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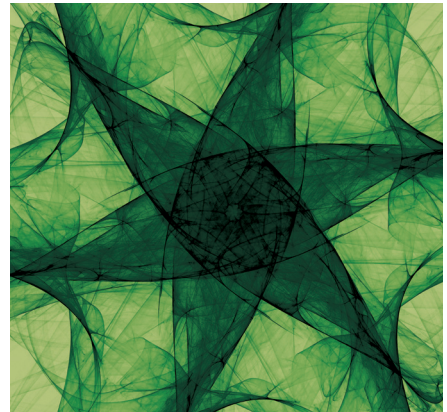
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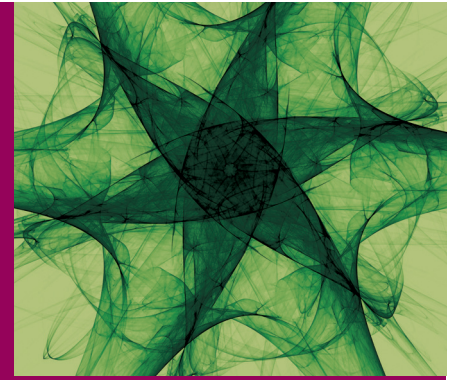


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SPECIAL FEATURE: Personal Profile Analysis.

Recruiting for the future of medical affairs

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1. INTRODUCTION

THE ROLE OF medical affairs in the pharmaceutical industry is changing. In 2014, a report by McKinsey & Company on this key profession predicted that, “a new set of competencies [would be] required [by staff] to navigate the future healthcare landscape across the globe”^[1].

New technology, such as social media, has placed more clinical decision-making in the hands of patients while rising R&D and medical costs have led to demands for greater transparency and more evidence of cost effectiveness. To navigate this new landscape, medical affairs professionals need the customer skills of a salesperson, the strategic thinking of a marketer, and a high-level understanding of the clinical, legal and regulatory environments.

Yet recruiting people with such a wide range of talents is a tough challenge. Part of the solution for hiring managers could be personal profiling, such as that carried out by RSA Consulting on its shortlisted candidates. A recent study by the company suggests pharma companies may benefit from the use of behavioural profiling - which has become part of the executive search process – as the next generation of medical affairs professionals may share many of the key behavioural traits.

2. THE MEDICAL AFFAIRS CHALLENGE

Medical affairs plays a key role in pharmaceutical companies. The function originally emerged in response to regulators wanting to separate the medical and commercial arms of organisations. Today it acts as a bridge

between these functions, and as a conduit of information to and from the market.

Medical affairs professionals traditionally used data analysis and education to support late-stage development of pharmaceuticals and marketed products. These were technical roles that relied on strong understanding of the clinical data. A new hire, for example, might only be expected to provide healthcare providers with off-label data about safety and efficacy of a product.

Today, the role of medical affairs has changed and will continue to do so. There are three main trends:

- I. Pharmaceutical R&D costs have risen over last five years while productivity has fallen. According to a report by Deloitte, returns on investment have more than halved since 2010, with the cost to develop a drug rising by about a third^[2,3]. Companies increasingly need detailed analysis and input from medical affairs throughout the drug development process on product characteristics, market risks and unmet medical needs.
- II. Medical affairs professionals need to work with a wider range of data and influence a larger variety of audiences than ever before. Rising healthcare costs in the US and Europe have led to widespread reforms in the provision of services:
 - a. Some pharmaceutical decision-making is shifting from physicians to a wide range of other stakeholders;



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- b. Healthcare reforms have led to greater demands for transparency in the relationships between pharmaceutical companies and decision-makers;
- c. New types of medical data are required to provide evidence before new treatments are adopted by healthcare organisations.

III. Patients have more desire for control over their own treatment, aided by the reach and influence of social media and a shifting focus to patient-centred care. Medical affairs professionals need to provide

III. Persuasive - to demonstrate to internal stakeholders how they add value, and to be advocates, educating healthcare providers and other external stakeholders;

IV. Technically skilled - to understand the medical and regulatory framework of pharmaceutical products. They require a different skill set from clinical development, as medical affairs has less focus on processes and mechanisms.

For pharmaceutical companies to succeed, they must build new skills and talent in their medical affairs function.

“ THE CHANGING ROLE OF MEDICAL AFFAIRS MEANS THAT PROFESSIONALS NEED TO OFFER A WIDER RANGE OF SKILLS THAN IN THE PAST. ”

scientific data in an easy-to-understand form, and may need to work closely with patient advocacy groups. The latter requires stringent codes of conduct and transparent practices.

3. PROFILE OF A PROFESSIONAL

The changing role of medical affairs means that professionals need to offer a wider range of skills than in the past. They must be:

- I. Flexible and adaptable to deal with a broad-ranging role, and able to thrive on uncertainty.
- II. Creative thinkers with excellent communication skills;

This involves training existing employees and helping them adapt their work styles but – more importantly – making hiring decisions with the future of medical affairs in mind.

