body's internal structure. The study appears as slices in the axial plane which can be reformatted in any other plane commonly sagittal and coronal. During a routine x-ray, dense tissues can limit visualisation of other areas. The CT scan is able to put together the different slices to create a three dimensional view, clearly showing both bone and soft tissue. The detailed images may show problems in soft tissues, body organs and bones. CT is frequently used to examine the brain, sinuses, lungs, chest, abdomen, pelvis and skeleton (Fig 2). The versatility of CT in providing precise body images has allowed it to replace previous diagnostic procedures and in some cases it also has eliminated exploratory surgery. For these reasons CT scanning is among the major diagnostic tools used today by radiologists. The major disadvantage of CT is that it involves a higher radiation dose but this is being addressed all the time with new developments in software and techniques.

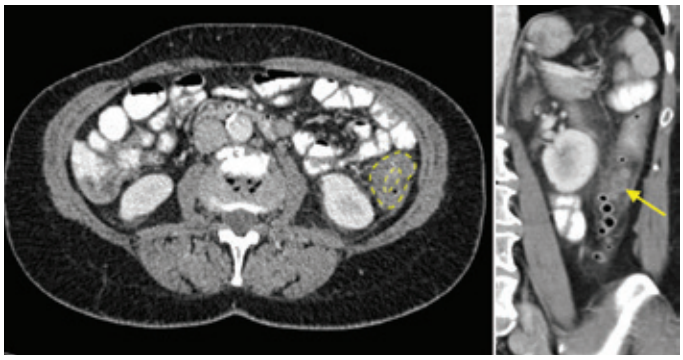


Figure 2: Axial CT image with coronal reformatted image showing acute diverticulitis of the sigmoid colon.

Ultrasound

An ultrasound study is a valuable diagnostic tool in assessing the size, shape and texture of many body parts that cannot be evaluated using conventional x-ray studies and are not well assessed with CT. Ultrasound is a safe, painless, non-invasive procedure that uses sound waves rather than x-rays or any type of radiation. The radiologist or ultrasonographer uses a water-based gel on the area to be examined that enhances sound waves. An instrument called a transducer will be placed on the part of the body to be examined. The transducer transmits the

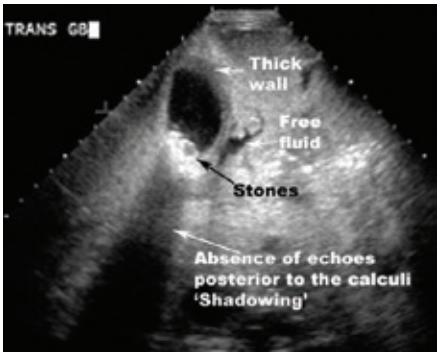


Figure 3: Ultrasound image showing acute cholecystitis (inflammation of the gall bladder) with gallstones in the gallbladder lumen.

sound waves and receives echoes that return, similar to sonar from a ship or submarine. The returning echoes produce images on a monitor that are used for diagnosis. This examination is particularly useful to detect organ problems, such as gallstones, kidney disease or liver disease (Fig 3) and evaluation of thyroid, gynaecological system and testes. The heart (echocardiography) and vascular system can be studied using special techniques. It can also be used for assessing joints, tendons and ligaments. Since there is no radiation involved, ultrasound is a safe test and is the cross sectional test of choice in children, pregnant women and women of child bearing age in the appropriate clinical setting. It is a dynamic test allowing for evaluation of structures in real time and during motion with the main disadvantages being operator dependence and poor visualisation in patients with elevated BMI.

Magnetic Resonance Imaging

MRI uses a magnetic field and radio waves to cause body tissues in the area being scanned to send out tiny radio signals. Each type of tissue sends out a different signal. When the system converts these signals into a computerized image, the result is a clear, detailed "picture" of the area of interest. The MRI exam is particularly useful in examining the entire musculoskeletal system, internal organs in the abdomen and pelvis, the brain and spinal cord (Fig 4). These detailed images allow radiologists to detect problems previously unseen with other diagnostic techniques. The drawback with MRI is that some patients can find it claustrophobic, it is contraindicated in patients with pacemakers and other intracardiac devices and has still relatively limited availability.

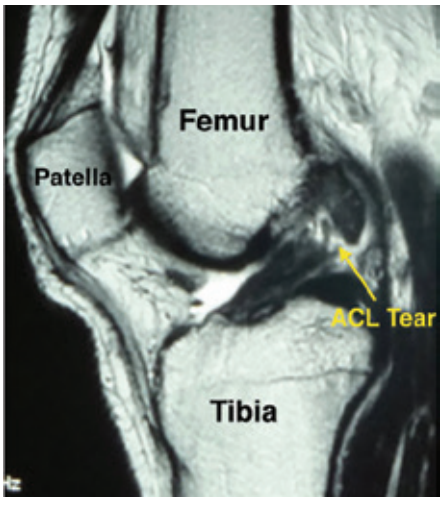


Figure 4: Single sagittal MRI image of the knee demonstrates a tear of the anterior cruciate ligament.

Positron Emission Tomography

Positron Emission Tomography (PET)/CT is a diagnostic study that produces images of the body's cellular functions (human physiology). Instead of detecting changes in the physical size or structure of internal organs, as other imaging technologies (x-ray, CT, MRI) do, the PET/CT scan assesses and measures changes in cellular function. Since these functional changes may take place before physical changes occur, PET/CT can often provide information that enables earlier diagnosis of diseases or abnormalities. PET/CT is a safe and accepted method for imaging many forms of cancer including lung, colorectal, melanoma, ovarian, lymphoma and recurrent brain cancer (Fig 5). It can also be used to assess heart disease and neurological disorders such as Alzheimer's disease and some forms of epilepsy. The PET/CT scan procedure involves the injection of a glucose tracer. These tracers circulate through the body and collect in cells with increased metabolism. All cells use glucose, however, diseased cells, such as cancerous cells, use it faster than healthy cells. The PET/CT scanner produces images of the diseased tissues that have absorbed the glucose tracer. The CT component of the scan better visualizes and localizes organs to determine cancerous cells. PET/CT imaging can potentially improve the diagnosis and treatment of various diseases, because it can detect changes in cell activity combined with anatomical imaging of the CT to localize the cancerous cells.

Nuclear Medicine Imaging

Nuclear Medicine differs from other areas of radiology in that it enables the radiologist to determine the actual function of many internal organs and bones rather than just the anatomy. Nuclear medicine scans are most often used to study the heart, thyroid gland, renal function and bones. A chemical that has been "tagged" with a radioactive compound (radionuclide) is injected intravenously. This substance is safe and specially prepared to collect temporarily in the specific part of the body to be studied. Once in the selected organ, the chemicals emit gamma rays that are detected by a gamma camera and assembled as a scan. These scans can only be performed in specific departments that have a nuclear medicine department with access to radiopharmaceuticals.

