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ANNUAL NEWSLETTER OF THE MRII ■ WWW.MRII.IE

Issue 5 ■ July 2013



PRESIDENT'S WELCOME

Ms Linda McMahon, MRII President 2013 – 2015

NATIONAL CONFERENCE 2013

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DIARY DATES

PHARMA - CHALLENGING COMMON PERCEPTIONS

THE MEDICAL DEVICES CENTURY

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President's Welcome

Ms Linda McMahon, MRII President 2013 – 2015



our first ABPI graduate), to name but a few. Raising the bar is foremost in our minds. Many of our students, who sat this year's examination under the new minimum standards, achieved great success. Those who qualify in this examination are assured of holding a highly regarded industry relevant qualification.

As we congratulate our recent graduates, we also embrace the increasing spectrum of members and their companies who join us. Professions range from marketing, engineering and nursing; the list is endless. So too is the list of company profiles now working with the MRII, including pharmaceutical, medical device and

recruitment all bringing expertise, value and commitment to the MRII and its members. Our updated logo demonstrates that we represent all Healthcare Sales Professionals working in customer facing roles.

Let us enter the next phase with strength in working together, encouragement for each other and pride in our institute, the MRII.

Please take time out from your busy schedule to read and enjoy this edition of CONNECT.

Linda

Synergy

As your new President I want to first give gratitude to colleagues who give leadership, encouragement and guidance to the Institute. To the senior managers in many of our companies who gave so generously of their time to me over recent months, thank you. Their awareness of the MRII and their encouragement to teams to engage with us highlights our Institute's place in the industries we represent. To our senior and retired members for your contribution in the past, the present and the future, thank you. To Council who continue to steer this ship through changing times, I applaud your courage in taking bold decisions. To quote Lampedusa *"everything needs to change, so everything can stay the same"*. However, it is only by listening to the voices of all stakeholders, most importantly you, our members, that we truly know just how far we can or need to change. With this in mind and as we seek to strengthen the bonds with all MRII customers, both internal and external, working together in synergy becomes our most important task.

Intensive planning is already afoot to ensure we continue providing members with robust business sessions both at annual conference and regional meetings. With strong enthusiasm from Council, I am proud to be part of this team that has ushered in many changes (e.g. MRII Alumni, our Ambassador Programme and

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MRII Diary Dates 2013/14

Meetings resume in the Autumn.

Full details will be available on www.mrii.ie

HOW TO READ A RESEARCH ARTICLE

September 25th, 5.30pm, Clarion Hotel Dublin Airport.

Presented by Mr Declan Healy, Brand and Customer, MSD Ireland (Human Health)

WHAT KEY ACCOUNT MANAGERS NEED TO KNOW ABOUT HEALTH ECONOMICS

Presented by Ms Brenda Dooley, Director AXIS Consulting.

- Clayton Hotel, Galway, 5.30pm, September 24th
- Fitzpatrick Castle Hotel, Killiney, Dublin, 5.30pm, October 23rd
- River Lee Hotel, Cork, 5.30pm, November 26th

MRII EXAMINATION 2014

- April 4th, Galway Mayo Institute of Technology

POOR ADHERENCE - EVERYBODY'S PROBLEM?

It has been estimated that over €500bn is lost globally each year due to poor adherence to medicines.

This cost falls on health systems, on patients but also on the medical technology industry.

WHAT CAN WE DO ABOUT THIS?

Presented by Mr Rory O'Donnell, President at Irish Pharmacy Union

- The G Hotel Galway, 5.30pm, November 14th
- Crowne Plaza Hotel Blanchardstown, 5.30pm, November 21st

MRII Council

Linda McMahon
(President)
MRII

Garrett May
(Council Member East)
MRII

Neil Mac Court
(Council Member East)
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Ann Walsh
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John Woods
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Eurosurgical

Joe Duane
(Council Member West)
MRII

Martina Sweeney
(Council Member West)
Actavis

Institute Fellows

Noeleen Byrne, John Carr, Donal Curran, Paddy Dyar, Kevin Kelly, Peter Sheedy.

IPHA Medal Winner 2013



Aidan O'Rahilly Territory Manager, Johnson and Johnson, receives the IPHA Medal for 2013 from Francis Lynch, President, IPHA. The IPHA medal is presented each year to the highest scoring candidate in the MRII Examination. Also pictured is Alison O'Keeffe.

Past Presidents of the Medical Representatives' Institute of Ireland

Tom Collins (RIP);	1984 - 1986
Jack Kinsella;	1986 - 1987
John McCarthy;	1987 - 1988
Kevin Kelly;	1988 - 1989
Paddy Dyar;	1989 - 1990
Pat Kinsella;	1990 - 1991
Ciarán O'Kelly;	1991 - 1992
Sinéad Cadden;	1992 - 1993
Michael O'Brien;	1993 - 1994
Robin Ward;	1994 - 1995
Peter Sheedy;	1995 - 1996
Andrew O'Regan;	1996 - 1997
Noeleen Byrne;	1997 - 1998
John Carr;	1998 - 1999
John McCarthy;	1999 - 2000
Daragh Moran;	2000 - 2001
Howard Simpson;	2001 - 2002
Nuala O'Connell;	2002 - 2003
Donal Curran;	2003 - 2004
Ciaran MacFadden;	2004 - 2005
Mary Thérèse O'Connell;	2005 - 2006
John Fenlon;	2006 - 2007
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Pharma – challenging common perceptions

Report on presentation delivered by Philip Hannon, Communications and Public Affairs Manager, Irish Pharmaceutical Healthcare Association (IPHA) at the MRII AGM 2013



Despite developing and producing medicines that are bringing a whole range of new treatment options to chronic illness, global perceptions of the pharmaceutical industry remain quite negative.

Too often the industry is dismissed as a ruthless profit driven sector, exploiting the vulnerable and being really only interested in the bottom line. Highly damaging and widely profiled publications such as Ben Goldacre's *Bad Pharma* have fuelled these perceptions.

Are these perceptions fair, and if not how can they be changed? asked Philip Hannon of the IPHA at the MRII AGM 2013.

The pharmaceutical industry is deeply imbedded in the economic fabric of this country for many years and there would certainly be a recognition among most informed people that it is a major player when it comes to jobs and enterprise.

