

Best Practices for Training & Developing High-Impact Medical Affairs Professionals

Best Practices, Strategic Benchmarking Research &
Analysis



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Objectives, Methodology and Topics



Global (Including U.S.): 53%



Global (Excluding U.S.): 5%

57

Research Participants

Respondents' Roles

- A majority of respondents lead Medical Affairs groups
- More than half handle global Medical Affairs training responsibilities

North America

U.S. Only: 26%

South America

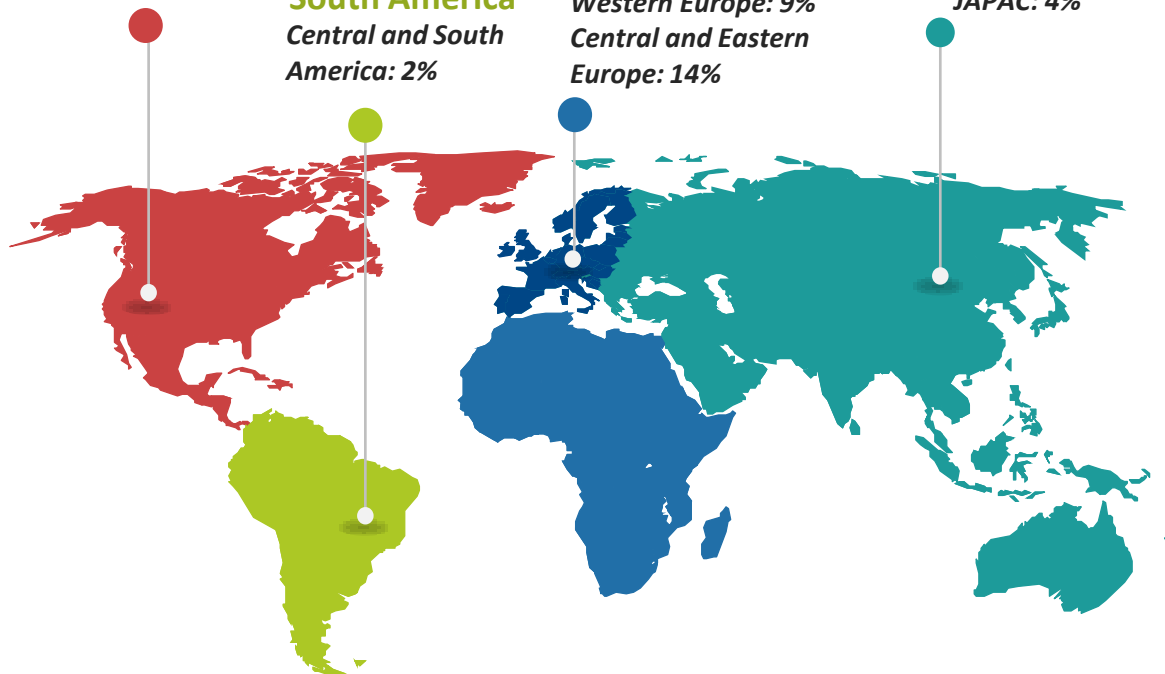
Central and South America: 2%

Europe

*Western Europe: 9%
Central and Eastern Europe: 14%*

Asia

JAPAC: 4%



2) Segment: What segment of the healthcare industry does your company primarily serve? Please select one. (n= 57)

Research Overview & Objective

Best Practices, LLC conducted this study to uncover creative and relevant best-in-class practices that leading biopharmaceutical firm have adopted to design, oversee, deliver, and evaluate Medical Affairs training programs.

This study aims to deliver best practices for creating Medical Affairs training programs that will help leaders produce better strategic thinking, communication with internal and external stakeholders, thought leader management, and interactions with HCPs for their Medical Affairs group.

Methodology

Best Practices, LLC engaged 57 Medical Affairs and training leaders at 42 companies. These leaders are involved with Medical Affairs training at their organizations. In-depth interviews were conducted with 5 participants to highlight often-used training practices.

