

LEARNING/TEACHING

The Self-Perceived Role and Educational Needs of Pharmaceutical Representatives: A Survey

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ABSTRACT **Introduction:** *Despite considerable debate in the medical literature about the educational utility of pharmaceutical representatives (PR), little is known about their attitudes towards their role as marketers and/or educators, their ability to provide comprehensive information about products and their learning needs.*

Design: *A survey.*

Subjects and Method: *Questionnaires were mailed to 606 PRs from five Canadian pharmaceutical companies.*

Results: *Of 309 (51%) respondents, 98% strongly agreed or agreed they had a role in educating doctors, while 52% strongly disagreed or disagreed their main goal was marketing. Overall, 92% agreed they had received adequate training to perform a well-informed detail, and 96% reported the information they provide is accurate. The majority (66%) felt a university-accredited program would improve the quality of their detailing.*

Conclusion: *Most PRs believe their main goal is education. Despite most reporting that they had received adequate training, they felt that a university-accredited educational program would improve the quality of detailing. The number of years that a PR spent in the industry appears to have an effect on how they perceive their role.*

KEYWORDS *Pharmaceutical representatives, survey, attitudes, education, training program.*

Introduction

Pharmaceutical representatives (PRs) have become an integral part of the medical community, providing physicians with information on pharmaceutical

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products. They are very effective marketers, because many physicians rely on them for information (Lexchin, 1993). However, the validity of the information they provide has been questioned. Many physicians are concerned that the information is inaccurate, biased and irrelevant (American College of Physicians, 1990; Lexchin, 1997). Furthermore, there is considerable debate amongst the medical profession about the conflicting role of PRs as marketers and/or educators. Some believe that physician contact with pharmaceutical representatives should be restricted or even abolished (American College of Physicians, 1990; Lexchin, 1997). However, given the reliance of the pharmaceutical industry on representatives to deliver product information to physicians, this is unlikely to happen. An alternative, more pragmatic, approach would be to replace current representatives with academic detailers, trained independently of the pharmaceutical industry, who would provide clinicians with reliable and valid information. Ideally, this would be complemented with a quality assurance process to ensure that information provided is reliable and valid. However, before such an approach could be taken, a clear willingness to accept such a training program would be needed.

The purpose of this study was to determine the opinion of PRs about their role as marketers and/or educators, their attitudes towards doctors, their ability to provide comprehensive product information and their views on a university accredited program in academic detailing.

Design

A survey.

Methods

A questionnaire was developed and refined over six months using a qualitative approach with open-ended questions and informal interviews with 50 PRs. The questionnaire included four key areas of interest and participants were asked to choose the most appropriate answer from a 5-point Likert scale (strongly agree, agree, not sure, disagree and strongly disagree) on various statements posed. Questions were divided into four clusters.

- 1 Perceived role in the medical community.
- 2 Comfort with the quality and delivery of information.
- 3 Doctors attitudes towards PRs.
- 4 Utility of a university-accredited educational program.

After completion of the questionnaire, letters were sent to 61 Canadian pharmaceutical companies requesting a random sample of their representa-

tives. To the best of our knowledge, these companies represented all pharmaceutical companies in Canada at the time of this study. These letters were followed-up with telephone-calls to each company. Six to eight weeks later, letters were mailed again to companies who failed to reply. Subsequently, lists of names and addresses of PRs were forwarded from pharmaceutical companies and mailing of the questionnaire was done from McMaster University. PRs were assured confidentiality. Completed questionnaires were returned directly to the Geriatric Research Group, McMaster University, Hamilton, Ontario. The identities of the pharmaceutical companies involved were concealed from investigators.

Results

Fourteen pharmaceutical companies responded to our request. Five companies agreed to provide us with a random sample of their representatives. Nine other pharmaceutical companies replied but did not employ PRs. Questionnaires were sent to 606 representatives from 5 pharmaceutical companies. Of the 606 questionnaires distributed, 309 (51%) were completed and returned. Most PRs (76%) were aged between 25 and 44, 18.2% were hospital-based and 72.5% were community-based.

1 *Perceived Role*

Almost all (98%) strongly agreed or agreed that they had a role in educating doctors and 85% felt that it was their main goal. Conversely, 52% strongly disagreed or disagreed that their main goal was marketing.

2 *Comfort with the Quality and Delivery of the Information they Provide*

Overall, 92% agreed they had received adequate training to perform a well-informed detail and 96% reported the information they provide is accurate, while 4% were unsure.