Yet despite this, as Mr. Hannon argued, the industry in Ireland was not immune to negative public sentiment. This appeared

to be largely driven by the fact that medicine prices in Ireland were generally regarded as way out of line with other countries and that the industry uses its powerful presence here as a tool to keep them high.

These perceptions do not stand up to proper scrutiny and are often based on poorly researched and lazy commentary. Mr. Hannon demonstrated that the pharmaceutical industry in Ireland had been hit hard by the economic crisis and had willingly worked with the Government to help it meet its austerity targets. Since 2007, there had been 9 separate price reductions delivered by the industry which translated to over €800 million in savings. Furthermore, an additional €400 million in savings to the State would be delivered by the industry up to 2015. This had resulted in job losses across the sector and a cut of 30% in prices to companies.

Despite this, the industry in this country often found it hard to get its message across and challenge common perceptions about medicine prices. Even an examination of the State's own data on the medicines market in Ireland showed that across all the HSE run schemes, considerable savings have been delivered and these were largely accounted for through price cuts from the pharmaceutical industry.

Mr Hannon outlined how faced with a growing onslaught of negative media coverage about medicine prices in the early part of 2013, IPHA, which is the representative body for the international research based pharmaceutical industry in Ireland, took a conscious decision to challenge these perceptions head on.

Arguing its case about the massive contribution of the industry to savings in the health budget and that much analysis did not take account of these savings, IPHA succeeded in bringing a far better balance to the media debate. While it had been common for the entire costs surrounding medicines to the State and the general public to be pinned completely on the research based pharmaceutical

industry, other factors such as the costs associated with wholesalers and pharmacy began to be acknowledged.

Most significant, however, was that for the first time journalists began to recognise the savings delivered by IPHA companies and point to the fact that it was the generics sector which required urgent attention and had very high prices.

Although sentiment towards the pharmaceutical industry in Ireland had not suddenly become warm, there was clearly a far greater balance in reporting, which in itself was a breakthrough.

The pricing issue may have been addressed from a communications perspective in quite an effective way; however, the war would never be won on this front and was likely to rage on.

Far more important was to try to shift the focus away from prices and to the value of medicines. In demonstrating that innovation in the pharmaceutical sector meant people living longer lives and managing chronic medical conditions better, a credible and positive reputational narrative could emerge.

It would undoubtedly be a challenge to change perceptions about the pharmaceutical industry in the long run. But its hard edge as a sector motivated purely by profit could be softened by winning appreciation for the value it brings to mankind in terms of healthcare outcomes.



The Medical Devices Century

Justin Carty, Chief Executive at IMSTA



If the twentieth century was the “Magic Bullet” period in healthcare history, the twenty first century is shaping up to be the Medical Technology era.

The development of anti-biotics allowed disease to be fought in a newly effective way. The refinement of vaccinations facilitated the extermination of diseases like smallpox and the reduction of the threat posed by others like polio. The discovery of immune suppressants was key to the explosion in transplant surgery. The combination of drugs deployed to combat the HIV virus changed how the developed world viewed AIDS.

The current century is already established as the “Medical Device” period in healthcare history, when technology to monitor, treat or prevent diseases moving centre-stage and notching up unprecedented successes. The history of medical technology goes back to the tongue-depressor, the thermometer and the syringe. In the past fifty years, the sector has seen innovation and quantum leaps in capacity matching (and greatly assisted by) the advances in Information and Communication Technology.

The difference is that, while everybody appreciates the life and career changes brought about by the Internet, the life and career changes brought about by medical technology are less appreciated. When, for example, we talk about inward direct investment, we tend to hear about the pharmaceutical industry and as a result are familiar with the claim that more Big Pharma companies are present in Ireland than in any region in the world other than Puerto Rico. Similarly, when the electronics industry is mentioned, most people can call to mind names like Apple, Dell and Hewlett-Packard.

Much the same applies when either media or members of the general public think about home-grown industry. Names

like the Kerry Group, Avonmore and Elan spring to mind. Mention the medical devices sector, on the other hand, and you’re likely to encounter silence and a blank stare: the what? The Irish Medical and Surgical Trade Association, (IMSTA) is setting out to make sure that we don’t miss the developments in, and enormous benefits generated by an area which is growing so fast, not everybody gets their head around it.

Move back just twenty years and you find a radically different picture. Take heart disease. Back then, if you developed a pain in your chest, you went to your doctor who probably sent you to hospital, where your chances of survival to a healthy future were not great. All around the country, at that time, hospitals were doing fundraising to pay for CT scanners. Some readers will remember the signage outside their local hospital with a tube filling up to indicate how much money had been raised and how far the fundraising had to go before it would be possible to buy a scanner.

As one hospital after another gained their scanners, most visitors forgot about the issue. The technology was just there, which was assumed to be a good thing, whereas it was completely changing the treatment of people presenting with heart problems and hugely improving their chances of a healthy fulfilled life. The CAT scan now leads to an MRI scan and it can allow the medical experts to examine the tiniest, minutest slices of tissue within the body. They diagnose what the problem is because they can see it. Another imaging technology allows the consultant (and, if they wish, the patient, too) to watch as a wire is threaded up through a vein to the place where a stent is needed. In goes the stent and off goes the patient, often in as little time as fifteen minutes.

It’s a phenomenal change. And it’s just one of hundreds of such changes, affecting lives for the better, driven by medical technology.

All of those developments have happened so quickly, they’ve become part of our expectations without anybody realising that we’re smack in the middle of a revolution which isn’t just changing healthcare and the lives of individuals for the better, but changing the finances of the nation for the better at the same time.

The economy here gains from around €8bn in exports generated by the medical devices industry. The sector employs 25,000 people. The careers provided by the industry are rewarding, fulfilling and attract top level scientific graduates from within Ireland and outside the country. In addition, companies like Medtronic, Boston Scientific, Abbott and Baxter are vitally important to their local communities in terms of direct and indirect employment. The cluster of companies in Galway is critical to the local and national economy. The sector invests enormous amounts of money and expertise every year into R&D.

Ireland has attracted the biggest and best of the international medical technology companies to Ireland. Eleven of the world’s top thirteen have significant investments in Ireland. Alongside those corporations, home-grown industries have set up, grown and thrived, probably the best example being Creganna Tactx Medical, now a global player.

In terms of current contribution to job creation and economic impact, it would be difficult to find an industry with such a positive – and under-appreciated – track record. When we celebrate industrial achievement in Ireland, this sector often gets forgotten, although that’s changing as economists, politicians and media register its current value and immeasurable future promise.