Conclusion:

Diagnostic radiology has rapidly evolved over the last 20-30 years and is now the cornerstone of patient diagnosis and management. It provides comprehensive, detailed anatomical and pathological information with newer techniques adding physiological information also. Radiologists are an integral part of the multidisciplinary team managing patients in a modern healthcare environment and close discussion and consultation ensure optimal use of appropriate imaging and maximal use of limited resources.

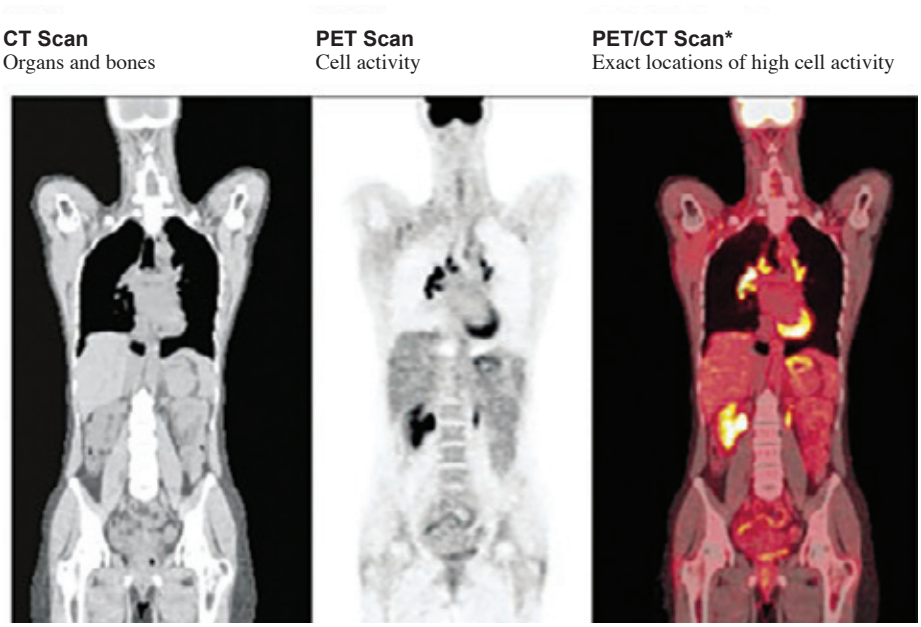


Figure 5: This shows a normal CT, PET and fused images (PET-CT) with the normal distribution of cellular activity.

Leadership of international Biopharmaceutical industry to converge in Dublin this September

International leaders of the biopharmaceutical industry will gather in Dublin on 21st – 22nd September next for a two-day international convention that will inspire and showcase scientific innovation.

BioPharma Ambition® will be a multi-platform event of international policy leaders, renowned researchers and senior industry personnel that will highlight the international biopharmaceutical industry's ambition for the health and well-being of populations.

Ireland, where the pharmaceutical industry supports 50,000 jobs directly and indirectly, and where pharma-chemical products make up half of total national goods exports, is an ideal location for this major international convention of the biopharmaceutical industry. In total, more than 75 international pharmaceutical companies operate in Ireland, which, remarkably for a small country, is the world's seventh-largest exporter of medicinal and pharmaceutical products[1].

BioPharma Ambition® will highlight where the research is pointing and how Ireland will support innovation in discovery, development, manufacturing and healthcare solutions. The Irish Pharmaceutical Healthcare Association and BioPharmaChem Ireland, representing the research based and manufacturing biopharmaceutical industries respectively, have come together with the National Institute for BioProcessing Research and Training to host the convention.

Speakers at the convention include Dr Michael Kopcha, Director of the FDA's Office of Pharmaceutical Quality; Dr Bernadette Doyle, Global Technical Head of GlaxoSmithKline; Professor Garret Fitzgerald, Director of the University of Pennsylvania's Institute for Translational Medicine & Therapeutics; Dr Craig Tendler, Vice President Late-Stage Development, Janssen; Sir Andrew Dillon, CEO of NICE; Dr Sally Cudmore, General Manager, APC Microbiome Institute; Ian Jones, CEO, Innopharma; Graham Symcox, MD, PharmaCentaur AG; and a range of leading Irish-based clinical scientists and academics.

BioPharma Ambition® will also see the Massachusetts Institute of Technology's Hacking Medicine programme co-host a health hackathon in Ireland, in partnership with DCU Alpha. The health hackathon is calling on industry experts, scientists, hardware engineers, patients, health care providers, artists, designers, entrepreneurs and marketers to join us for an intensive weekend of challenging activity that will see innovative solutions emerge to improve aspects of patient pathways, clinical care, drug logistics, waste management, and patient outcomes.

Limited tickets are still available for delegates.
Visit www.BioPharmaAmbition.com

BioPharma Ambition Inspire / Connect Influence / Innovate

Mary Mitchell O'Connor TD, Minister for Jobs, Enterprise and Innovation, recently launched BioPharma Ambition®. She is pictured with Dominic Carolan, Chief Executive of NIBRT; Dr Leisha Daly, President of the IPHA; and Matt Moran, Chief Executive of BioPharmaChemical Ireland.

Are you incorporating your MRII Membership into your appraisal?

- Have you completed the MRII Examination?
- Are you eligible for an MRII Council/Ambassador role?
- Have you won an MRII Award?
- Have you attended MRII meetings, webinars or other events?
- Did you attend the MRII National Conference in 2016?

Above should be verified using an official 'MRII Activities Record' available to download from www.mrii.ie

e-Learning version of the IPHA Code of Practice launched

In February 2016 an e-Learning version of the IPHA Code of Practice for the Pharmaceutical Industry was launched (see www.iphacode.ie). The initiative is the result of an intensive collaborative process between IPHA and MRII designed to deliver training and education in the Code using the most modern technology.

In the period up to 13th June 2016, 577 individuals registered to receive eLearning (468 of those were on company specific websites, i.e. the eLearning was integrated into the company training system).

IPHA operates a legally recognised self-regulatory Code of Practice to ensure the highest standards in their interactions with healthcare professionals and in the promotional activities of its member companies. The Code, which is updated regularly, is adhered to strictly by member companies, their employees and third parties employed by those companies.

Using a fully responsive website that can be accessed on any device and developed in line with current best practice for e-Learning standards, every IPHA Member Company can securely track and monitor each employee for compliance with continuing education on the Code through a dedicated portal.