Topics Covered

- Training Responsibility and Oversight
- Curriculum
- Timing Staffing and Funding
- Approval Process
- Knowledge Development
- MSL Certification
- Onboarding Programs

Data is segmented on the basis of function maturity to offer a clear understanding of training practices and trends

Data Segments Used in This Study

Total Benchmark Class
N=57

- Data based on all survey responses received

Key Company Segments



More Mature
N=29

- Data based on survey responses categorizing their MA training programs as **'Highly Mature'** or **'Growing sophistication'**



Less Mature
N=28

- Data based on survey responses categorizing their MA training programs as **'Some experience'** or **'Immature'**

Highly Mature - Highly standardized program with several generations of Medical Affairs professionals developed; well-measured and highly optimized; all development needs are addressed; demonstrated quantitative and qualitative success

Growing sophistication - Formal program with multiple generations of Medical Affairs professionals developed; program measures in place with some optimization; most development needs are addressed; some quantitative or qualitative success observed

Some experience - Program with at least one generation of Medical Affairs professionals developed; training curriculum fully established and implemented; low program measurement; many development needs are not yet addressed; some anecdotal success

Immature - Program recently implemented; large gaps in program measurement and needs addressed; challenges around program funding, curriculum development, curriculum sourcing and ongoing development

Universe of Learning: Insights are drawn from 57 Medical Affairs professionals employed in 42 Bio-pharmaceutical companies

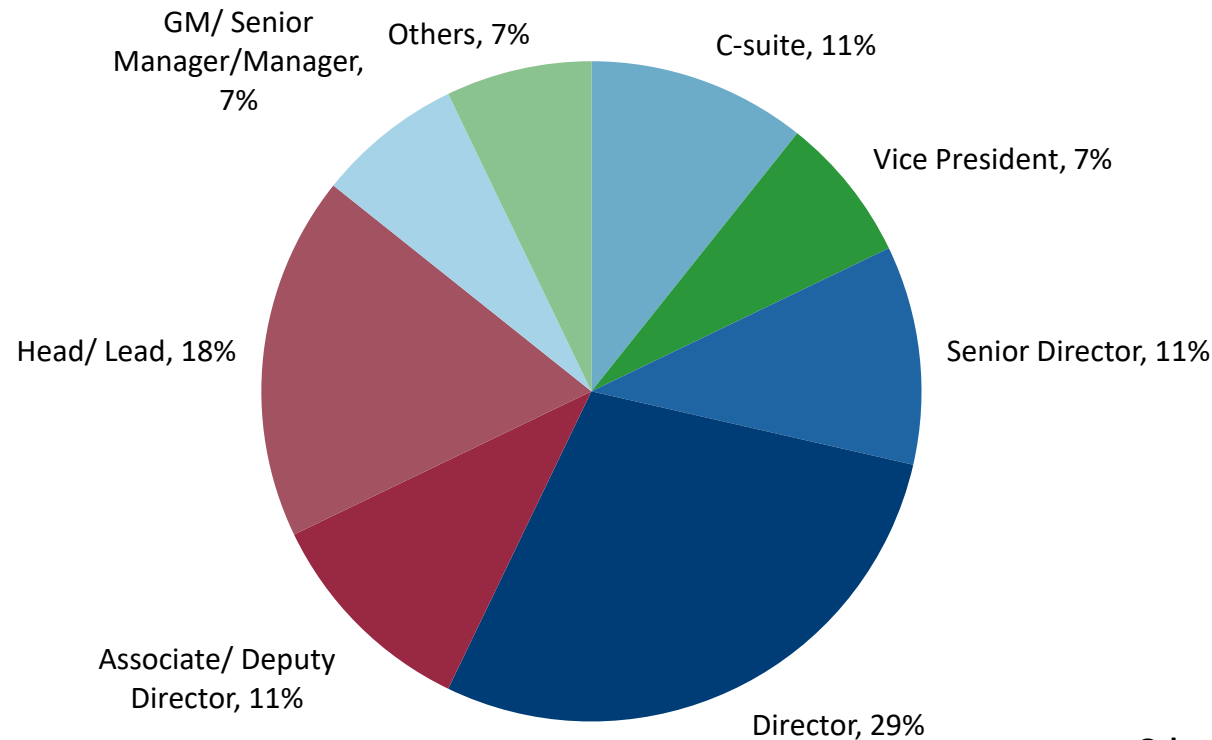
Benchmark Study Partners:



Universe of Learning: Insights derived from top bio-pharma companies across different geographies

This study engaged 57 leaders from 42 leading biopharmaceutical companies. Over 60% of participants are Medical Affairs Directors or Heads.