No family in this country is untouched by this sector. IMSTA, the body which pulls together the companies involved in supplying state-of-the-art medical technologies, many of whom develop and manufacture medical devices here in Ireland, has always sought, at its annual conferences, to put a sharp focus on the benefit to patients provided by emerging medical technology. At one such conference, a patient suffering from Parkinson’s Disease stunned those present with a demonstration of an implant which allows her to control the disabling symptoms of the condition. As she talked, she switched off the device. Within minutes, tremors were evident – tremors that disappeared as soon as she flipped the switch back on. Patients with this implant talk of having their life returned to them.

This year, at the IMSTA Annual Conference in April at the Crowne Plaza Hotel in Santry, Dublin, Liam Kilcline, a patient

from Roscommon, told his story of a wound that wouldn't heal. The leg wound, over a period of four years, not only failed to improve, but disimproved to a point where Liam faced almost certain amputation. Then a sales representative visiting University College Hospital in Galway told the treating Consultant's nurse about new technology recently introduced to the market. Applied to Liam's wound, this technology changed everything, so that he can now play sport, swim and live a normal life again.

Another kind of implant, according to research conducted by dental surgeons, can radically change the experience of older people. In the relatively recent past, people who entered their sixties having lost all their teeth also lost their dietary freedom. Fresh fruit, vegetables and even meat became a challenge, and so many wearers of false teeth ended up eating a grievously diminished diet heavily reliant on white bread and heavily sugared tea, with predictable damage to their overall health, independence and longevity. Dental implants are proving to deliver a health benefit that goes way beyond what was initially expected of them.

That's one of the unexpected positives of the medical technology industry. Its ostensibly simple developments,

like disposable gloves, have made immeasurable improvements to the outcomes of treatments for patients. Similarly, innovation and creativity applied to the humble bandage have led to SmartBandage, which monitors the healing of the wound it covers, reduces recovery time and minimises infection.

However, the medical devices story isn't just one of research, innovation, creativity, high quality manufacture and better patient outcomes. It's also a story of unique co-operation between the medical profession and the industry. In many instances, the companies making sophisticated medical devices have developed next generation products by working closely with physicians.

The Government has copped on to this and only in the last year has established the Health Innovation Hub concept. The Minister for Jobs, Enterprise and Innovation Richard Bruton TD, and the Minister for Health Dr. James Reilly TD, launched the new Health Innovation Hub at University College Cork (UCC) in October last year, to help healthcare companies deliver commercial products and services more quickly by giving them access to the health service to test products in a real-life environment. Another aim of the project is to enable the HSE and hospitals

to engage and participate with the companies creating solutions.

Engagement and participation is already happening where IMSTA companies provide the training that makes consultants and other healthcare professionals expert in the application of medical technology. This, in turn, allows industry the insight to refine and develop the technology further.

What the medical devices industry has produced thus far has changed healthcare. What's coming down the tracks from the industry will revolutionise the way we diagnose, treat and regard illness and injury.



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Authentic Selling

Have you ever walked out of a shop without the very item that you went in for, not because they were out of stock or you were having a senior moment, but because of how you were made to feel, i.e. the way you were being spoken to or cared for by the sales person? Well, this raises an important question for anyone who is involved in sales. And is there anyone who is not involved in sales? The doctor or the solicitor may not see themselves as being involved in sales and yet we know that there are doctors, solicitors and other professionals that we will never go back to – the question is why? Why do we buy from certain people and not from others?

Experience shows that we naturally buy from people we like. So, what is it that we like in people who are selling to us? A simple guideline which has stood the test of time and which we all use every day either knowingly or unknowingly is 'Give people what you want for yourself'.

So what do we want for ourselves when buying goods or services? How do we want to be treated? We all want to be treated honestly, i.e. we want the sales person to say what they mean and do what they say. We want to be listened to carefully, not half listened to. Every individual knows when they are not being listened to and, if we look to our own experience, it does not make us feel good about ourselves and it certainly does not make us feel good about the salesperson. The need is to listen fully to our customers. This means staying with them right to their last word and not drifting off or preparing our next response while they are still talking. If we reflect back on our 'best ever' sales experience we will see the importance of undivided full attention. This is what we all want and it is the hidden ingredient in every sale, to fully attend to the customer. It is only through this full attention that a true appreciation of the customer's real needs arises – responding fully to these needs is authentic selling.

It's interesting to note that focusing on making a sale can often be the very reason that a person loses the sale – they are so concerned with the results that they fail to attend to the real means of achieving them. Of equal note is the fact that, although we all resent the smooth talking sales person, we often find ourselves emulating that very

approach. We need to stop focusing on our sales technique and start focusing on the needs of the customer – then sales will flourish. This is about giving our customers the very best of ourselves, which surprisingly means you just being yourself.

You see, we all want the 'real deal'; none of us like being at the receiving end of a sales technique, where the expression 'Have a nice day' really means 'next please' – the insincerity of it is all too much. We have all experienced that uncomfortable situation in a clothes shop where the sales person tells us how great we look in everything that we try on only in the interest of meeting their sales target. The fact is none of us like being persuaded against our will by clever sales spiel and quick rebuttals to our queries and objections. No, what we all want is sincerity, authenticity, an individual who is truly focused on our needs rather than on making a sale at any cost.

To make this real, try working with the following practical directions:

1. Give the customer what you would want for yourself.
2. Speech – Be honest, say what you mean and do what you say.
3. Listening – Listen with full attention right to the last word.
4. Focus – Shift the focus from 'my sale' to the 'customer's needs'.
5. Sincerity – Let go of the sales persona and be yourself.

Groucho Marx once said "if you can fake sincerity you got it made"; well sorry folks sincerity can't be faked. Now does this mean undergoing a complete personality transformation? No, in fact it's just the opposite. Sincerity is an innate quality which we all possess and which would be naturally evident if only we would drop the act and be ourselves. Sincerity, like integrity, is about being the same on the outside as we are on the inside – 'what you see is what you get'. Just think about it, if customers knew that we would not sell them something that they did not need how would that affect sales?