Speaking at the launch of the e-Learning version of the Code, IPHA President Dr Leisha Daly said: "The IPHA Code of Practice sets the gold standard for our companies and any initiative which will help to ensure that it is better understood and valued by those working in the industry is to be very welcomed".

Also speaking at the launch, then MRII President John Elliot said: "Our Institute is delighted to have played such a central role in the development of this course. It is of marvellous educational value to our members in helping them to understand their obligations under the IPHA Code of Practice".

MRII members can also register to access the e-Learning version of the IPHA Code of Practice for the Pharmaceutical Industry via www.mrii.ie. This link is for MRII members who wish to register as an individual. Members who are working for an IPHA member company should check with their company before registering, to ensure that they are not required to register through their companies IPHA Code website.

Pictured at the launch are Dr Leisha Daly, IPHA President and Mr John Elliott, Ex-Officio MRII

Driving is a Pain – Osteopathy Can Help

Brian Kinsella BSc (Hons) Ost, M.O.C.I.

As a former Sales Representative (Healthcare) I am very aware how, given the job specifically involves long hours of driving, you may have experienced back pain. You wouldn't be alone. Approximately 30-60% of drivers report back pain that is caused or made worse by driving . This is not uncommon as driving exposes the body to many different forces including acceleration, deceleration and most notably vibration. Driving also involves the use of your feet to control the car's pedals which means they are not used to help stabilise and support your lower body as they normally would when sitting. Any combination of these factors can cause muscle and joint pain, not only in the back, but can affect other areas of the body.

In all these cases, Osteopathy can help to reduce pain and your Osteopath can offer advice on back pain management, including simple exercises to prevent problems in the future.

What is Osteopathy?

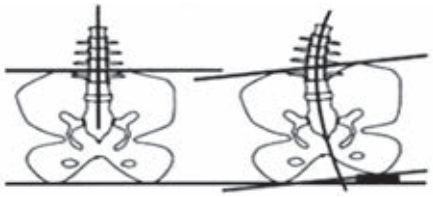
- Osteopathy recognises that much of the pain and disability we suffer stems from abnormalities in our body's structure and function.
- Osteopaths diagnose and treat problems with muscles, ligaments, nerves and joints to help the body's natural healing ability.
- Treatment involves gentle, manual techniques – easing pain, reducing swelling and improving mobility. Often, this involves manipulation which can result in an audible 'crack' or 'pop' which is simply the sound of gas bubbles popping in the fluid of the joints.

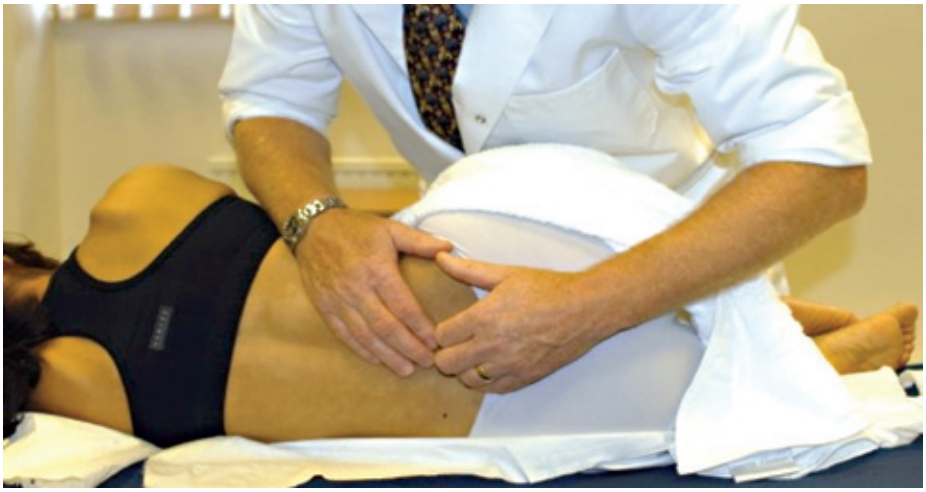
Osteopathy does not involve the use of drugs or surgery.

However, in order for you to avoid a trip to your Osteopath, allow me to make some suggestion on the correct driving posture which will help prevent and reduce back pain while driving.

Optimal Driving posture.

Firstly, if you are fond of keeping your wallet or smart phone in your back pocket while sitting, then you're a glutton for punishment when it comes to back pain. Even a slim wedge can alter the structure of your back and pelvis, thereby limiting the function of your spine causing muscle and joint pain





There has been a large amount of research carried out relating to the optimal driving posture to prevent back pain while driving. I believe in keeping the message simple. The best evidence is summarised into the following 5 steps.

Step 1: Seat position

Whether driving a manual or automatic, you want to position your seat so a light bend remains in your knee when the clutch and accelerator is fully depressed. If the seat allows, raise the seat so you have a clear view of the road, your thighs are fully supported and your hips are slightly higher that your knees.

Your legs and pelvis should have ample ability to move and shift position without detracting from your driving. This will relieve pressure points and keep blood circulating during long drives.

Step 2: Back rest angle

Adjust the of angle of your back rest so that you are reasonably upright and leaning only slightly backward so that your entire back is fully supported, typically 20 – 30 degrees from the vertical.

This may feel strange at first if you are used to lying back while you drive, however, the more upright you are, the less you will have to compensate in a poor posture

Step 3: Lumbar support

If you have a lumbar support, adjust this to gently fit your back with no pressure points or gaps.

This supports your natural lumbar arch and helps prevent curving forward of your thoracic spine.

Step 4: Head rest

Adjust the head restraint so that it is level with the top of your head to ensure the risk of injury is reduced in the event of an accident. Do not allow your head to flop back over the head rest.

Step 5: Steering wheel

Reach your arms out in front of you ensuring to keep your upper back and shoulders on the seat. Now adjust the steering wheel so that your wrists rest on top of the steering wheel. This means that when you hold the wheel in either the ten to two or the quarter to three position you will have a comfortable bend in your elbow.

Visiting an Osteopath

If, however, you do have the need to see an Osteopath, this is what you can expect. On your first visit, and before examination begins, the osteopath will discuss and record your medical history in detail. It is advisable to wear loose, non-restricted clothing or gym wear to the appointment to allow your Osteopath perform a series of observations and biomechanical assessments. The Osteopath will use a hands-on approach, applying a highly developed sense of touch to identify points of weakness or excessive strain throughout the body.

