



A SURVEY ON DOCTOR'S EXPECTATION FROM MEDICAL REPRESENTATIVE IN KARNATAKA STATE

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ABSTRACT

The aim of present study was to know to the effectiveness of personal selling in perception of doctors and to find out exactly what doctors expect from medical representative. A self-administered questionnaire was distributed to 200 doctors. Both open end and close end questions were included in the questionnaire. Results obtained from the study were informative.

Doctors find the services rendered by medical representative useful. Today, providing information on price and discounts and availability of drugs are most important services rendered by medical representatives. So it was concluded from the study that many doctors are price sensitive today and want drugs at less price for their patients

Key Words: Personal selling, Perception, Medical representative

INTRODUCTION

Marketing and selling are important functions of any business. The American Marketing Association define marketing as: "Marketing is an organizational function and a set of process for creating, communicating, and delivering value to customers and for managing customer relationships in ways that benefit the organization and its stake holders".¹

It is hard for many to believe, but when compared to economics, production and operations, accounting and other business areas, marketing is a relatively young discipline having emerged in the early 1900s². Good marketing is a result of careful planning and execution. Marketing practices are continuously being refined and reformed in virtually all industries, including the pharmaceutical industry, to increase the chances of success. But marketing excellence is still rare and difficult to achieve. As we go back to the history of pharmaceutical marketing, it reveals that the first pharmaceutical sales representative appear on the scene in 1850s in the United States.³ Unfortunately there is no solid evidence to show when and how the pharmaceutical sales representatives appeared in the Indian pharmaceutical market. Sales representa-

tive in pharmaceutical marketing are called as Medical representative. They promote the company product to the customer that is physicians. Promotion is a method utilized to tell the customers about product, place and price. Promotion has two basic elements 1) to provide information about product 2) to persuade potential customers⁴. Selling may be defined as the process of analyzing potential customers' needs and wants, and assisting them in discovering how such needs and wants can best be satisfied by the purchase of a particular product, services or idea⁵. The focus of selling thus is on the needs and wants of customers rather than on the features of a product.

A pharmaceutical sales representative has to perform four crucial tasks⁶. Even a slight improvement of in effectiveness of anyone of these will lead to a significant increase in results. These four crucial tasks are:-

1. Detailing
2. Monitoring
3. Sampling
4. Retailing (retail booking)

Detailing is singularly the most important task that a representative has to perform. Ethically speaking, effective

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detailing with the help of a proper visual aid is the only way to increase prescription generation⁷.

It is said that the pharmaceutical companies often use effective methods of influence in combination with misleading "logic". Promotion can influence prescribers more than we thought possible. Frequent exposure to promotion correlates with more expensive, less appropriate prescribing.⁸

As we know, personal selling is a crucial determinant factor of success in pharmaceutical marketing. Till date nothing has replaced the profession of personal selling in pharmaceutical industry and in other industries too. The pharmaceutical sales representatives play a critical role in the development and sustainability of the business through the selling of products and services. Pharmaceutical representatives are trained in traditional ways and because of this they are doing detailing in traditional ways. But expectations of doctors have been changed over a period of time. Pharmaceutical companies spend huge amount and time for such promotional activities; hence it is essential to know what doctors are currently expecting from medical representative so that money of company and efforts of medical representatives will not go waste. The present was carried out to analyze the perception of doctors towards medical representative in Karnataka, India. The following objectives were framed to study.

OBJECTIVES OF THE STUDY

1. To find out the effectiveness of personal selling in perception of doctors.
2. To find out exactly what doctors expect from medical representative.

METHODOLOGY

Survey Design

A mail questionnaire was prepared to collect data from doctors. Mail questionnaire were sent to 10 doctors for testing the response rate of doctors. After waiting for 20 days another reminder mail was sent to each and every previous doctor. After waiting few more days it was decided personal interview will be more appropriate.

QUESTIONNAIRE DESIGN

Questionnaires were typed in Microsoft word and then converted to PDF format for ease of printing. Size of paper used was A4 and 200 copies of questionnaire for doctors were printed. Each copy consisted of two pages (front and back). Total 10 questions were included in questionnaire.

TYPES OF QUESTIONS

Both open end and close end questions were included in the questionnaire. In case of close ended questions respondents were asked to tick (Ö) most appropriate answer and in few questions respondents were asked to give number in order of preference.

DOCTOR LIST

Karnataka medical council registration data base was used to identify MBBS doctors in Bangalore; approximately 20 thousand doctors were identified. Then by using random number generator from www.random.org 1400 MBBS doctors were selected. 800 BDS doctors, 600 ophthalmologists, 400 orthopedics, 400 MD and 400 Surgeons were identified using www.yellowpages.com and www.doctorduniya.com and like this doctor list was prepared. That sum up as 4000 doctors total.