Brian McGeough

McGeough.

www.mcgeough.ie

MRII Membership Applications can be completed online



Anyone who wishes to apply for MRII membership can do so online at www.mrii.ie

The MRII welcomes membership applications from all healthcare sales professionals working in a customer facing role in the medical technology sector, which encompasses Pharmaceutical and Medical Device companies. Join online at www.mrii.ie (Tel: 058.43955)

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MRII Ambassador Programme

At our recent AGM Council announced plans to roll out an Ambassador programme for the MRII. Every company will have an appointed MRII Ambassador (who will be an MRII Full member and an experienced Healthcare Sales Professional also). At the time of going to print 16 new Ambassadors are in place – this list will be posted on our website soon.



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Andrew Whitaker and Seamus Murphy, Johnson & Perrott Motor Group, with Alison O'Keefe.



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Peadar Coyle (right), Ashfield Healthcare with Aidan O'Rahilly Johnson and Johnson



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CPD

Continuous Professional Development

Is your life a sequence of habits?

What's the first thing you did this morning? Did you brush your teeth before taking a shower or afterwards? Did you put on your right sock before your left one? You probably can't remember exactly what you did or in what order, why? Because it's your normal morning routine, it's habit. Habits that have been developed over your lifetime. Psychologist and philosopher William James described how these routines dominate our lives in his book "Habit", *'Any sequence of mental action which has been frequently repeated tends to perpetuate itself, so that we find ourselves automatically prompted to think, feel, or do what we have been before accustomed to think, feel, or do, under like circumstances, without any consciously formed purpose, or anticipation of results.'*¹

How Habits are Formed

Of course these morning actions don't cause us a second thought, the reason is habits are the way the brain copes with routine actions, this process, in which the brain converts a sequence of actions into an automatic routine, is known as 'chunking' and it's at the root of how habits are formed. Some are simple, e.g. you automatically put toothpaste on your toothbrush before sticking it in your mouth. Others are more complicated; taking driving for example, when you first start learning it involves a high level of concentration, however after many years of driving it becomes habit, in fact from the moment you pick up your car keys your brain kicks in, identifying the habit you have stored. Once the habit starts unfolding, our grey matter is free to start thinking about other thoughts.

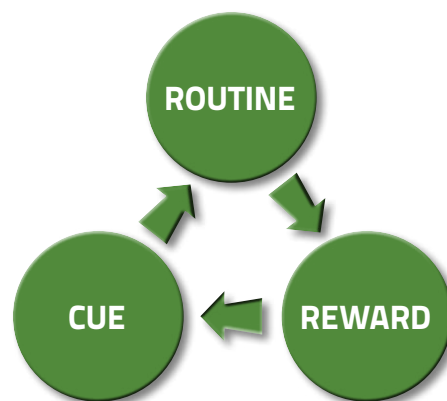
Our brains will try to make any routine into a habit, because it decreases the cognitive load and therefore conserves more energy. Of course this may not always be a good thing, let's go back to our example of driving, if our brain powers down at the wrong moment we may fail to notice a child running across the road. Therefore the brain has developed a way of determining when to let habits take

over, it relates to something that happens at the beginning and end of when the behaviour happens.

The Habit Loop

The creation of habits is linked to a three step loop, first there is a cue, this is the trigger which tells the brain to go into automatic mode and which habit to use. Then there is the routine; this can be a physical, emotional or mental one. Finally there is a reward, which helps the brain identify if this particular loop is worth remembering for the future.

Let's, for example, look at a habit loop for someone who smokes, the cue may be having a cup of coffee, the routine is smoking the cigarette and the rewards is the response the person experiences when nicotine has hit its target.



The Habit Loop 2

Over time this loop becomes more and more automatic, the cue and reward become interwoven which leads to the development of a powerful sense of expectation and desire so much so that the actual smell of coffee itself can trigger the routine.

Once a habit is established, whatever that habit may be, the brain stops fully participating in decision making, it doesn't expend any extra energy in thinking about what is happening, that process has

occurred during the time the habit was developed. This then allows the brain to focus its energies on other tasks.

In fact according to research carried out by Duke University *"...more than 40 percent of the actions people performed each day weren't actual decisions, but habits..."*³

One of the most interesting examples of using this theory in a positive way that I have seen is in Michael Lewis's profile of Barack Obama, which looks at the President's relationship with habit and his optimisations of everyday behavior to such a degree that they require as little cognitive load as possible, allowing him to better focus on the important decisions.... according to Barack Obama this is the specific reason why he chooses to wear what he wears...

*"You'll see I wear only gray or blue suits," he said. "I'm trying to pare down decisions. I don't want to make decisions about what I'm eating or wearing. Because I have too many other decisions to make. You need to focus your decision-making energy. You need to routinise yourself. You can't be going through the day distracted by trivia."*⁴

The conscious decision to use habits in a positive way can have an impactful effect on one's life, from ensuring the brain is free from the clutter of everyday decisions thereby allowing you to focus on the key areas, to ensuring you live a healthier life by establishing an exercise routine.

However what happens when our everyday habits are not actually adding value or improving our life or indeed our business performance, according to Albert Einstein the definition of insanity is 'doing the same thing over and over again and expecting different results'⁵

If we take the outcomes from the Duke University study and put them into an organisational context, is nearly half of what we do in our daily actions in work habitual, not actual conscious decisions that are made to improve performance?

Think about what you have done today in work, did you go into the office, spend a moment or two saying good morning to colleagues, sit at your desk, switch on your computer, open your email, read and answer some mail, go to meetings etc. Or perhaps your day is not spent in an office, perhaps you are field based, maybe your day went like this, hopped into your car, drove to the account you are scheduled to be at, and when you were actually in front of the doctor / customer did you tend to say the same thing to each?

Do we ever take the time to review what we do on a daily basis and analyse if it is adding value to our expected outcomes?

Changing Habits

Old habits can be difficult to change, take for example the habit we may all have of responding to that 'bing' on our phones which signals a new email or text. What's the first thing we normally do? We look at it, probably no matter where we are, we are driven to respond to that noise, that's the cue which starts the brain anticipating the distraction that looking at the phone will bring. The routine is just that, looking at the phone and the reward is seeing what the new message is.

It can be very difficult not to respond to that initial 'bing' or even the vibration of a phone if it's on silent, I've often seen in meetings or training sessions while the ground rule of 'putting phones on silent' has been introduced at the start of the session, if a person sees / feels the phone vibrating they are driven to look and if they can't look at it immediately what happens? The craving builds and builds - you can nearly see it in their eyes!! Why, because their automatic habit is to look at the phone after they hear a 'bing' or see / feel it vibrate, that expectation if left unsatisfied can lead to some very distracted people in a meeting! However if you disable the 'bing' or vibrate or ensure the phone is put completely away, people can focus for a few hours without any distraction.