Your Osteopath will make you feel at ease and tell you what is happening throughout your consultation. You should ask questions if you have any concerns or require clarification. If further medical treatment is needed, with your permission, the osteopath may contact your doctor, or refer for further investigations such as MRI scans, x-ray or blood test. This will allow a full diagnosis of the problem and will enable the osteopath to tailor a treatment plan to your needs.

Help is at hand

Many problems may only require one Osteopathic treatment to resolve, however typically between two and six treatment sessions are needed, depending on the severity of the problem.

Osteopathic treatment is covered by all insurers, on most health insurance plans. To further assist you in returning to pain free movement, I am offering all MRII members (and MRII sponsors) an initial consultation and treatment for €40 (usual fee €60 - €70) and 20% off all follow up treatments.

I am available in clinics in both Dublin and Wexford. To arrange an appointment or to enquire if Osteopathic therapy can help you, please contact me on 086 3294677 or email:

This is one article from a series of three by Brian Kinsella. "The Pain of Sitting on Your Laurels" and "Osteopathy and Pregnancy" have been included in recent MRII ezines. If you would like to request any of these articles please email info@mrii.ie

MRII Council 2016/17

Front: John Woods, President (Bayer Healthcare); John Elliott, Ex-Officio (Pfizer Healthcare Ireland); Linda McMahon, East (Ashfield); Anthony Carroll, Vice-President (Bristol-Myers Squibb). Also pictured on left is Andrea Gaffney, National Co-ordinator MRII.

Back: Eugene Strong, East (Novartis); David McCarthy, Honorary Treasurer (Salutem Insights); Pamela Large, Honorary Secretary (Boehringer Ingelheim); Brendan Dunne, East (Pfizer Healthcare Ireland); Abina O'Flynn, West (MSD); Neil Mac Court, East (Ashfield).

eHealth Ireland – an Update

The recent Ecosystem meeting was held on May 29th in Dublin with over one hundred and sixty delegates attending for the fifth eHealth Ireland Ecosystem event. This event also marked the first year anniversary of the eHealth Ireland Ecosystem launch. Richard Corbridge, Chief Information Officer for the HSE, opened the event. Richard explained that the Ecosystem has supported eHealth Ireland in moving forward, and doing different things around eHealth that is people focused and concerned with improving health and wellbeing.

The Ecosystem has established itself quickly over the last 12 months, bringing together a wide range of stakeholders to generate a high quality set of recommendations for advancing the eHealth Strategy in Ireland.

Although Richard Corbridge has only been in post a little over 18 might, there have been many achievements already for eHealth Ireland. These achievements include the fact that every publicly funded hospital can now receive an **eReferral** from GP's whereby the GP receives an acknowledgement from the hospital of receipt of the referral. This has improved communication between clinicians in both settings as a standardised referral form is used. For more information visit http://www.ehealthireland.ie/Strategic-Programmes/eReferral/ This project has been delivered within the current budget and achieving this milestone is testament to the efforts of all parties involved.

The **Clinical Council of Information Officers (CCIO)** continues to grow with now 192 members. Other jurisdictions have not had this level of clinical engagement, at such an early stage - it usually happens after the procurement of a system or during the implementation process. Ireland is very lucky to have this level of engagement early in the process, so that the clinical requirements are known up front.

The **Electronic Health Record (EHR)** is one of the eHealth Ireland strategic programmes. The EHR business case has been agreed by HSE Leadership team and is now with the Department of Health for consideration. For more information visit http://www.ehealthireland.ie/Strategic-Programmes/Electronic-Health-Record-EHR-/ The National Childrens Hospital will be a priority within the roll out plan with the delivery of elements of the National EHR commencing in the second quarter of 2017.

The **Individual Health Identifier** Project is one of the strategic projects being delivered by the eHealth Ireland team. In 2015 a proof of concept solution was created to ensure that the HSE could build the technology required to put the Individual Health Identifier in place. After robust testing, this infrastructure has now been implemented enabling the HSE to put in place an enterprise grade solution and commission this as a live piece of infrastructure. Over the coming weeks the final load of data will be put in place and Individual Health Identifiers will begin to appear on eReferrals. Through the rest of 2016, a number of systems within healthcare will be connected to the IHI solution and the number will begin to become the single identifier for patients in the health system.

A public consultation on a draft Privacy Impact Assessment for the IHI was held in March of this year and was extended in response to the high level of interest. The level of interaction and feedback was high with over 80 responses received. All feedback was analysed and a statement of outcomes quantifying the feedback and identifying all the actions that will be taken in relation to the Privacy Impact Assessment was published on eHealth Ireland's website last week. The finalised Privacy Impact Assessments will be published within the coming days. A business unit for the operation of the IHI Register is currently being established. This project continues to deliver its defined goals on time and within budget illustrating the commitment and capability of the eHealth Ireland team for the delivery of a digital health infrastructure for Ireland. For more information visit www.ehealthireland.ie/Strategic-Programmes/IHI

The three **Lighthouse Projects**, are fundamental learning opportunities for HSE and eHealth Ireland where initiatives are being undertaken in three specific therapy areas over the next 12 month. The specific areas are epilepsy, haemophilia and bipolar. The project will deliver real solutions to patients within the 12 months and the learning from this can be used to see how other areas can benefit also. eHealth Ireland and Trinity College are partnering for an **innovation challenge** later in August as part of the bipolar project. For more information on the innovation challenge visit http://www.bipinnovate.com/

eHealth Ireland has also partnered with NDRC for a **pre-accelerator programme** for idea owners and skilled participants. For more information visit http://www.ndrc.ie/programme/

There are close to 45,000 people within the HSE who do not currently have a **digital identity**. The aim is to close this gap by the end of this year, whereby everyone within the HSE will have access to email and other digital tools that they may need to do their job.

There are many more project areas underway by eHealth Ireland such as **ePharmacy, Healthlink, National Medical Laboratory Information System (MedLIS), Maternal & Newborn Clinical Management System, Open data**, to name but a few. For more information on the work of eHealth Ireland visit www.ehealthireland.ie/ of follow on twitter #eHealth4All

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Is your product message well crafted?

Dr Michael Collins

Dr Michael Collins is a GP Principal for the past 20 years working full time in a large, busy training practice in Kildare. He also runs his own company Medical Message Crafting Services Ltd.

What we in Medical Message Crafting aim to achieve is better understanding and more meaningful communication between Pharma and clinicians. This is best achieved working together using the great skills-mix and expertise of all involved.

Having worked for many years with different pharmaceutical companies assessing Healthcare Sales Professionals (HSPs) on their in call quality training, I am frequently struck by how good the majority of the HSPs and many of their products are but how more effective and relevant the message could be.