3.1 ANALYSING BEHAVIOURAL TRAITS

Behavioural profiling is a key tool in executive search. It's used to identify candidate strengths and areas to probe during interview. Sometimes profiling is combined with other tools, such as roleplay or aptitude tests. In medical affairs, such tools can be critical. Not only to avoid expensive hiring mistakes in the short term, but to help companies adapt their hiring practices to deal with long-term changes in healthcare.

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We use in-depth behavioural profiling to identify the most suitable candidates for a given role – in an impartial, constructive way. This evidence-based approach helps the consultancy learn and adapt to the changing needs of the pharmaceutical industry.

Among the profiling techniques used is Personal Profile Analysis (PPA), a psychological tool registered with the British Psychological Society (BPS)^[4]. PPA is based on DISC theory, a widely-used method for understanding work-based behavioural preferences.

DISC is based on a theory of human consciousness published by W.M. Marston in a book called Emotions of Normal People in 1928. A contemporary of Carl Jung, he developed his ideas after studying the behaviours of thousands of people. Marston's insight was that behaviour is affected by how people perceive themselves, other people, and their surroundings.

The PPA measures four behavioural traits: Dominance (D), Influence (I), Steadiness (S) and Compliance (C). These give an insight into how

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individuals see themselves in the workplace. For example, Dominant behaviours are direct, assertive and ambitious because they perceive themselves to have the power to shape events.

3.2 THE PPA IN PRACTICE

For executive search, we use the PPA developed by Thomas International. This tool is a 'forced choice' (ipsative) inferencing method. Candidates are expected to select desirable adjectives that they believe describe them, rather than ranking (e.g. 'strongly agree') the extent to which they agree with a statement.

To complete the PPA, candidates choose two traits from a block of four – one 'most like' and one 'least like' them. This process is repeated 24 times, giving 48 choices from a total of 96 words. The forced choice method removes the option of giving neutral responses, such as 'neither agree nor disagree'.

Assessment results are compared to the candidate's other responses and not scores from a comparison group. Behavioural traits selected as 'most like' the candidate are combined together to measure their 'work mask' – how they perceive themselves at work. Traits they 'least like' are used to assess their behaviour under pressure. Self-image combines work mask and behaviour under pressure.

Candidates' behavioural profiles are scored both against the brief for the role and against every other candidate on the short list using data driven comparative analysis. However, results from PPA are a guide only. They are not the only, or even the main, determinant of hiring decisions. Rather we combine them with other executive search tools, including further psychometric tests that look at an individual's potential to succeed, along with deep experience of the needs of the pharmaceutical industry and individual company cultures.

4. RECRUITING THE NEXT GENERATION

We wanted to understand typical PPA profiles for today's medical affairs professionals. These reveal behaviours that staff may adopt in the workplace, which will change dependent on the company culture and over time. A theoretical PPA profile for medical affairs, given recent changes in the role, will have:

- I. High Influence (I) to influence external stakeholders and endorse their value to internal ones;
- II. Not too much Compliance (C) as this can stifle creativity, although they need enough to ensure that whilst having the ability to push boundaries they remain "within the rules";
- III. Relatively low Steadiness (S) as medical affairs involves a lot of variety;
- IV. Enough Dominance (D) to drive events and to make things happen.

We tested how closely this profile mapped the behavioural traits of medical affairs professionals using results from 105 candidates shortlisted by the consultancy. They all had significant careers in medical affairs, and completed their PPA between 2014 and 2016. The data were collated by Thomas International.

4.1 READING A BEHAVIOURAL PROFILE

There are no 'right' or 'wrong' results from a PPA. Each letter (e.g. I, D) is simply a different way of approaching challenges in the workplace. Leaders, for example, are typically perceived as having dominant behaviours, but some of the greatest leaders in history have been also high on compliance. An example is Air Chief Marshall Hugh Dowding, nicknamed 'stuff' by his men, whose meticulous planning is credited with defeating Hitler's plan to invade Britain during the Second World War.

Figure 1 shows an example PPA profile. The graph is read from top to bottom, with results above the shaded area being 'working strengths' and those below it being 'support factors'. This candidate has 'I' as their leading factor, and 'D' then 'C' as working strengths. 'S' is a supporting factor. Typically, an

individual has up to three working strengths, but never four, as the factors conflict with each other.