3 *Doctor's Attitudes towards PRs*

Two-thirds (66%) felt that doctors found detailing helpful, 3% were unsure and 4% did not agree that doctors found detailing helpful. Fifty six percent reported that doctors were refusing to see PRs. They thought the reasons for refusal were: too many PRs calling (87%), negative experience with PRs in the past (82%) and the doctors' perception that their main goal was marketing (73%).

4 *Attitudes towards a University Accredited Educational Program*

The majority (66%) felt such a program would improve the quality of their detailing, while 47% believed it would have a beneficial effect on prescribing practices, 76% believed it would enhance their credibility and 48% felt it would improve their job satisfaction. Only 21% of PRs reported that such a program was unnecessary, 41% felt it was necessary and 38% were unsure. Twelve percent said they would not attend such a

program, 64% would attend and 24% were unsure. When asked what should be included in an educational program, 95% wanted evidence-based medicine, 88% basic medical science, 73% presentation skills, 85% information on competing drugs, 93% marketing techniques, 77% interpretation and appraisal of research papers, 80% basic statistics and epidemiology and 74% medical information on the Internet. Half of the PRs felt that educational programs should be run independently of the pharmaceutical industry. Ten percent did not answer and the remaining 40% felt that the pharmaceutical industry should be involved.

Sub-group analysis revealed that the number of years spent working in the industry influenced their perceived role (see Figure 1). The majority of representatives who were in the industry either 0–3 or 9–15 years did not believe their main goal to be marketing while those in the industry 4–8 or > 16 years were equivocal. Sub-group analysis by company (investigators were blinded to company names) demonstrated differences in their opinions on whether an educational workshop should be organized independently of the pharmaceutical industry or not (see Figure 2) and if they would attend such a workshop.

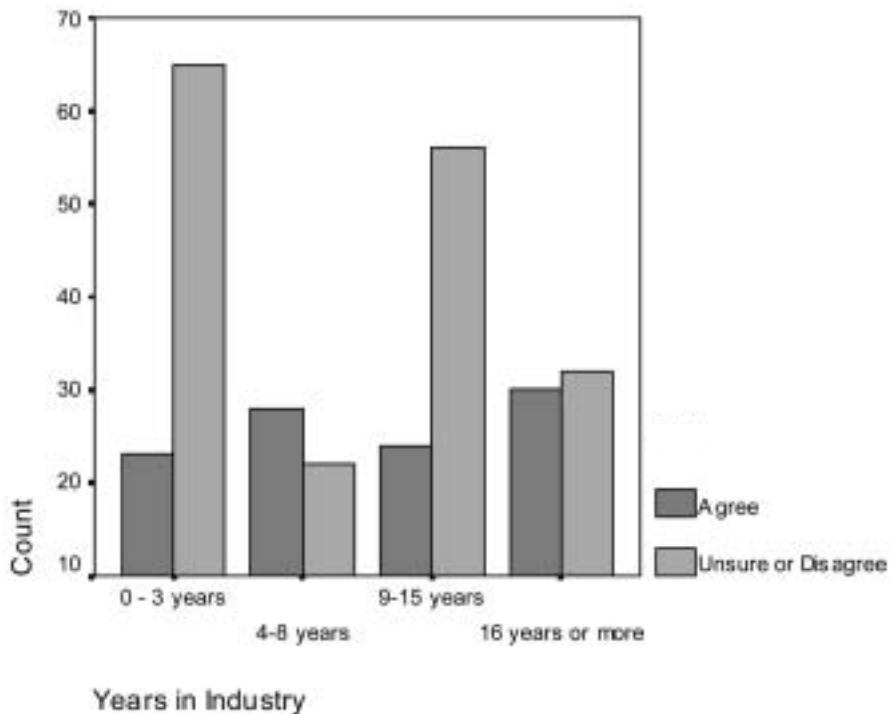


Figure 1. Agree that 'education is main goal' vs 'years in industry'.

Conclusions

The majority of PRs who responded to our survey, believed that their main goal is education and did not agree that marketing is their main role. In addition, they are confident that the information they provide is accurate, which may reflect their inability to appraise or question the information they are given. Over half of the representatives would attend a university-accredited educational program.