Good products deserve to be optimally represented and disseminated so that more people have access to them and ultimately benefit from them. That access is through the clinician. For me to want to prescribe a product I must feel confident that it is the best choice for my patient. I get that confidence from the inherent integrity of the product through evidence base and quality research and the way the information about the product is conveyed to me. To make the information memorable, the content and format of the messaging must have impact.

One of the often used methods of gathering information, insights and perspectives from clinicians for Pharma is via Scientific Advisory Boards. Having sat on many Scientific Advisory Boards across different therapeutic areas I have found that the market research yielded can be biased. Many of those chosen are doctors with a sub specialised interest in that particular area of medicine. The limitations of such an unrepresentative cohort is that it does not give a true reflection of competent GPs working in 'The Real World'. That is why truthful, raw and honest feedback from physicians at the coal face with practical constraints across the full spectrum of interests and expertise to more fully represent how we think and practice is vital if we are to have relevant and useful information detailed to us by Pharma.

As doctors we are sometimes sceptical of what we see as promotional sales messaging and material. We are busy and often under considerable time pressures so it is vital that when a HSP has a few short minutes to detail their product to us that that detail is as RELEVANT and MEMORABLE as possible. We all operate in different environments and the Pharma environment is a very different one to that of the clinician.

Those of you who work in Pharma are heavily involved in a small number of products. That is your focus and your working priority. Those of you in the various disciplines of Research, Quality Control, Compliance, Sales, Marketing, Advertising, Medical and so on all have a different role to play and different perspective on the products. It is not unusual for the ultimate message arrived at following the input from all the above disciplines to become unfocused. As a result the final message that is given to the sales staff for detailing may not hit the target as intended as it is not crafted with the perspective of the prescribing clinician in mind. The mind-set and perspective of the clinician is usually different to that of the world of Pharma. It is not unusual for a very good HSP and a very good product to be let down by the information given to detail.

When we make a decision to treat a patient we do so influenced by many variables starting with guidelines and protocols and then choosing what we feel is the best medication for that particular patient in front of us.

You need to know what the doctor needs to know - but how do you really find this out bearing in mind that every doctor, every product, every HSP, every Company and the circumstances of every call is different depending on many variables?

A process that I find works very well is for somebody like myself who is a practicing physician to act as a bridge. We assess the sales materials, information, evidence base and proposed messaging and work together with Medical, Compliance, Marketing, Sales and so on, and craft the message in a way that is acutely relevant and potent for doctors. This draft message is then stress tested with Key Opinion Leaders such as leading consultants in the therapeutic field in question, at a meeting with relevant Company department representatives such as Medical, Management and Quality Control, etc. to ensure that the message is accurate and medically proofed. This is fundamental for compliance and integrity. Following this stage a small focused group of well-chosen GPs/clinicians are brought together to trial the message and fine tune it to ensure it is optimised. The message now crafted is brought to the salesforce in a seminar setting for an overview of the clinician's perspective of the therapeutic area. This informs and educates the sales staff helping to contextualise the message for them giving further confidence to be able to handle questions or issues that may arise during the call but also ensuring a Brief, Relevant, Interesting and Memorable (B.R.I.M.) message.

What are the basic Do's and Don'ts when it comes to a good medical message?

DO...

- Give us information that is genuinely relevant and useful to us. It should be interesting and memorable and demonstrate how it will help enhance the lives of our patients. It should be in bite sized pieces.
- Tell us why it's in our interest and that of our patients to use your product (there are other options available for me to prescribe!)
- Update us on information we may not yet know or if we did know, may have forgotten.
- Give us a useful GP leave piece which has information on it that will incentivise us to keep it and not chuck it straight in the bin once the HSP has left the room.
- Give us an excellent summary which is the 'Take Home Message'.
- Choose wisely as we are only going to remember 2 or 3 small pieces of information from the detail.
- Give us a message that has impact, integrity and brevity yet is interesting and memorable.

DON'T...

- Waste your time or the doctor's time telling us what we already know.
- Waste your time or ours on information we may find irrelevant, are not interested in or is not going to enhance or improve the management of our patients.
- Presume we know things that we don't

One of the key Take Home Messages for you reading this article should be the importance of the 'Take Home Message'. Make sure it is B.R.I.M. (Brief, Relevant, Interesting and Memorable). An excellent product deserves an excellent message.

The services we provide at Medical Message Crafting include:

- Bespoke Pharma product messaging
- Pre-launch detail aids and leave piece consultancy
- Post-launch revision
- Medical talks and seminars for Sales, Marketing, Medical, Quality Control and Management
- Organisation and Chairing of effective Expert Advisory Groups
- Educational and Promotional aids/model consultancy

Medical Message Crafting Services Ltd offers medical insight and expertise to the Pharmaceutical Industry to help draft and craft product messaging for clinicians in a relevant and memorable way.

Dr. Collins can be contacted at m.c.collins@hotmail.com

National Conference 2016

SAVE THE DATE: MRII National Conference, April 5th 2017

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The True Cost of Innovation

David McCarthy, Health Economist, Salutem Insights Ltd.

The pricing structure for innovative medicines in Ireland has provided long running debate over a number of years. The cost of products such as inhalers and statins in Ireland versus the United Kingdom or Spain are often used as anecdotal examples of this disparity. It is undoubtedly the case that many of these medicines are available in generic and branded formulations for significantly lower prices in other jurisdictions within the EU.

The discussion of late however has been around the reimbursement recommendations for specific innovative therapies within areas such as cystic fibrosis or oncology. The recent National Centre for Pharmacoeconomics (NCPE) recommendation for the cystic fibrosis treatment, Orkambi®, has highlighted the need for further education of all stakeholders on the process for the approval of innovative treatments in Ireland. Orkambi® was not recommended for reimbursement at the submitted price in June 2016. In an article published in The Irish Times on Thursday June 2nd 2016 entitled, 'Minister proposes EU bulk buying of drugs to lower costs', Minister for Health, Simon Harris came under fire from colleagues in the Dáil, including health spokespeople for both Fianna Fáil and Sinn Fein. This represents a lack of understanding of the reimbursement process and the implications of the NCPE decision. Furthermore, it did not strengthen the negotiating position of the HSE and Department of Health with the manufacturing company.

It is important to note that the recommendation made by the NCPE does not conclude a reimbursement decision. The NCPE, following a Health Technology Assessment (HTA) submission from the manufacturer have made a recommendation on the cost effectiveness of a new technology. This recommendation is made to the HSE to decide whether to reimburse the drug or not, at the submitted price. The recommendation in this instance was that the drug was not deemed to be cost-effective at this submitted price. It is the responsibility of the HSE's Corporate Pharmaceutical Unit (CPU) to now decide upon the next steps in the negotiations with the manufacturer.