Behaviourally, if they were a leader, the graph indicates that they would be a 'people person'. They would demonstrate behavioural traits high on

FIGURE 1: Example PPA Profile

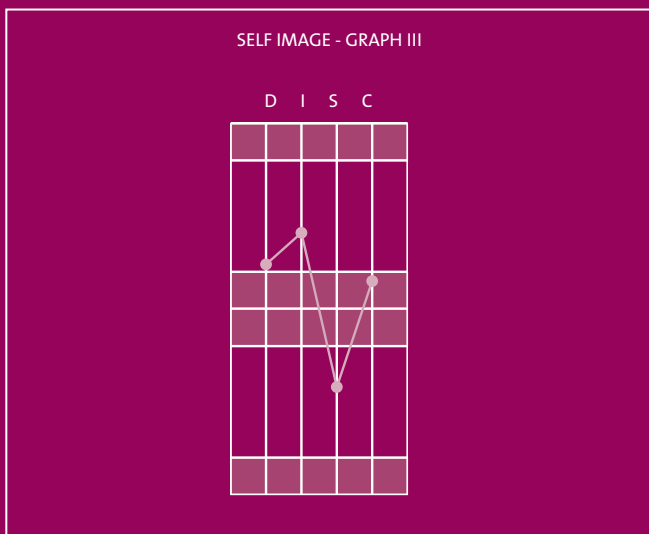
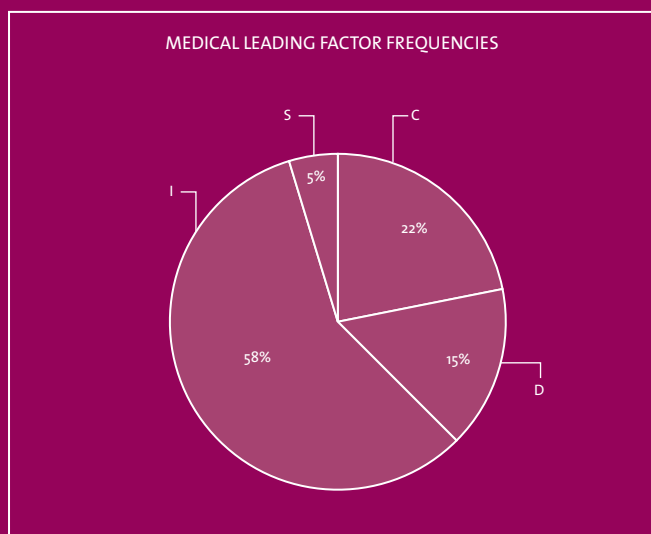


FIGURE 2: Leading factors in the behaviour of medical affairs candidates



assertiveness and persuasion due to their high 'D' and 'I' scores, using facts to get their messages across. They would also demonstrate good levels of compliance.

4.2 BEHAVIOURAL TRAITS FOR MEDICAL AFFAIRS

The main behavioural traits displayed by the candidates is shown in Figure 2. As predicted by theory, more than half had 'Influencing' in their personal profile. These professionals were keen to invest in new relationships, explore fresh ideas and begin new projects – key traits when liaising with stakeholders and for building trust.

Candidates for medical affairs roles were unlikely to have 'Steadiness' as a working strength. Reserved and cautious personalities are less suitable for a broad-ranging job that requires medical communication and education skills.

Figure 3 shows the working strengths of the candidates. Nearly a quarter had high 'ID' showing they were persuasive, dynamic and able to thrive in a varied and fast-changing workplace. None of the candidates were pure 'S' and few were pure 'C' – medical affairs is no

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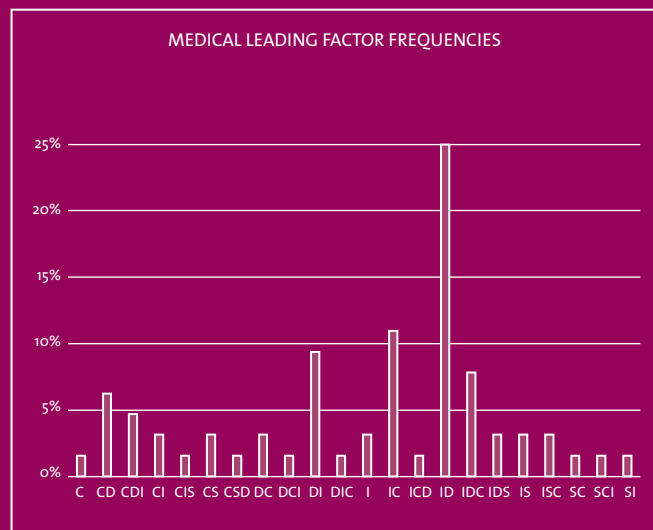
longer a 'steady eddie' role for technical specialists.

Many of the candidates had Compliance as a working strength. This is unsurprising as medical affairs professionals need to adhere to stringent codes of conduct, especially when dealing with patient groups or healthcare regulators. One of the factors left unexplored in this data is whether PPA profiles vary with the age of the candidates. Medical affairs professionals tend to move away from compliance-based towards strategic roles as they progress in their career, and their 'C' would be expected to fall as a result.

5. CONCLUSION

Medical affairs is changing and companies need to respond by recruiting the best candidates. PPA is a useful evidence-based tool to support the recruitment of talent able to respond to the new challenges that will have to be faced up to and beyond 2020. As with every psychometric assessment, these statistics aren't sufficient to base recruitment decisions on, but need to be combined with deep knowledge of the industry and personnel as found at specialist talent consultancies.

FIGURE 3: Leading factors in the behaviour of medical affairs candidates



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