Research shows that strong habits produce obsessive like reactions, so much so that the cravings produced are powerful enough for our brain to act on autopilot even in the face of a negative reaction. Habits exist to get the reward however it is the craving that drives the habit loop. So to change a habit, we must first recognise what craving is driving the behaviour.

According to Charles Duhigg, *'the golden rule of habit change is that you can't extinguish a bad habit you can only change it.'* 6

How? He suggests a four-step plan to reshaping a habit: 6

- ✓ Identify the routine
- ✓ Experiment with rewards
- ✓ Isolate the cue
- ✓ Have a plan

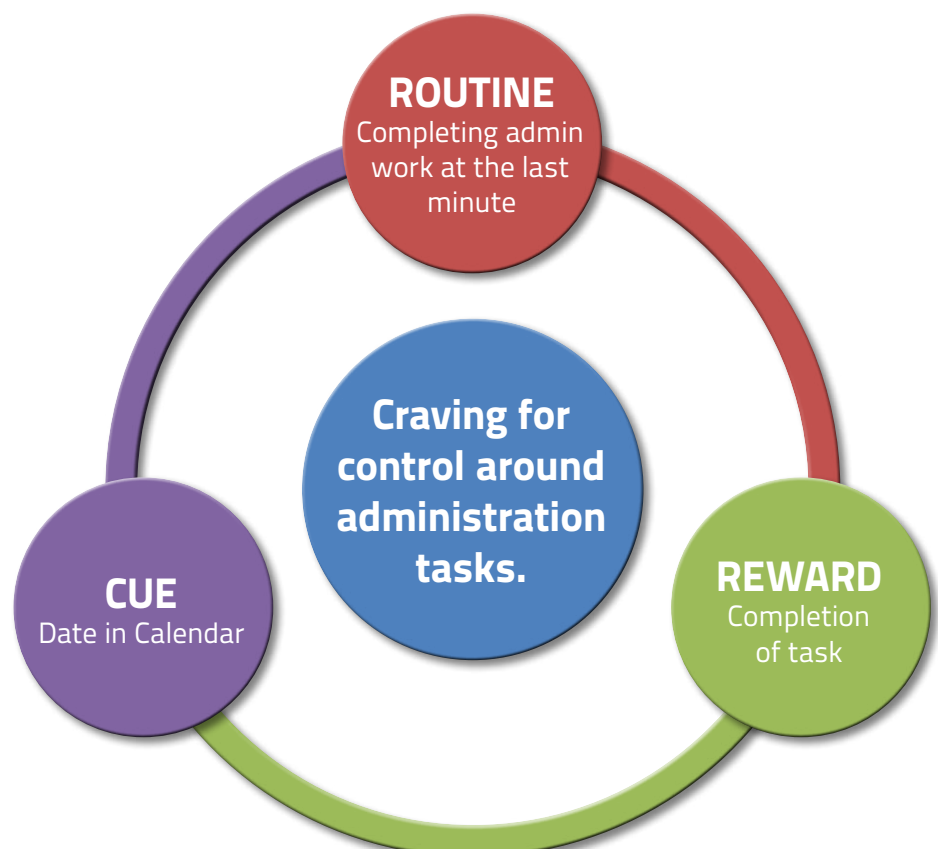
Lets take a simple example of this, we know in our work life there is a certain amount of administration work to be done at the end of each week and month (ever increasing amounts perhaps!), these dates come around like clockwork however for some of us who actually dislike doing administration work we constantly leave it to the last minute. Week after week, month after month we find ourselves having to complete the numerous forms, either electronically or paper based, gather receipts and other information in a short timeframe, which brings with it a level of stress. How often do you find yourself saying 'I'm not going to let this work pile up again next month, I hate having to do it last minute'?

Nonetheless you find yourself repeating this habit over and over again at the end of each month and each time you promise yourself next month will be different, but the habit takes hold again. So how do you change this inbuilt habit? By following Charles Duhigg's plan, firstly identify the routine, which is completion of administration workload at the last minute. The reward is the sense of achievement around knowing you have completed the task and the cue is the date in the calendar that signals the deadline.

Now, having gained a better understanding of your habit loop you can start experimenting with ways to change it. Remember we said that the way the brain determines when to let habits take over is triggered by what happens at the start and end of the behaviour? Therefore if your cue is a specific monthly date in your diary, you can use the same cue by adapting the date to a weekly format and setting a reminder in your phone for a specific time when you know you will have access to all the required information, protect that time and try not to let anything disrupt you. Having now identified the routine, isolated the cue, you can start experimenting with a reward, this can take the form of an activity that will motivate you, for example now that you won't have to spend the evening on the last Friday of every month gathering pieces of information from various places and taking time to fill in forms you can plan an evening out at the cinema or organise a game of tennis, whatever takes your fancy.

Having this plan helps to identify and ingrain the new habit, it doesn't mean you will develop it without any setbacks however with time and effort almost any habit can be reshaped.

Research shows that by focusing on one habit and changing it, this had a knock on effect on other elements of your life, take for example people who take up running, it may be that they have done so to get fit however what tends to happen as they are achieving this aim is that they become more effective in other parts of their lives.



The Habit of Excellence

If we take what Aristotle famously proclaimed, *"We are what we repeatedly do, excellence, then, is not an act, but a habit,"* we can develop habits, which can have a powerful effect on our personal lives and in the workplace. By devoting yourself to creating a habit of excellence in your work, through focusing on one key area, whatever that critical area may be for you personally, you can make changes that will have a far-reaching effect and develop a habit of success!

1. William James, 1887 Habit
2. The Power of Habits, Charles Duhigg, published by William Heinemann, 2012
3. Neal, Wood & Quinn. (2006). Habits – A Repeat Performance. Current Directions in Psychological Science, 15(4), 198-202.
4. <http://www.vanityfair.com/politics/2012/10/michael-lewis-profile-barack-obama>
5. <http://www.brainyquote.com>
6. The Power of Habits, Charles Duhigg, published by William Heinemann, 2012

'Is your life a sequence of habits?'

qualifies for 1 CPD point for Full members of the MRII. In order to qualify for 1 CPD point you need to login to the MRII LMS (via www.mrii.ie; available from August) and register.