SAMPLE SIZE

200 doctors from above doctor list of 4000 were selected. In those 4000 doctors, 1400 were MBBS that means 35% so to maintain same percentage 70 MBBS doctors were randomly selected from list of 1400 doctors by using random number generator from www.random.org , likewise 40 BDS, 30 ophthalmologists, 20 orthopedic doctors, 20 MD and 20 MS were selected after randomization.

Table 1: (Percentage of doctors in each strata)

Qualification	Total 4000	Percentage	Number in Sample 200
MBBS	1400	35%	70
BDS	800	20%	40
Ophthalmologists	600	15%	30
Orthopedics	400	10%	20
MD	400	10%	20
MS	400	10%	20

SAMPLING TECHNIQUE

Doctor

Stratified randomized sampling technique was used for sampling of doctors. They were stratified according to their qualification as mentioned above and then randomization was done in each stratum and 200 doctors were selected.

DATA COLLECTION

Data was collected from respondents in Bangalore (Capital of Karnataka)

DURATION OF STUDY

The duration of the study was 6 months

DATA PRESENTATION

Tables, Pie charts, Bar diagrams etc.

DATA ANALYSIS AND INTERPRETATION

Analysis and interpretation of the data has been carried out to deduce the conclusions with the aid of appropriate statistical tools.

RESULTS AND DISCUSSION

SURVEY OF DOCTORS

Out of 200 doctors who participated in the survey 35% were MBBS, 20% were BDS, 15% were Ophthalmologists, 10% were Orthopedics, 10% were MD and 10% were MS.

Table 2: (Number of doctors in each stratum)

Qualification	Number in Sample 200
MBBS	70
BDS	40
Ophthalmologist	30
Orthopedic	20
MD	20
MS	20

Doctors were met personally, interviewed and their responses were noted in questionnaire. Except questions in questionnaire some other questions were also asked by the author to doctors and many interesting facts came out, they are discussed with some of the questions below.

SURVEY RESULTS

Question 1: Do you feel medical representatives are useful to the medical profession?

Survey indicated almost all (99.00%) of the respondents feel that representatives perform a useful service to them (table). Only one MD and one MS mentioned that representatives perform no useful service to them.

Table 3 (Usefulness of medical representative)

Qualification	Response (200)	
	Yes	No
MBBS	70 (100%)	0
BDS	40 (100%)	0
Ophthalmologists	30 (100%)	0
Orthopedics	20 (100%)	0
MD	19 (95%)	1 (5%)
MS	19 (95%)	1 (5%)
Total	198 (99%)	2 (1%)

Question 1 (a): If yes then why?

71.71% respondents respond to all option. Among rest 28.28% price information and discounts got most response (10.10%), followed by information about drug use (8.58%), information about availability of drugs (6.06%) and at last distribution of samples (4.04%). Two respondents did not respond to any option.

If we see point wise price information that means one point for every response, price information and discounts got most points and became first ranker followed by information about availability of drugs on second rank, information about drug use on third rank and providing samples got least points and attained fourth rank.

When asked why doctors need price information and discounts as priority majority of doctors told they want drug at less price for their patients because if patients will get medicines at lower price than they are more likely to come to the same doctor.

So it was concluded from the study that many doctors are price sensitive today and want drugs at less price for their patients.

Table 4: (Why MRs are useful to the medical profession?)

Qualification	Response (Point Wise)			
	They provides samples	They provide information Availability of drugs	They provide information about drug use	Price information and discounts
MBBS	52	53	52	54
BDS	28	29	33	32
Ophthalmologists	25	26	25	26
Orthopedics	16	18	16	18
MD	15	16	14	16
MS	14	17	14	16
TOTAL	150 IV rank	159 II rank	154 III rank	162 I rank

Question 1 (b): If no please write what are the alternatives to MR, in your opinion?

Two respondents told the same answer. The answer was emailing of literature and information. But when asked do they check mail every day, the answers were negative.

Question 2: Generally how many representatives you see in one day?

Most of the respondents (86.86%) said that they see 6 to 10 medical representatives daily. A small number (4.54%) said they see more than 10 medical representatives while 8.58% respondents said they see less than 5 medical representatives a day.

One MD and one MS told they are not entertaining medical representatives. It can be concluded with this survey that MD and MS have less time so many of them (actually well experienced doctors) have a tendency to see less than 5 medical representatives.