In order to fully understand the process, we must first understand the health economic principle for reimbursement recommendations made by the NCPE. The cost effectiveness of a treatment is determined using a mechanism of evaluation. The manufacturer will first submit a rapid review document to determine if the drug will need to go through a full Health Technology Assessment (HTA). Within the HTA structure the cost effectiveness is most commonly evaluated using an Incremental Cost-Effectiveness Ratio (ICER). This means that there is an accepted value for incremental gain in health in Ireland. This is measured using a Quality Adjusted Life Year (QALY) measurement which is effectively a health score scale measuring the quantity of life gained and the quality of life on a scale from 0 – 1. The threshold or willingness to pay in Ireland is currently €45,000/QALY gained. One of the most important parts of this the ICER process is the word, incremental which means that we assessing an improvement in health outcomes or gains.

When evaluating treatments and indeed calculating QALYs it is important to note that we are comparing against the current standard of care or current treatment available. This means that consideration is taken for addressing unmet needs and particularly difficult to treat illnesses. At the point of submission for assessment by the NCPE, the manufacturer will also make a submission for a reimbursement price directly to the CPU within the HSE. The pricing mechanism here under the IPHA agreement is clear. The price awarded following the NCPE evaluation will be the average price of a basket of a newly extended fourteen predetermined countries or the price submitted to the CPU, whichever is lower. This point is important as it highlights that Ireland's pricing structure for new medicines ensures prices are at or below the average of a basket of fourteen countries in Europe.

This results in agreed price realignments provided for with the IPHA agreement which have will now take place annually.

Emotive argument for provision is strong; however, to ensure the best utilisation and value of scarce resources has to be the goal.

The decision to reimburse a medicine like any funding decision brings with it an opportunity cost, whether at the expense of other medical interventions or wider budget resources within the health system and elsewhere.

The pace of innovation and advances in treatment, particularly for unmet medical need, has to be accounted for. It is therefore important that patients have a voice. Patient advocacy groups in Ireland have traditionally done a very good job in ensuring the patient perspective is represented and this will become critical into the future however, scarcity of resources remains an ever increasing burden and we have to ensure we are optimising these health outcomes.

The cost effectiveness methodology for reimbursement may not be the perfect solution however, it does provide an equitable mechanism to ensure priority is given to incremental health gains and patient outcomes.

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Relationships, Rejection and Results

Mr Eoghan McDermott, Director, Communications Clinic

You are working in a hugely competitive, and noisy environment. Your customer, the clinician, is meeting you, your competitors, their colleagues and their patients. They live in a time-poor, data heavy world. You need to make sure you're heard, and remembered.

The definition of effective communications is the creation of mutual understanding leading to the initiation or development of a relationship. It's worth remembering that every time you encounter another human being you are either building or unbuilding a relationship. You are either making it better, or worse. However, like Rome, relationships aren't built in day. It's crucial that you don't treat your customer as a segment. They don't see themselves as a segment. They see themselves as a person. You need to view them as a segment of one - build the relationship with them as an individual, and adapt your style accordingly.

A sales professional's goal isn't just saying your bit eloquently, it also involves learning about your customer and furthering the relationship.

Here are some guidelines to make sure that every interaction is perfect:

Listening

In his book The Trusted Advisor David Maister identified that there are three types of listening; Listening to Talk, Listening to Win and Listening to Understand. There is a risk that sales professionals either listen to talk or to win. Often they're just waiting for a gap to fit in their pitch, or when a customer rebuts some of the benefits of the product the sales professional defends their product rather than, perhaps, exploring with the customer why they felt like that. To quote Maister, a good sales professional 'listens for what's different, not for what's familiar'.

Offering

For any relationship to flourish it has to be a two-way thing. Not a one-way interrogation. You have to offer a bit about yourself. It shouldn't be "I hate my wife and kids" but perhaps something that could be tagged onto what your physician has said, like a common interest or holidays.

Remembering

You must remember what your physician has said from one meeting to the next. Otherwise all the good questioning, and listening was a waste of time. Some people have the capacity to spontaneously recollect things, most don't. So you should develop a system that helps you remember, and differentiate each physician from another. This is a crucial aspect in relationship building.

Essentially your physician is on a series of speed dates with you and your competitors. The best dates are always interesting, fun, you have a sense that the other person gives a damn about what you're saying and that you care about what they're saying. That's the environment you have to create.

Develop a mini communications strategy for each individual health professional.

Adapt your pitch

Having listened to your clinicians, and remembered what they said, it should allow you adapt your pitch appropriately for them. Every meeting and pitch must be prepared, planned and tailored for what the physician you're meeting is interested in. Keep in mind the Iron Law of all communications; people only listen to what threatens, affects, benefits or interests them.

Be wary of visual aids

Use your detail aid (paper or iPad) very carefully as they can distract the physician. They can also undermine your credibility if you are overly dependent on them. You should only use them to help the physician understand or remember. Not to help you remember.

Edward Tufte of Yale undertook an in-depth study of the cognitive properties of PowerPoint. Its findings are applicable to the use of all text visual aids. It concluded that it was:

a) Presenter Friendly

b) Content/Significance Destructive

c) Audience Distracting.

Add Value

Be the Sales Professional that adds value. If you can provide some educational support to a team, bring in a Key Opinion Leader, or simply drop in some additional reading. Work off the line 'I saw this and thought of you'.

Remember

- A segment of one
- Listen to understand
- Remember them
- Adapt and Tailor
- Always be setting out to further the relationship.

Eoghan is a Director of The Communications Clinic and Head of the Training and Careers Clinics.

He provides training and consultancy to government departments and agencies, political parties and international organisations in industries as varied as pharma, banking and finance, accountancy, legal, engineering and building materials, sport, media, insurance and telecoms. He is a columnist with TheJournal.ie.

REVISED MRII EXAMINATION SYLLABUS

The MRII Examination Syllabus for the 2017 Examination will be available from September and includes an updated and expanded Biopharmacology Chapter.

MRII Examiner, Mr Brendan O'Connor, is the author of this new chapter.

The updated MRII syllabus will have a significantly expanded Biopharmacology section. Biopharmacology may be defined as the science of using biological/genetic information to discover, develop, manufacture and commercialise bio-therapeutics that address significant medical needs.

Despite this being the relatively early stages of the development of Biopharmacology these types of bio-therapeutics have already made a huge impact on the global drug market. In recent years, more than three-quarters of the top 20 internationally best selling drugs in the world were Biopharmaceuticals (i.e. protein drugs).