Article courtesy of



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Simple Steps to Ensure YOUR success

In our careers most of us will have goals or ambitions. So often though we do nothing about it because we fear these goals or ambitions are beyond us. For one person it might be identifying a dream job or promotion in the healthcare sales professional field. For others it will be increasing sales or maybe returning to education to upskill so as to safeguard a future career. At first thought any or all of these might seem impossible.

Someone once asked me my opinion on whether or not they could complete a marathon. I asked them when it would be ran. They explained that they wanted to be realistic so it was a year away. I realised immediately they were serious, respectful and prepared to embrace a realistic timeframe to achieve it.

It was Napoleon Hill the early 20th century writer who once said

"Whatever the mind can conceive and believe, it can achieve."

Watching the Olympics and Paralympics of last year has no doubt inspired many. So often we think our own goals or ambitions though are unachievable though. So how do you turn desire into attainable success?

Let me share a story of someone doing something seemingly impossible via a very simple approach. Realise that if you adopt this mindset and work ethic, then your ambition or goal can also be very reachable. Simply put your ambition or goal into this box and plot your route to success. This story is an exceptional illustration of Hill's philosophy in practice.

John Naber was from Illinois in the United States. In 1972 he was an 18 year old freshman and holder of a national swim title who was inspired watching Mark Spitz win seven Gold medals in the Munich Games. Naber identified winning a gold medal at the 1976 Olympics as his ambition. The gap in speed though was significant. His best time was more than three seconds slower over just 100 metres. Naber resolved quietly to clinically plot a route to success. His strategy became the stuff of legend.

So how did he do it?

Well firstly he predicted that the winning time four years hence would be lower, so he factored that into the equation. He wanted to leave nothing to chance. The winning time in Munich had been 56.58. He predicted that the winning time in 1976 would be 55.5 seconds or thereabouts.

Resolving to improve by a massive four seconds, he broke his challenge down into smaller fragments, diluting the four second improvement into one second of improvement each year.

Next he broke that single second down into an average of 10 months training per year or one tenth of a second of improvement per month. Training six days a week he worked out that this equated to 1/120th of a second of improvement per week.

But he didn't stop there.

Naber factored in four hours of training per day which he measured as improving by 1/1200th of a second per hour.

He had read somewhere that the speed we blink our eyes was similar, so his focus became to improve each hour by the speed of the blink of an eye.

Naber dedicated himself to such incremental improvements in performance and it worked. Not only did he win the title, he broke the World Record in the final, finishing in 55.49 seconds. It took staggering dedication to the cause but therein lies two secrets, dedication and a simple plan..

Sometimes our goals or ambitions may seem beyond us. Realise though, that if we improve by only a tiny bit each day,



Gerry Duffy is a motivation speaker, writer and seminar presenter. His 'Setting Goals or Reaching Goals' one day seminars are held every two months. www.gerryduffyonline.com (00353) 87 622 11 44

week or month, we can amaze ourselves at what is possible.

John Naber proved it.

Whether your ambition is landing a dream job, to grow sales or to upskill yourself to give you the edge, remember that success is just a few simple disciplines practised every day.

Good Luck.

Gerry Duffy

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Examination Syllabus Update and Examination 2014

The MRII Examination Syllabus is currently undergoing an update. The updated version will be available from September 2013.

The MRII Examination Syllabus is currently undergoing an update. The updated version will be available from September 2013. This will include revised options for all those sitting the MRII examination from the medical technology sector which encompasses Pharmaceutical and Medical Device companies.

The Syllabus consists of the following parts:

INTRODUCTORY MEDICINE/SCIENCE

- Human Anatomy and Physiology
- Pharmacology
- Disease Processes and Bacteriology
- Immunology

MAJOR BODY SYSTEMS – ABNORMAL PATHOLOGY AND THERAPY

- Cardiovascular System
- Nervous System
- Respiratory System
- Reproductive System
- Digestive System
- Endocrine System
- Urinary System
- Musculo-skeletal System
- Skin, Eyes, Ears, Nose and Throat
- Growth, Metabolism and Nutrition

OUTLINE OF MRII MEMBERSHIP EXAMINATION

(Including numerous sample questions)



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New Members

We welcome the following new members of the MRII who joined from May 2011 to May 2012.

Karina Kelly	Actelion
Laure Nouvier	Amgen Ireland Ltd
Noel Morgan	Ashfield Healthcare
Fiona Kneafsey	Ferring Ireland
Michael Stafford	Ferring Ireland
Niamh Donnelly	Fresenius Kabi
Siobhan Magner	Fresenius Kabi
Justine O'Connell	Fresenius Kabi
Matthew Beattle	GlaxoSmithKline Consumer Healthcare
Darragh Broderick	GlaxoSmithKline Consumer Healthcare
John Devlin	GlaxoSmithKline Consumer Healthcare
Sarah Dineen	GlaxoSmithKline Consumer Healthcare
Claudia Long	GlaxoSmithKline Consumer Healthcare
Alan McCartney	GlaxoSmithKline Consumer Healthcare
Ross Varian	GlaxoSmithKline Consumer Healthcare
Andy Moran	IMED
John Coffey	Merck Sharp and Dohme
Anne Martina	Mulligan Merck Sharp and Dohme
Mairead Heffernan	Pamex Limited
Eimear King	Pamex Limited
Claire Byrne	Pfizer Healthcare Ireland
Siobhan O'Donnell Byrne	Pfizer Healthcare Ireland
Tanya McGuirk	Pharma Nord
Caroline O'Dwyer	Pinewood Healthcare
Una Buckley	Quintiles
Sandra Flynn	Teva
Tracy Kilvlehan	Teva
Maureen Kennelly	UCB Pharma
Michael Cahill	-
Aidan Grace	-
Anne-Marie King	-
Anita O'Dwyer	-
Jennifer Power	-
Orla Sheehy	-
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Denis Stapleton	-

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Eddie O'Callaghan, Lundbeck (right) who successfully completed the MRII Membership Examination 2013, pictured with Francis Lynch, President IPHA and Alison O'Keefe.

Thank you to Fota Island Resort for providing the Exhibitor Quiz prize once again this year



FOTA ISLAND
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Meet a Member

David Pope



My role and what it involves

I am working as a Referrer Liaison Officer with Euromedic Cork and Kilkenny. This involves calling to GP's and consultants in the Munster area informing them of our services. I also help them set up e-referring through various software packages in surgeries with doctors, practice managers and secretaries. Previously I had been selling pharmaceuticals to both primary and secondary care.