Interview revealed that young doctors and students are more likely to entertain medical representatives than experienced doctors.

Table 5: (Number of representatives doctor see in one day)

Qualification	Response		
	Less than 5	6 to 10	More than 10
MBBS	2 (2.85%)	65 (92.85%)	3 (4.28%)
BDS	0 (0.00%)	38 (95.00%)	2 (5.00%)
Ophthalmologists	1 (3.33%)	27 (90.00%)	2 (6.66%)
Orthopedics	2 (10.00%)	16 (80.00%)	2 (10.00%)
MD	5 (26.31%)	14 (73.68%)	0 (0.00%)
MS	7 (36.84%)	12 (63.15%)	0 (0.00%)
TOTAL	17 (9%)	172 (87%)	9 (4%)

Question 2(a): What should be the interval between visits in your opinion?

Majority of respondents (61.11%) said for them ideal interval is 21 to 30 days, a significant percentage of respondents (22.22%) said, less than 20 days is the ideal interval. Few respondents (15.65%) said that ideal interval should be more than 30 days. It was noted that majority of this 15.65% were experienced doctors having experience more than 10 years. It is also interesting to note that young less experienced doctors and students wants to meet more medical representatives to enhance their knowledge.

Table 6: (Ideal interval between visits)

Qualification	Response		
	Less than 20 days	21 to 30 days	More than 30 days
MBBS	17 (24.28%)	49 (70%)	4 (5.71%)
BDS	13 (32.5%)	24 (60%)	3 (7.5%)
Ophthalmologists	8 (26.66%)	20 (66.66%)	2 (6.66%)
Orthopedics	6 (30%)	12 (60%)	2 (10%)
MD	0 (0.00%)	10 (52.63%)	9 (47.36%)
MS	0 (0.00%)	8 (42.10%)	11 (57.89%)
TOTAL	44 (22%)	123 (62%)	31 (16%)

Question 3: To what extent these medical representatives influence your choice of drugs in prescribing?

More than half the number of respondents (52.52%) said that they are influenced very little by Medical representatives in their choice of drugs in prescribing. 18.68% indicated 'Quite a bit', a smaller percentage (15.65%) mentioned 'Very much' and 13.13 percentage of respondents were of the opinion that they are not at all influenced by the medical representatives.

It was observed from the survey that majority of well experienced doctors responded to 'very little' and 'not at all'. Young and new doctors are likely to be more influenced by medical representatives than old and experienced ones.

Table 7: (Extent of influence of medical representative on choice of drugs in prescribing)

Qualification	Response			
	Very much	Quite a bit	Very little	Not at all
MBBS	13 (18.57%)	12 (17.14%)	37 (52.85%)	8 (11.42%)
BDS	4 (10.00%)	8 (20.00%)	25 (62.50%)	3 (7.50%)
Ophthalmologists	4 (13.33%)	7 (23.33%)	16 (53.33%)	3 (10.00%)
Orthopedics	5 (25.00%)	4 (20.00%)	8 (40.00%)	3 (15.00%)
MD	3 (15.78%)	2 (10.52%)	10 (52.63%)	4 (21.05%)
MS	2 (10.52%)	4 (21.05%)	8 (42.10%)	5 (26.31%)
TOTAL	31 (16%)	37 (19%)	104 (52%)	26 (13%)

Question 4: In your opinion what should be the minimum qualification of MR?

The most frequent answer was bachelor in pharmacy (65.15%). Next answer was diploma in pharmacy (27.77%), next comes science graduates (6.06%) and a insignificant percentage of respondents (1.01%) told that matriculation should be the minimum qualification.

Author asked question to all of the respondents who responded to 'Bachelor in pharmacy' that why they want B. Pharm as minimum qualification for medical representative, few doctors told that it is a waste of time for them to meet medical representative who do not have product knowledge, meeting them is just a formality but whenever they meets a medical representative hav-

ing B.Pharm degree it is easy for them to ask questions and get answers. When asked the medical representative having diploma in pharmacy also can perform the same, majority were unconvinced by their knowledge levels and told that B.Pharm is extensive degree than D. pharm. While majority of respondents told that MR with B. Pharm degree is far superior in knowledge than other degrees mentioned in questionnaire.

So the study reveals that majority of doctors wants a medical representative who is good at product knowledge and can provide scientific information. That is why they think that MRs should have B.Pharm as their Minimum qualification.