Respondent Titles



Others:

- Advanced Medical Representative
- Medical Affairs Fellow
- Medical Science Liaison
- Senior T BE

(n= 57)

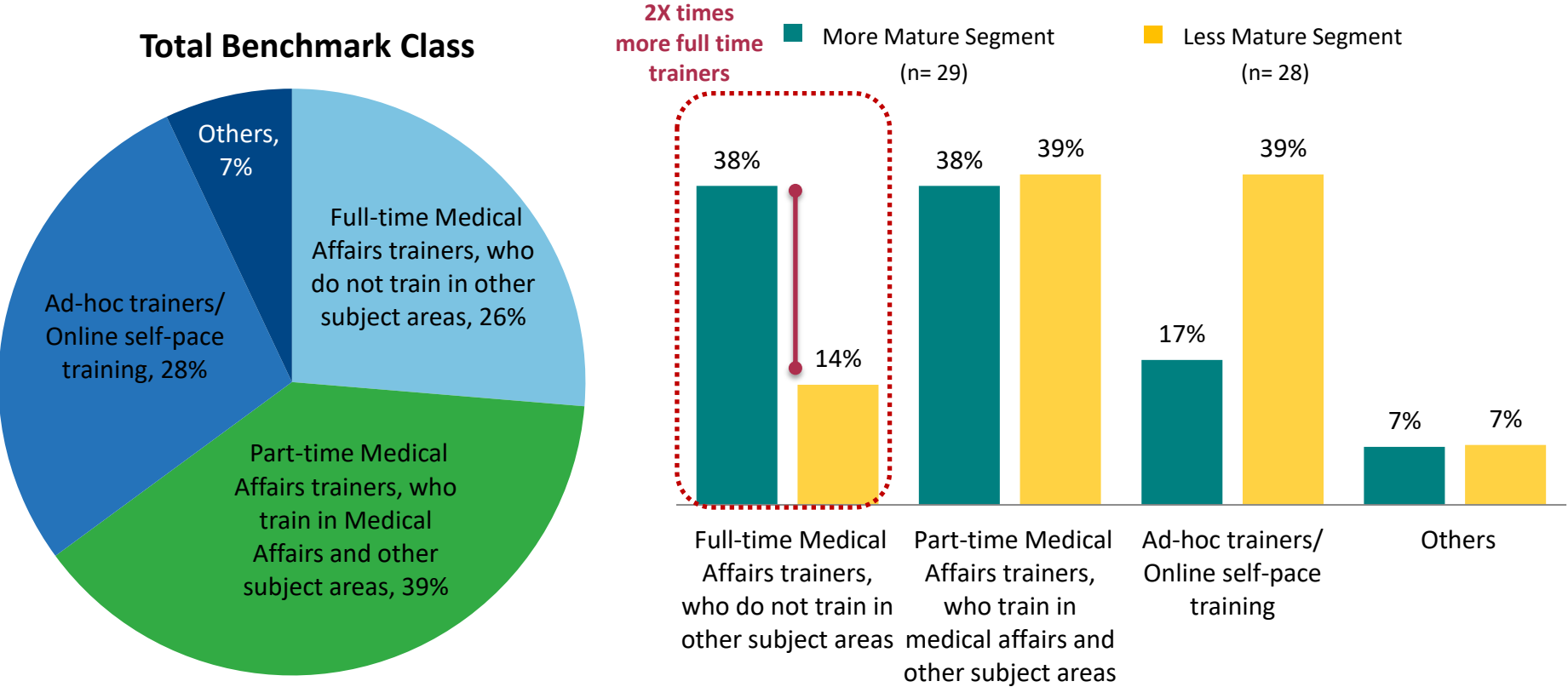
Select Key Findings:

- **Support Full-time Trainers by Using Ad-hoc or Part-time trainers:** While nearly all companies use part-time trainers, mature companies equally rely on both part-time and full-time trainers. Dedicated and experienced staff helps organizations achieve overall training goals in a timely manner and allows for the expansion of topic areas giving trainees a deeper understanding of the industry.
- **Get buy-in from internal key groups to design training programs:** While field teams and medical strategy remain the most important partners in developing Medical Affairs training programs, partnering with other key internal stakeholders is necessary to aid in program development. Partner medical education, scientific publication and medical communication to further evolve training programs.
- **Customize onboarding programs as per needs:** Irrespective of the maturity of Medical Affairs training groups, a majority of companies prefer to have customized onboarding programs. In addition to customization, companies seek partial automation in their on-boarding programs.