Selling services versus pharmaceuticals

It's a different type of sales selling services compared to pharmaceuticals. I've sold pharmaceuticals for the last ten years and I found it refreshing selling services for a change. First thing I noticed is that GP's are much more engaging and have lots of questions. I also get a lot more phone calls from GP's (mostly positive).

What I also noticed is our company advertise in national and local media mainly in radio and print media. In pharmaceuticals only advertising in medical magazines is permitted. I have the opportunity to work more with secretaries or practice managers also as they are sometimes involved with sending patients for diagnostics.

Challenges

This market is becoming more competitive every day. We are also very dependent on health insurance coverage, although this market will decrease if the proposed price increases with health insurers goes ahead. Some bigger practices are doing their own diagnostics

Opportunities

While there are still long delays in hospitals for diagnostics, this will give us opportunities for increasing business. There is a big increase in recent years in doctors using imaging as an integral part of diagnosing and hopefully this will continue in the future.

My Strengths

I love calling to GP's and have built up great relationships with them in my area over the past 10 years. I'm a very positive person and the glass will always be half full with me rather than half empty.

Interests and Hobbies

I have a 4 year old son who keeps me very busy when I come home in the evenings. I do circuit training and spinning classes regularly. Sundays spins to the beach in the Summer is a must (weather permitting).

Favourite place to stay

My favourite place to stay is Hotel Kilkenny. The staff are always very friendly and the food is lovely.

Best country visited

My favourite place I visited several years ago was Goa, India. Most beautiful beaches I have ever seen. The people were so friendly and hospitable.

Favourite Quotes

“ Change is the law of life. And those who look only to the past or present are certain to miss the future. ”
John F. Kennedy.



National Conference at Castlemartyr Resort, Co. Cork



David Duffy, Prospectus Consultants (speaker), Alison O'Keeffe and Gerry Duffy (speaker)



Claire Myler, Genevieve and Des Joyce, Dick Gardiner



Julian Wright, Natasha Freiss and Peter Clerihan



Kathryn Carney, Roche with Gerry, Alison and Ross



Maria Delaney, Linda McMahon and Liz Gardiner



Mick O'Leary, Ashfield Healthcare, Andrea Gaffney, MRII



Mike Blackwell with his son Tom



Sponsors, Members and Speakers in attendance at the Presidents Welcome BBQ



Sponsors, Members and Speakers in attendance at the Presidents Welcome BBQ



Young Conference Delegates enjoying Saturday afternoon activities



Seamus and Mary Murphy, Victoria and Andrew Whitaker



Millie, Mark and William Kelly



Aislinn Horgan and family at the Presidents Welcome BBQ



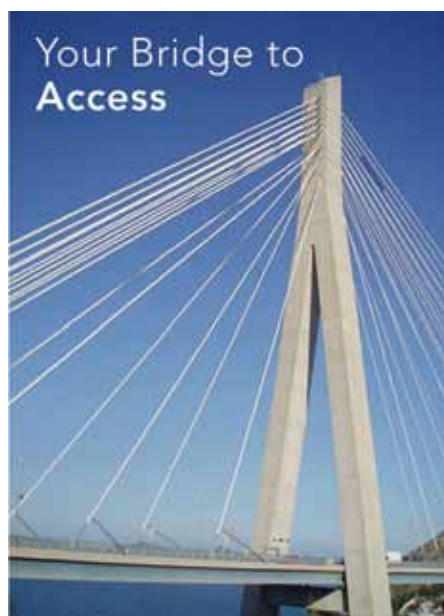
Marie and Michael O'Brien, Sinead Cadden, Bridgid and Frank T ynan



Mark Kelly and Jane Smith, Aoibheann Geraghty, Aislinn Horgan, Sharon Geraghty, Natasha Freiss, Melissa O'Grady, Karen Downey and Billy.

Market Access in Practice – do you have a strategy?

Brenda Dooley, Health Economist & Director, AXIS Consulting



If you ask anyone working in the Pharmaceutical or Medical Technology sector what is meant by the words "Market Access" you will get a variety of responses ranging from "it's about the payer reimbursement dossier" to "its working with patient organisations to build their understanding of a new disease area". While explanations may vary there is no doubting the strategic relevance of market access to the overall business proposition.

Market Access can generally be defined as a highly structured, organised and integrated process by which a company secures pricing and reimbursement approval in order to make innovative products available to patients to improve their health outcomes.

In reality Market Access is concerned with a number of key principles namely

- considering the implications a company's product may have on the wider healthcare market
- understanding the impact the changing healthcare market will have on a new healthcare technology
- preparing a positive healthcare environment which supports uptake of the new healthcare technology
- communicating the value of the new product to the range of customers who influence uptake in relevant jurisdictions.

Let's consider some of the challenges for companies in securing market access for health technologies in Ireland and in other countries. Population aging, rising healthcare costs as a result of technological advancements and increased patients expectations result in ever increasing pressures on finite healthcare resources. The Health Service Executive (HSE) is tasked with reducing its budget by €721million in 2013, with €120 million earmarked for savings in the medicines bill alone. Not surprisingly, payers charged with managing healthcare budgets grapple with how to rein in their spending and various forms of pricing and reimbursement tools such as reference pricing, generic substitution, generic prescribing and other forms of prescribing controls are used to help payers control escalating costs.

How should the pharmaceutical and Medical technology industries respond to these challenges? I would argue that a change in perspective is needed from one that is inwardly orientated to one that has a deep understanding of the challenges facing the payer and thus reflects their priorities of managing budgets, demonstrating cost effectiveness and ensuring new interventions represent value for money. Payers and their advisors must be provided with the right information at the right time if companies wish the introduction of new technologies to be supported and ultimately reimbursed.

This requires a fundamental change in mind- set for organisations with an adoption of a "health economic or Pharmacoeconomic" way of thinking where the inherent value of the new intervention is clearly articulated in all communications with various customers. The focus, for all involved in the process, must be on communicating how the proposed new technology will result in improved patient outcomes and adequately reflect the inherent value proposition.