Table 8: (Minimum qualification of MR)

Qualification	Response			
	Matriculation	Science graduates	Diploma in pharmacy	Bachelor in pharmacy
MBBS	1 (1.42%)	3 (4.28%)	25 (35.71%)	41 (58.57%)
BDS	1 (2.50%)	4 (10.00%)	16 (40.00%)	19 (47.5%)
Ophthalmologists	0 (0.00%)	2 (6.66%)	5 (16.67%)	23 (76.66%)
Orthopedics	0 (0.00%)	3 (15.00%)	5 (25.00%)	12 (40.00%)
MD	0 (0.00%)	0 (0.00%)	1 (5.26%)	18 (94.7%)
MS	0 (0.00%)	0 (0.00%)	3 (15.78%)	16 (84.21%)
TOTAL	2 (1%)	12 (6%)	55 (28%)	129 (65%)

Question 5: In your opinion what should be the qualities of a good MR?

The survey indicated that regularity has been considered as the most essential quality of a medical representative followed by sincere in claims, brief detailing, good education, product knowledge, courtesy, personality and salesmanship in that order of preference.

When asked that why majority of doctors considered regularity as most essential quality that medical representative must possess, majority of doctors told regularity re-

flects the efforts of a MR. They told regular MR develop a relation with doctors which is not possible in case of irregular MR, regular MR can brings answers to the questions raised by doctors quickly than irregular MR. Few doctors also told that regular MR from many companies bring useful literature and samples for them regularly.

So it was concluded from the above question that a MR should be regular with sincerity in claims, should be quick with detailing and have good product knowledge.

Table 9: (Qualities of good MR in opinion of doctors)

Qualification	Response							
	Regularity	Sincere in claims	Brief detailing	Product knowledge	Courtesy	Good education	Personality	Good salesmanship
MBBS	456	417	407	321	206	358	235	93
BDS	388	277	180	138	105	152	99	91
Ophtha	148	140	141	142	123	92	98	73
Ortho	193	156	114	67	54	58	38	27
MD	164	154	133	56	44	80	32	24
MS	233	128	117	36	39	48	37	30
TOTAL	1582	1272	1092	760	571	788	539	338
Rank	I	II	III	V	VI	IV	VII	VIII

Question 6: Do you find medical literature distributed by representatives of any use to you?

The most frequent answer (34.34%) was somewhat. The second most frequent answer was very little (32.32%), next comes very much (21.71%) and the last was none (11.11%).

It was noted that MBBS are more likely to use medical literature than MD and MS. Majority of MD (47.36%) and MS (57.89%) have opinion that medical literature is of very little use to them and a significant percentage of both (21.06%) think that medical literature is of no use to them.

It is derived from the study that majority of MD and MS owing to higher education are less receptive to information provided by medical literature. Experienced doctors also pay less attention to medical literature provided by MR, actually when asked why few of them told they cannot depend on information provided by medical literature because the information in literature may be biased.

Table 10: (Usefulness of medical literature)

Qualification	Response			
	Very much	Somewhat	Very little	None
MBBS	20 (28.57%)	25 (35.71%)	19 (27.14%)	6 (8.57%)
BDS	9 (22.5%)	17 (42.5%)	12 (30%)	2 (5%)
Ophthalmologists	8 (26.66%)	12 (40%)	8 (26.66%)	2 (6.66%)
Orthopedics	3 (15%)	7 (35%)	6 (30%)	4 (20%)
MD	1 (5.26%)	5 (26.31%)	9 (47.36%)	4 (21.06%)
MS	2 (10.52%)	2 (10.52%)	11 (57.89%)	4 (21.06%)
TOTAL	43 (22%)	68 (34%)	65 (33%)	22 (11%)

Question 6(a): If little and not at all what are the short comings?

Total 87 respondents told that literature provided by medical representatives are little and not at all useful to them. Majority of them (80.45%) told that medical literature is too detailed and time consuming. 13.79% told that it is misleading, 3.44% of respondents think it is not informative only 2.29% of respondents think it is not interesting.

Table 11: (Shortcomings of medical literature)

Qualification	Response			
	Not informative	Too detailed and time consuming	Not interesting	Misleading
MBBS	1 (4%)	20 (80%)	0 (0.0%)	4 (16%)
BDS	0 (0.00%)	12 (85.71%)	1 (7.14%)	1 (7.14%)
Ophthalmologists	0 (0.0%)	7 (70.00%)	1 (10.00%)	2 (20.00%)
Orthopedics	1 (10%)	7 (70%)	0 (00%)	2 (20%)
MD	0 (00%)	11 (84.61%)	0 (00%)	2 (15.38%)
MS	1 (6.66%)	13 (86.66%)	0 (0.0%)	1 (6.66%)
TOTAL	3 (3%)	70 (81%)	2 (2%)	12 (14%)

Question 7: Are the drug samples distributed by MRs are useful to you?