More mature training groups dedicate full-time staff to Medical Affairs training

Less mature companies rely more upon ad hoc trainers and online, self-paced training

Dedicated Trainers:



Others: One trainer who serves other functions
We provide training materials

(n= 57)

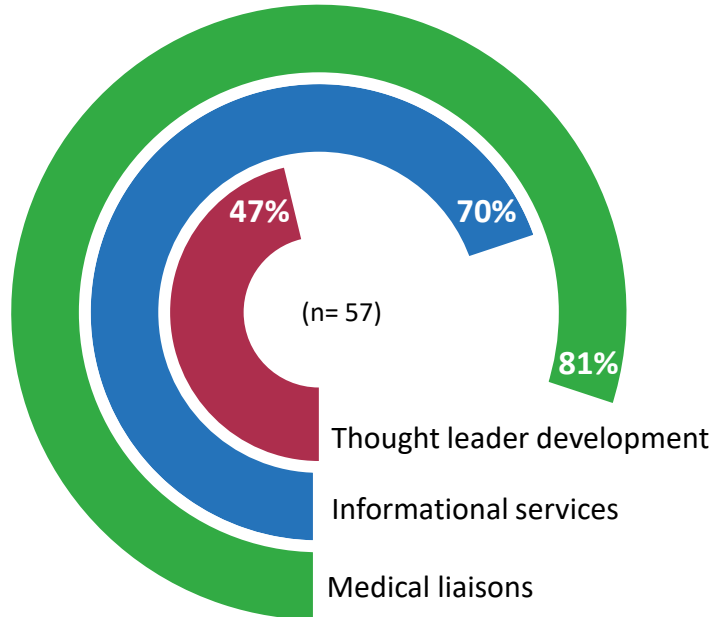
6) Which best describes how you staff your Medical Affairs training and development function? Please select one.

Core training areas/skills include information services, thought-leader development and medical liaisons

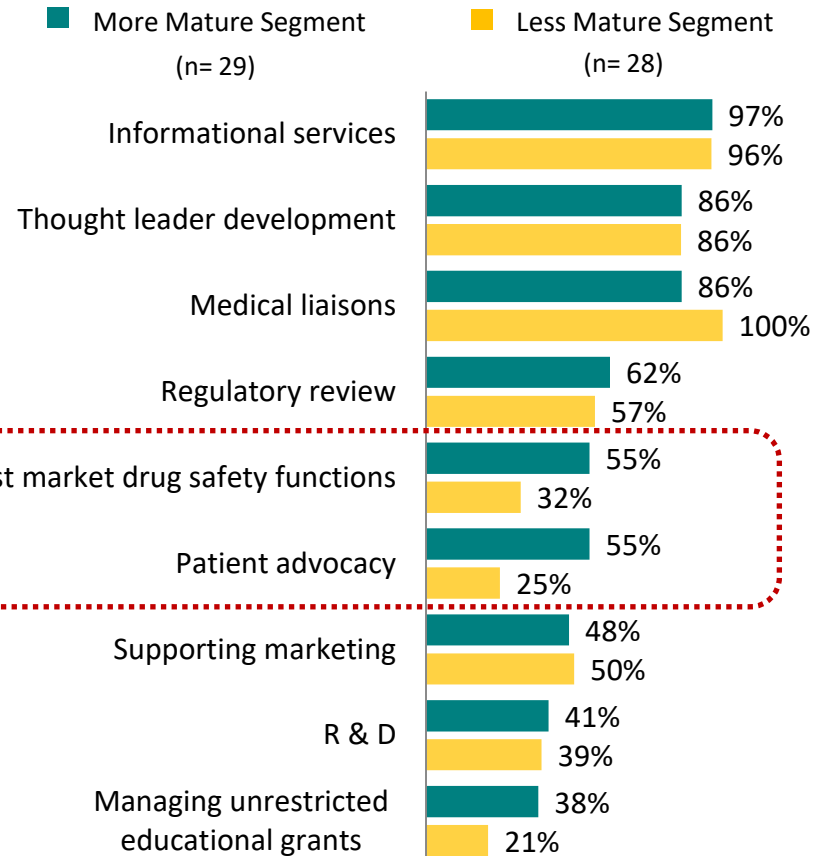
At mature companies Patient advocacy and Post market drug safety are “Must-have” skills