This new section will review the exact nature of a biopharmaceutical, what chimeric and humanised monoclonal antibodies are, how they are produced (by recombinant DNA technology), how they are administered (including related drug delivery problems), the high cost of production, biosimilars, biobetters, 2nd generation biologics and the ethical/legal debate surrronding Biopharmacology. This new section will also review the actions of relevant/representative Biopharmaceutical best sellers including the immunosuppressives, anti-cancer, anti-viral, blood boosters and 'engineered' insulins. Finally, this new new section will take a look at the exciting development of new DNA based bio-therapeutics.

WHY THE MRII EXAMINATION?

Healthcare Sales Professionals come from a variety of backgrounds and in an effort to standardise the background educational level of Healthcare Sales Professionals the examination is offered as a general standard. By sitting and passing it Healthcare Sales Professionals have shown an in-depth knowledge of Anatomy, Physiology, Clinical Medicine and Pharmacology. In addition they will have demonstrated an up to date understanding of the industry in which they work/propose to work.

The benefits are enhanced credibility and respect from their employers and the medical profession by giving them a strong grounding in the areas mentioned above. The member will have the confidence in the knowledge that they have the fundamentals for all future training both internally and externally.

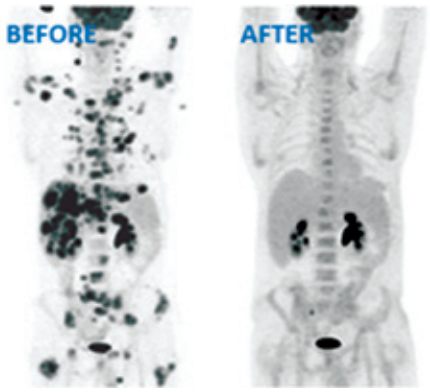
May you live in interesting times: Opportunities and Challenges for Ireland's Life science sector

Barry Heavey, Head of Life Sciences, Engineering & Industrial Technology, IDA Ireland

What an exciting time for this industry! New drug approvals are up and a number of therapeutic areas have seen very high potential drugs being approved, such as infectious disease (Hepatitis C), cardiovascular (PCSK9 antibodies) and in the treatment of rare (orphan and ultra-orphan) conditions.

The last few years have been a golden age for oncology research, with a range of new drugs being approved (such as the Pd1 antibodies) and showing efficacy alone and in combinations in a wide range of cancer subtypes. Combinations of cell and gene therapy are making exciting progress in clinical trials from companies like Kite and June.

The last three years have seen a strong resurgence in the Irish Life sciences sector and 2015 has been another strong year. Our existing clients (Pfizer, Abbvie, Lilly, Sanofi, BMS, J&J) have continued to invest and have been joined by an exciting new group of high growth companies, including: Regeneron, Alexion, Shire, Opko and Grifols Biologics. In this period over $4bn in capital has been committed, over 3,000 new high value direct jobs created as well as a large number of additional indirect jobs in construction and other services. There is a strong regional dispersal, with locations such as Westport, Galway, Limerick, Cashel, Waterford and Athlone benefitting from investment. So far in 2016 we have seen significant investments by Shire, Opko and Grifols in biotech manufacturing and by Eurofins in contract research services. Drivers of this recent wave of investment in new biotech facilities include a deep pool of talented employees, an exemplary regulatory compliance record and strong government support for R&D and training (such as the National Institute for Bioprocess Research and Training (NIBRT)). Diverse stakeholders from industry, government and academic institutions must continue to work to ensure we provide a pipeline of skilled people to meet this growth in biopharma.



This 47-year-old patient had more than 70 non-Hodgkin tumors revealed in a scan before being treated in a clinical trial with engineered immune system T cells similar to those in Kite & Juno's pipeline. Two weeks later, the patient was in remission

However we have also seen major challenges in the sector with closing or downsizing of some older facilities where a mismatch has developed between the installed capacity/technology and the portfolio of newly approved drugs, which are predominantly high potency, low volume products. As a country we must also ensure that we remain vigilant on our cost base, skills mix and agility/flexibility to ensure we remain competitive for future investment.

Many facilities in the portfolio have positioned themselves in the Development and Manufacturing (D&M) space companies are undertaking both process development and manufacture. Facilities such as MSD Ballydine and Pfizer Ringaskiddy have become preferred launch sites for small molecules. They are mandated to take a product from Phase IIb/III clinical trials, scale up to commercial production and global launch. Centres such as the Synthesis and Solid Stae Pharmaceutics Cluster (SSPC) are assisting companies in this transition.

The footprint for many existing companies has moved beyond manufacturing to include many services functions specific to the sector: pharmacovigilance, laboratory services, supply chain & external manufacture management, new digital commercial/marketing IT platforms and clinical trial management.

As growth of biotech drugs outstrip growth rate of more traditional small molecule drugs and approach 30% of overall sales in the industry – there is increased focus on innovation in devices to deliver these biotech drugs. We are seeing a wave of innovation in drug delivery devices for insulin in treating diabetes – from pen injects to pumps and "smart patches" that connect to the patients' glucose monitor to deliver the right dose of insulin at the right time. This innovation in insulin is now being transferred to other biologic drugs and we will see a wave of new products emerging in areas such as autoinjectors and smart injectors. Ireland is benefitting from this because of the strong cluster of both biopharma and medtech manufacturing and development expertise. Medical device companies such as Phillips Medisize, Nypro, West and BD are all working closely with biopharma companies to bring these innovations to the market.

Globally and nationally, pharmaceutical pricing continues to capture the attention of the public and policy makers and the controversial pricing tactics used by a small number of companies (e.g. Turing pharma) has an unfortunately negative reflection on the wider industry. The industry still struggles to make the case for the enormous strides beings made in addressing some of the most challenging diseases (such as Hepatitis and Cancer) and the enormous risks that the company must bear to develop these drugs. It is undoubtedly the case that the industry will need to improve their communication efforts in this regard. It is also the case that the industry will need to continue to explore new approaches and models for pricing, with increased focus on outcomes based reimburse-ment. Good progress

has been made in recent weeks with an announcement of an agreement between the IPHA and Department of Health that will deliver over €750M in savings in the coming years. The Irish sector also has a role to play in continuing to monitor our cost base and competitive position for mobile investment as the industry looks to manage costs in line with pricing pressures.