Although PRs reported that they received sufficient training from their companies, when asked, they wanted additional training in every domain offered to them. Furthermore, the majority felt that a university-accredited educational program would improve the quality of detailing, prescribing practices and job satisfaction. This finding has obvious implications. A structured, unbiased educational program, run independently of the pharmaceutical industry, could have considerable impact on the quality of medical information PRs deliver to physicians. However, the success of such a program is dependent on the willingness of PRs to participate.

Time spent working in the industry had a significant effect on how representatives perceive their role. There appeared to be a bi-modal

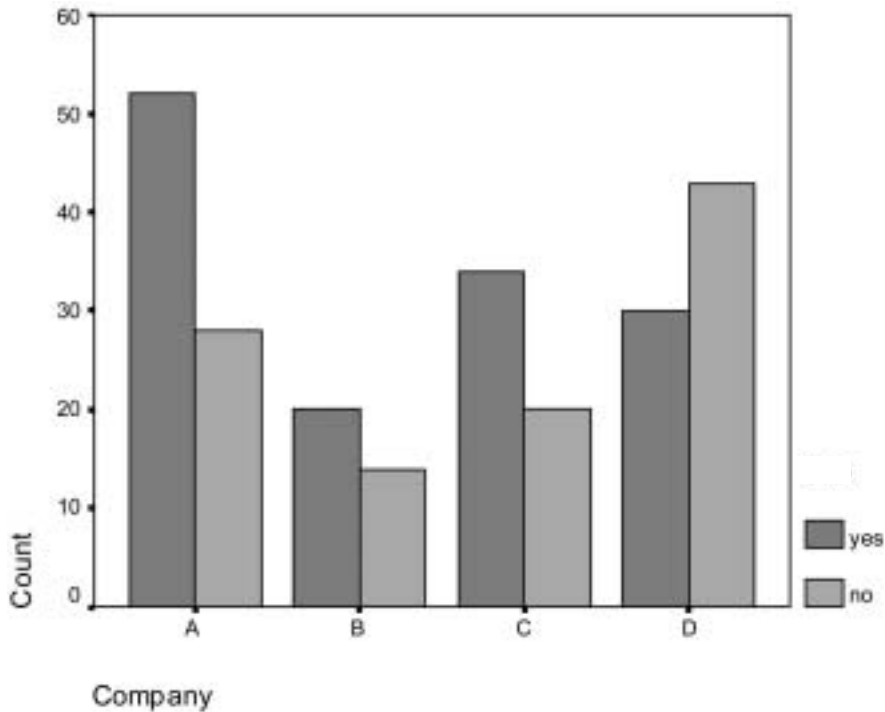


Figure 2. Should workshop be organized independent of the pharmaceutical industry? (Data on 5 companies; excluded one company because small number of PRs replied).

distribution. PRs who were in the early and middle working years more frequently perceived their main role as educators rather than marketers, whereas those who had spent most time in the industry viewed their role more as marketers. Although beyond the scope of this paper, it is possible that this finding reflects either a change in attitude with increasing years in the industry or alternatively, a change in the focus of PRs' role over time.

One major weakness of our study is the sub-optimal response rate from both pharmaceutical companies and PRs. Respondent bias may have resulted in a misrepresentation of PRs' attitudes in general. Unfortunately, we are unable to provide a description of the characteristics of the non-responders. It is possible that our sample represents the group that would be most enthusiastic about a university-based educational program. However, the introduction of a university-accredited educational program does not necessarily require participation of the entire industry. In fact, a more likely scenario is that this program would be 'piloted' by a few innovative companies before being considered as a standard approach to training PRs. The focus of such a program would be to provide PRs with education in areas such as evidence-based medicine, basic medical science, biostatistics, epidemiology and interpretation of research papers. The impact of such a program on the quality of drug detailing could be assessed using a validated instrument in the family practice setting (Molloy, 2002).

Another potential source of bias is that respondents' answers may have been influenced by the source of the questionnaires, i.e. McMaster University, and they may have responded in a way that they felt would please the investigators. However, efforts were made to assure the subjects of anonymity and confidentiality.

In conclusion, it appears that most PRs would welcome an educational program for pharmaceutical representatives run by academic centers. This finding complements previous research demonstrating an improvement in the quality of the detail interaction (Strang, 1996). Workshops organized specifically to enable representatives to deliver accurate details and complemented with a quality assurance program to ensure that the information they provide is both valid and reliable may be of considerable value to both the pharmaceutical and medical professions. Ideally, the content and means of accreditation for such a program would be run independently of the pharmaceutical industry.

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