*Core Competency Development:

Total Benchmark Class



* Percentages represent respondents that only ranked “critical” competencies



* Percentages represent respondents that ranked “critical” + “very important” competencies

10) How important is to train Medical Affairs professionals on each of the following competency areas? Please choose the best option for each competency.

More mature Medical Affairs training groups use role rotation across many business streams, projects and activities to grow future leaders

Critical Business Streams for Role-Rotation

- Formal role rotation provides ample exposure for executive's development.
- Forty percent of the More Mature companies rotate medical staff to promote development.



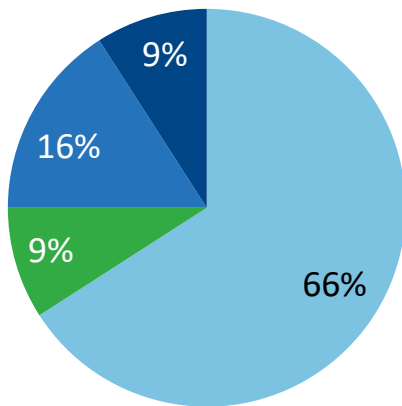
Only a few companies require MSL re-certification

Two-third companies do not require MSL re-certification while the remaining third undergoes re-certification once a year or depending on ongoing assessments

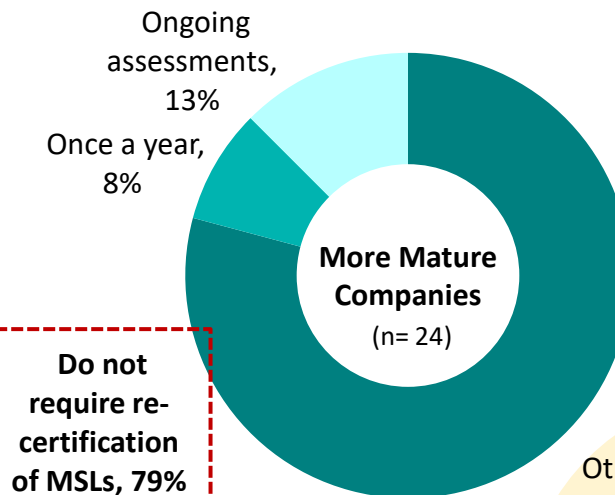
MSL Re-certification:

Total Benchmark Class

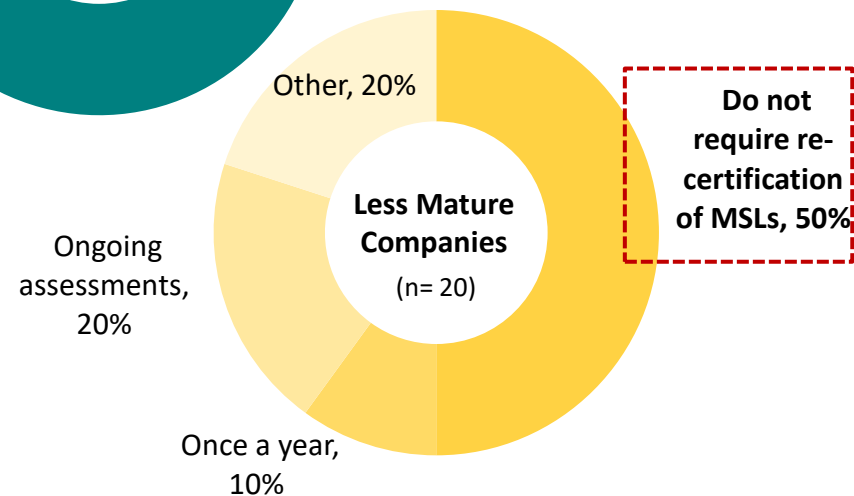
- Do not require re-certification of MSLs
- Once a year
- Ongoing assessments
- Other



(n= 44)



32) How often do your MSLs undergo re-certification?