Brexit has been the major talking point in world politics and economics in recent weeks and its impact is still far from clear. In the life sciences area it will undoubtedly have impact on companies approach to basic and clinical research, pan-EU commercial activities as well as supply chain management activities. The UK is undoubtedly an extremely strong location for shared services centres in areas such as pan-EU regulatory affairs, clinical R&D and commercial functions and the location of the European Medicines Agency (EMA) in London is a major factor in attracting these types of investments. One potentially major fall-out from Brexit will be the requirement for the EMA to leave its current location in London for a member state. Ireland should be able to make a case as a possible alternate location for the EMA given the strength of the life sciences cluster here and such a move would certainly further enhance and diversify the life sciences cluster in Ireland.

Medtronic have recently sought FDA approval for an "artificial pancreas" – where an implanted Glucose sensor (1) controls a pump (2) which delivers insulin (3) as needed to the patient

So, I think you'll you agree that it is an extremely exciting and interesting time for the industry. Certainly not without its challenges and uncertainties, in particular around pricing and the impact of macroeconomic factors like Brexit. For the healthcare sales professional community, the rate of new drug approvals, new insights into disease, the ever increasing trend to more precision medicine and changes in public policy in areas such as pricing all presents challenges and opportunities. Companies are exploring new approaches to the sales model in healthcare and IDA is actively exploring how Ireland can be positioned as a hub for supporting new models in the healthcare sales space including inside sales support and medical writing. A highly educated, agile and outward looking community of sales professionals is a key success factor in positioning Ireland for success in the future. IDA is committed to continue to grow Ireland's reputation as a location of choice for biopharma process development & manufacturing but we also aspire towards greater diversification of the Irish cluster to include more activity in the clinical and commercial spaces.

VOLVO CAR IRELAND'S AFFINITY OFFER

MRII members (with membership of 6 months or more) can avail of Volvo Car Ireland's Affinity Offer.

This is a discount offered to an MRII member who is purchasing the car for personal use or who is in receipt of a monthly car allowance.

Full details are available on www.mrii.ie (under Membership/Benefits).

A password is required to access this page. Eligible members who wish to access the offer should request the password from **info@mrii.ie**

Key Account Management – Selling Beyond The Pill

Emma Pleass - Emma Pleass and Associates

Pharmaceutical selling followed a broadly transactional model until the mid 90's, decisions to use a product were driven by evaluation of clinical trials comparing new products against 'gold standard' alternatives and individual prescribers had complete freedom of choice. Since then the changing environment has forced companies to consider whether the traditional selling approach can continue to deliver results while satisfying the needs of a changing customer environment.

A key driver in this emerging customer space has been the increasing focus on cost which has led to consolidation of customers into groups with the actual or potential ability to collectively 'buy' our products. We have seen this in Ireland, as in all countries, with the emergence of retail chains, primary care teams and hospital groups. Increased complexity of groups brings power to drive competitive pricing but also enforces a need for order as seen through an increase in formularies, protocols and pricing strategies such as substitution. Notably, the increased complexity of groups has also heralded the arrival of non-traditional customers; finance managers, buyers and hospital managers who work alongside the more traditional HCPs in decision making units (DMUs) charged with the task of finding the right products....at the right price (Fig.1). Furthermore, since 2009, the National Centre for Pharmacological Evaluation (NCPE) considers the cost effectiveness of all new medicines, initially through a rapid review process, followed by a full pharmacoeconomic assessment for high cost products, drugs with a significant budget impact or those for which value for money is in question.

Selling to these new stakeholders and in this new climate required a focus on the bigger picture and with that came the emergence of the key account manager (KAM), an individual who could demonstrate a mixture of selling and business skills and be a spokesperson for the whole organisation, not just a collection of brands. Someone who could identify and liaise with multiple stakeholders in an account and be equally comfortable discussing clinical information and budget impact reports. A link between

Fig. 1 Changing Customer Environment

company and customer with a long-term view on a lasting partnership that brings value to all, value beyond the pill. Indeed, much of a KAM's role involves transforming a race to the bottom pricing negotiation to a fruitful collaboration that addresses the shared goals of their company and the healthcare organisation through market expansion, increased disease state awareness, patient support and the collection of health economic data. From the perspective of their company they are not alone in the development of long term partnerships and a good indicator of successful KAM implementation is the ability of a KAM to leverage the expertise of other members of the company to meet the specific needs of the customer. As we gain acceptance of our new customer environment companies are establishing new roles that reflect their needs e.g. market access managers therefore projects that were once the remit of the KAM may now be managed by others but it should remain the KAM that oversees the long term partnership between customer and company.

Due to their reliance on tendering and procurement processes, companies offering products in the medical technology sector were forced to adopt elements of key account management earlier. In contrast, pharmaceutical organisations have typically been slow to embrace key account manager roles, those with consumer healthcare divisions having led the way. However we see more KAMs being recruited today and we are learning from the FMCG sector who have been working with a KAM culture very successfully for many years. The slow adoption of KAM has largely been due to our unwillingness to embrace the different approach that key account management requires and our unwillingness to undergo the necessary organisational change and to 'let go' of a formula that worked for so long. Some KAM roles that emerge demonstrate this, they are key customer or specialist selling roles and are effectively sales roles in a different wrapper, a nod to the new era without real commitment to change. It must be acknowledged that a key account management approach does not suit all commercial environments, it is not a 'silver bullet', rather it is a strategic approach that, when executed well in the right context, works very effectively.

Fig. 2 Attributes of a Successful KAM

To truly embrace the nuances of key account management we must address the needs of the role and the diverse skillset that a successful KAM requires (Fig. 2). Whilst communication and selling skills are a must, the best sales representative does not always make the best KAM. If you are considering a KAM role as the next career move for you reflect on your current role, the elements you enjoy, where you perform best and what frustrates you. Consider your understanding of key account management and why you feel it is right for you. Lastly, evaluate your motivation for the move, is it survival or challenge? If you are still convinced prepare well, research the role, evaluate your knowledge, skills and attitude and seek to bridge any gaps.

Emma Pleass is a training and development specialist, a qualified coach and a member of the European Mentoring and Coaching Council. She offers commercially focused training and coaching.

You can learn more about Emma Pleass via email emma@pleass.org or visit www.pleass.org

MRII MEMBERS' ASSISTANCE

Modern life can be very stressful and can potentially lead to mental health or personal issues. Making the first contact is the most important step. If you are in that situation or are concerned for a colleague, you can contact us in confidence and we will strive to guide you in the most appropriate direction. An EAP (Employee Assistance Program) is also an excellent resource that most companies are linked to. If it is an urgent situation, please be sure to contact your GP.

In order to avail of this service please email info@mrii.ie or telephone 058.43955. Confidentiality is guaranteed.

We are indebted to our loyal group of exhibitors. Members should remember these companies when doing business, where possible.

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