Roy Keane's famous quote "if you fail to plan, then you are planning to fail" could as easily be applied to the area of Market Access as the game of football. In order to help prepare the healthcare environment for the introduction of a new technology, companies should create a Market Access Strategic plan. Various strategies and

activities for each key stakeholder involved in the journey to achieving patient access to the new intervention should be clearly outlined in the strategic plan. This ensures that there is complete oversight of all key deliverables and associated timelines.

A Market Access Strategic Plan requires input from all disciplines within a company including General Managers, Regulatory Affairs, Medical Departments, Sales & Marketing managers, Market Access managers, Medical Science Liaison and Key Account Managers. A Market Access project team representing the various disciplines should be established 2-3 years before intended product launch and it is this project team who, together, will develop the Strategic Plan for Market Access.

To ensure that the Market Access strategic plan is comprehensive, a detailed stakeholder mapping exercise must be undertaken by each discipline on the project team reflecting both traditional customer groupings such as Physicians, Nurses, Pharmacists, as well as newer non-traditional stakeholders including Payers, Influencers, Advisers, Patients, Public, Advocacy Groups and Politicians.

Hospital Key account managers (KAM's) should conduct their own stakeholder mapping exercise as part of the project teams activity to correctly identify the individuals within a hospital or region who may influence uptake of a new product post launch. Relevant stakeholders for the KAM function could include Hospital clinical leads, HSE Clinical Strategy Programme's regional Leads, hospital Pharmacists, hospital business managers, purchasing / procurement managers, Cancer network pharmacists (e.g. a new oncological agent), physicians and nurse prescribers.

Once the KAM Stakeholder map is created, activities for each relevant stakeholder should be documented and a timeframe established for delivery of each activity as part of the overall Market Access strategic plan. KAM Activities include identification of physician opinion leaders for participation in clinical trials, advisory boards or expert opinion as well as mapping the stages for hospital formulary or tender submissions. Very often the KAM will already be performing these activities but unless this activity is viewed as a fundamental element of a properly constructed Market Access strategy then important Market Access information may never make its way back to the core project team.

Having a clearly documented Market Access strategic plan with input from all disciplines is critical if organisations are to be successful in communicating the value proposition for a new technology and

ultimately obtaining reimbursement. The Market Access project team can ensure that comprehensive stakeholder mapping is conducted and activities are focused on communicating the value messages to the right individuals at the right time ensuring the best possible healthcare environment to support uptake of the new product.

Brenda Dooley
(MSc. Health Economics) is
Director at AXIS

Consulting which
specialises in Strategic
Market Access and Health Technology
Assessments.



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As an organisation we are
indebted to our founding
members. The MRII was founded
by people working as Medical
Representatives in 1982.

31 years later many founding
members and early Council
members are now retired or
nearing retirement, but continue
to enjoy Institute activities
and give ongoing support to
members and Council members.

To formally recognise this
member group we are currently
setting up an MRII Alumni.
Retired members will be invited
to join and activities will be
arranged. Kevin Kelly (ex. Sanofi
Aventis) will be the main point of
contact during the setup.

If you wish to join this group you
should e-mail alumni@mrii.ie to
register your interest. Members
of the MRII who are now retired
are most welcome to join.



Meet a Member

Garrett May



various stakeholders would suggest continued turbulence for the industry in the short term. While the age of consolidation is, for the most part, over; companies will have to innovate and change their culture, and for some, their business models to meet the changing dynamics with the Irish market.

My Favourite Books

I'm reading Sebastian Barry's *On Canaan's side*. I've just finished Hilary Mantel's *Bring up the Bodies*, I'm a big fan of Sebastian Faulks; *Birdsong*.

Role

I joined Mundipharma from Abbott Labs in February 2005, the role was interesting and varied, calling on GPs, Retail, Palliative Teams and their Consultants. After eight years with Mundipharma I am now seeking new employment opportunities.

Biggest challenges facing the Industry

On the production side, the dreaded patent cliff; blockbuster drug patents are expiring, and no real replacement prospects are coming through the pipeline. The reliance on high volume production to create sustainability will no longer be viable. While government policy so far has concentrated on the cost side, a greater focus is needed in developing Ireland as an R&D site for global pharmaceutical firms, and not just large scale production.

On the promotion side, a trend in the market towards generics, reference pricing, market access issues and a fundamental shift in the influence of

What is your greatest strength?

My independence of thought; allows me approach a problem from a different perspective.

Interests and Hobbies

I got hooked on sailing at a young age and race keelboats over the summer and Laser's in the winter. I cook every day, love reading, and spending time with my family, I am a rugby and soccer fan.

Favourite Quotes

“ It is the sign of an educated mind to be able to entertain a thought without accepting it. ”
Aristotle.

“ Knowledge is knowing that a tomato is a fruit; Wisdom is knowing not to put it in a fruit salad. ”
Brian O'Driscoll.

Travel

I would like to sail the Norwegian fiords, and Egypt and Brazil are on the bucket list. I would love to get back to Croatia and the Dalmatian coast as it's got everything; Italian influenced cuisine, azure waters, stunning landscape and welcoming locals.

Best Hotel

My Favourite Hotel on territory is the Radisson in Letterkenny; the

staff are just superb. Best restaurant would be a close run thing between The Old Post in Cavan, East Coast Cafe in Howth and Stoop Your Head in Skerries.

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Hotel Solutions	Michelle Thornton	Michelle@hotel-solutions.ie	www.hotel-solutions.ie	01.6280111
Lishh, Turners Cross, Cork	Jonathan Sheehan	lishhturnerscross@gmail.com	www.lishh-cafe.com	021.4840048
O'Brien's Sandwich Bars <i>19 Upper Baggot Street, Dublin 4 & 18 Hogan Place, Grand Canal Street, Dublin 2</i>	Julian Wright	obriensoffice@eircom.net	-	087.9910114
Pharmaforce	Bethann Doherty	Bethann.Doherty@pharmaforce.ie	www.pharmaforce.ie	045.882628
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Radisson, Sligo and Cavan	Celene Kilgannon (Sligo) Clodagh Pryce (Cavan)	celene.kilgannon@radissonblu.com clodagh.pryce@radissonblu.com	www.radissonblu.ie/hotel-sligo www.farnhamestate.ie	071.9140008 049 4377700
The River Lee Hotel	Claire Myler Paula Cogan	Claire_Myler@doylecollection.com Paula_Cogan@doylecollection.com	www.doylecollection.com	021.4937712
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