Most frequent answer was to some extent (50%). The next most frequent (23.23%) answer was very little. A small percentage (16.66%) told very much and 10.10% respondents told none.

Study shows that drug samples distributed by medical representatives are useful to majority of doctors. Samples are more useful to doctors in village area to treat the patients.

Table 12: (Usefulness of drug samples distributed by MRs)

Qualification	Response			
	Very much	To some extent	Very little	None
MBBS	14 (20%)	35 (50%)	11 (15.71%)	10 (1.42%)
BDS	9 (22.5%)	21 (52.5%)	6 (15%)	4 (10%)
Ophthalmologists	3 (10%)	18 (60%)	5 (16.66%)	4 (13.33%)
Orthopedics	4 (20%)	9 (45%)	5 (25%)	2 (10%)
MD	2 (10.52%)	7 (36.84%)	10 (55.26%)	0 (0%)
MS	1 (5.26%)	9 (47.36%)	9 (47.36%)	0 (0%)
TOTAL	33 (17%)	99 (50%)	46 (23%)	20 (10%)

Question 8: In your opinion, how do drug samples distributed by MR serve you?

Most of the respondents (63.13%) told that they use samples for poor people, 17.17% respondents told samples serves them to remind of brand. 16.66% respondents told that they use samples to try and ensure potency of drug. Very few respondents (3.03%) told that they use samples to try and ensure potency of brands.

Table 13: (How do drug samples distributed by MR serve doctors?)

Qualification	Response			
	To remind you of the brand	To try the drug and ensure its potency	To try and ensure the potency of brands	For poor people
MBBS	8 (11.42%)	11 (15.71%)	5 (7.14%)	46 (65.71%)
BDS	9 (22.5%)	8 (20%)	1 (2.5%)	22 (55%)
Ophthalmologists	5 (16.66%)	4 (13.33%)	0 (0%)	21 (70%)
Orthopedics	4 (20%)	3 (15%)	0 (0%)	13 (65%)
MD	5 (26.31%)	4 (21.05%)	0 (0%)	10 (52.63%)
MS	3 (15.78%)	3 (15.78%)	0 (0%)	13 (68.42%)
TOTAL	34 (17%)	33 (17%)	6 (3%)	125 (63%)

Question 9: Do you prefer MR who distributes samples to you?

54.54% of respondents told they prefer medical representatives who distribute samples. 45.45% of respondents told they do not prefer medical representatives who distribute samples to them.

Few doctors told that they will prefer MR if the start to provides samples for poor people for full course of therapy not only for few initial days. They told MRs are giving the samples in very less quantity so that if doctor wants to give the free medicines to poor people they have to give samples for few initial days and after giving samples of one company they cannot switch to another brand. Then poor patients have to purchase the drugs by their own.

Table 14: (Preference of MR who distributes samples)

Qualification	Response	
	Yes	No
MBBS	37 (52.85%)	33 (47.14%)
BDS	23 (57.5%)	17 (42.5%)
Ophthalmologists	18 (60%)	12 (40%)
Orthopedics	11 (55%)	9 (45%)
MD	9 (47.36%)	10 (52.63%)
MS	10 (52.63%)	9 (47.36%)
Total	108 (55%)	90 (45%)

Question 10: Would you like to give suggestions as to how the services of representatives can be made more useful to you?

Not many respondents respond to this question because of time constraint. Some good answers were –

Medical representatives must at all times maintain a high standard of ethical conduct in profession. They must ensure that the frequency, timing and duration of calls on health professionals. Further representatives must observe the wishes of an individual health professional like representatives must be sensitive to a doctor's workload and tailor visits accordingly; also they should ensure that an appropriate interval is maintained between visits and promptly follow up on all requests and queries of health professionals.

CONCLUSION

To conclude, doctors find the services rendered by medical representative useful. Today, providing information on price and discounts and availability of drugs are most important services rendered by medical representatives. So it was concluded from the study that many doctors are price sensitive today and want drugs at less price for their patients. Study revealed that young doctors and students are more likely to entertain medical representatives than experienced doctors.

Further regularity is considered as most important quality of medical representatives. So it was concluded from the study that a MR should be regular with sincerity in claims, should be quick with detailing and have good product knowledge. Also doctors want medical representatives having sound product knowledge that's why most of them considered bachelor in pharmacy as minimum qualification. Majority of medical representatives working in the field do not meet quality criteria by doctors. Overall this study may help to increase the effectiveness of personal selling by pointing medical representatives towards right direction.

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