Biopharma leaders supporting oncology, CNS and other specialty treatments contributed

Primary Segment



Biopharmaceutical **93%**



Medical Device **5%**

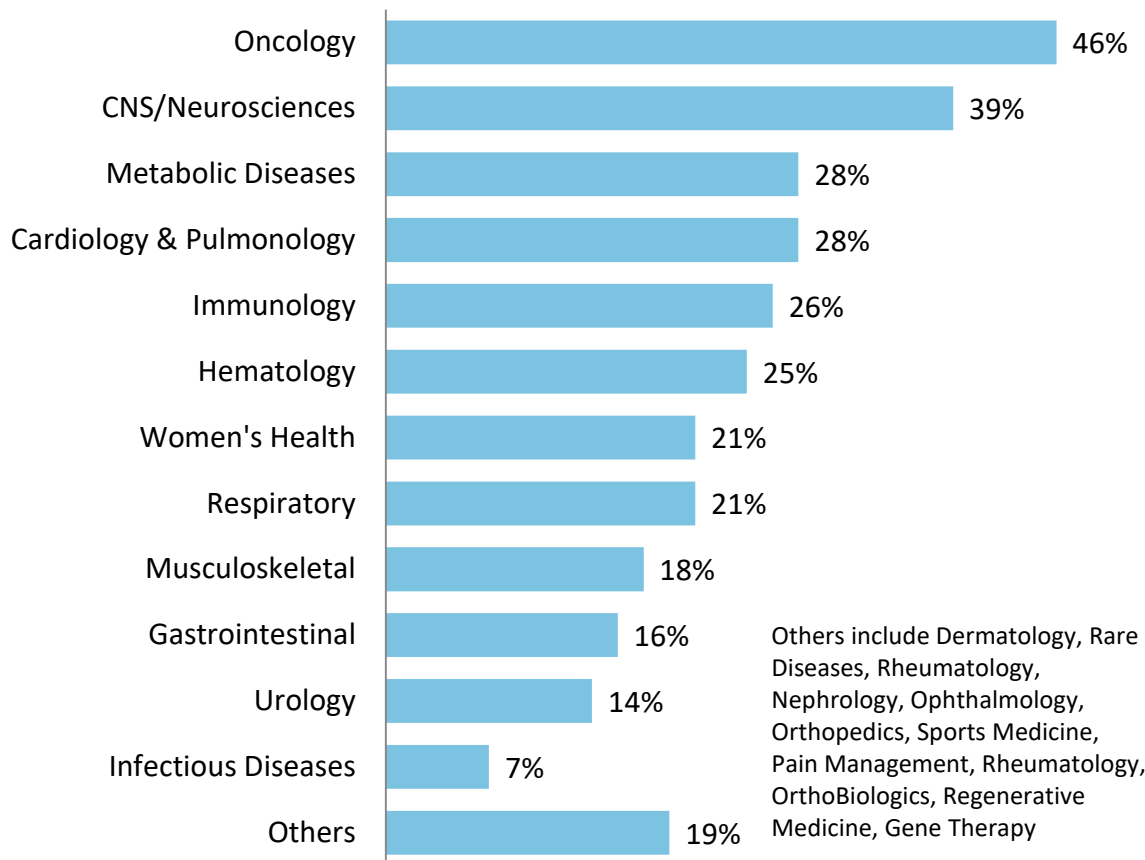


Agency **2%**

(n= 57)

2) What segment of the healthcare industry does your company primarily serve? Please select one.

Therapeutic Areas:



4) What therapeutic area(s) are you answering for today? Please choose all that apply.

(n= 57)



Our company is an internationally recognized thought leader in the field of best practice benchmarking®. We provide research, consulting, benchmark database, publishing and advisory services to the biopharmaceutical and medical device sectors. We work closely with business intelligence groups. Our work is based on the simple yet profound principle that organizations can chart a course to superior economic performance by leveraging the best business practices, operating tactics and winning strategies of world-class companies.

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