‘Has regulation in the pharmaceutical Industry in Ireland affected pharmaceutical sales executive’s ability to build and maintain relationships with customers (hospital doctors working in Beaumont and the Mater teaching hospitals?)’

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In association with
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Thank you to all the lectures involved in the module learning, I truly enjoyed the learning experience and respect shown by lecturers and students alike, to the MBA part time lecture committee as class representative we had some interesting and taxing meetings, however we always found a common ground that achieved the desired result for all involved.

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Especially, I would like to give a special thank you to my wife Therese who showed great compassion and patience throughout the two year masters programme allowing me to make sacrifices to achieve my ambition of gaining a masters degree.

I would like to take this opportunity to acknowledge a classmate who went out of her way to help me achieve my results to date on the master’s programme, Sue you were a fantastic team mate and friend, I am forever grateful, Thank you.
iii. ABSTRACT

Abstract-

Purpose- The aim of this paper is to identify and analyse the current regulation issues facing the Irish Pharmaceutical Industry and the resulting effect on relationship building with the medical profession in Dublin teaching Hospitals.

Design/Methodology/Approach- Research data were taken from a survey carried out on five hundred and twenty hospital doctors working in Beaumont and The Mater teaching hospitals. A second online survey was carried out on one hundred and ten hospital sales executives working for multinational pharmaceutical companies operating in Beaumont and the Mater hospitals. Four semi-structured interviews were also conducted to aid the survey findings. To strengthen this research, various journals and literature relating to the pharmaceutical industry were consulted to broaden this area of research.

Findings - The Results show that regulation of the pharmaceutical industry in Ireland is poorly understood by pharmaceutical representatives and hospital doctors working in Beaumont and the Mater teaching hospitals. There is confusion surrounding both external (IPHA) and internal regulation. Regulation has been found to greatly impact on the ability of pharmaceutical representatives to build and maintain relationships with hospital doctors working in Beaumont and the Mater teaching hospitals. The findings of this paper confirm the results from previous researches such as (Bowe, C. 2004) that regulation is not strong enough in many areas, also the importance of relationship marketing for pharmaceutical representatives when interacting with hospital doctors (Zineldin & Philipson 2007).

Originality/Value- Previous research that has been carried out was more focused on specific areas such as Price Regulation (Golec et al 2010) and Relationship Marketing (Scharitzer et al 2000) or the effects of Regulation on products (Baumer et al 2007), none of which looked at how one area ‘Regulation’ directly effects a key component of the other ‘Relationship Marketing’ in the Pharmaceutical Industry. The function of this research is to look at regulation of the pharmaceutical industry’s effect on relationship marketing and practices.
iv. DECLARATION

I hereby declare that this material, which is now submit for assessment on the programme of study to the award of Masters Degree in Business Administration, is entirely my own work and has not been taken from the work of others and to the extent that such work has been cited and acknowledged within the text of my work.

Signed: . . . . . . . . . . Date: . . . .
I. Introduction ..................................................

1.1 Paper Overview

This study looks at regulation and relationship marketing within the pharmaceutical industry in Ireland, and how it has developed in the last five years and the effects regulation has had for pharmaceutical sales executives and hospital doctors working in Beaumont and the Mater hospitals in Dublin.

It is proposed that the research should be carried out to provide evidence that will help answer my research question, whilst attempting to unearth other possible variables that currently effect relationships between pharmaceutical sales executives and hospital doctors working in the stated hospitals. This author suggests that by carrying out qualitative research in the form of two semi structured interviews and quantitative research in the form of two questionnaires, one aimed at five hundred and twenty medical doctors working in Beaumont and the Mater teaching hospitals, with the second targeted at one hundred and ten pharmaceutical sales executives selling pharmaceuticals in Beaumont and the Mater teaching hospitals that patterns in regulation and the direct effect on relationship building between sales executives and medical doctors will emerge in this research.

Despite the increase in external and internal regulation in the past five years for pharmaceutical companies based in Ireland, few studies have investigated how regulation directly affects sales executive’s ability to build and maintain relationships with medical doctors while examining the affects of relationships between companies and customers in this changing work environment. A gap exists in research that has influenced my decision to research this area along with my working experience to date as a hospital based sales executive working in the ever increasing regulated hospital environment.
1.2 Research Question

My stated research question asks ‘Has regulation in the pharmaceutical industry in Ireland affected pharmaceutical sales executive’s ability to build and maintain relationships with customers (hospital doctors working in Beaumont and the Mater teaching hospitals).

1.3 Research Objectives

Medical Objectives:
- How has regulation impacted hospital doctors working role
- How does regulation benefit hospital doctors when interacting with sales executives
- What are the motives for engaging with sales executives
- Does regulation have a positive effect on patient care
- Are drug prescribing practices influenced by regulation and sales relationships
- Does medical and pharmaceutical relationships have a positive effect on patient care
- Do doctors understand internal and external (IPHA) regulation and expected behaviour

Pharmaceutical Objectives:
- Do sales executives understand (IPHA) regulation
- Has regulation affected sales executives ability to build relationships with doctors
- How has regulation changed the role of selling pharmaceutical to doctors
- How does regulation benefit the hospital sales role
- Is regulation positive for patient care
- Does Internal and External regulation make your decision making easier through clear guidelines

1.4 Research Hypothesis

‘In the constantly evolving pharmaceutical industry in Ireland, it is inevitable that pharmaceutical sales executive’s ability to build and maintain relationships with hospital doctors is greatly reduced due to regulatory constraints and poor understanding of regulation’
1.5 Recipients of Research

There are five recipients of the research that is conducted as part of the master in business administration in Dublin Business School. They are as follows:

The first is Dublin Business School where this researcher is a part-time student studying for his qualification.

The second recipient for this research is the Liverpool John Moores University, who provide the qualification, which this student is studying for.

The third recipient of this thesis is Michael McKeon whom is the thesis supervisor and has guided this author through the research process to date.

The fourth recipient is the marketing president of the pharmaceutical company whom this student is employed by.

And the final recipients of this research are anybody that has an interest in regulation and relationship marketing in the pharmaceutical industry in Ireland in the current regulation led environment.

1.6 Relevance of Research

This author feels that he is taking a different approach to the topic of regulation than has been previously addressed because he will be looking at the effects on relationships and relationship marketing in the pharmaceutical industry in Ireland. With the current working environment in Ireland ever more regulatory aware due to the collapse of the banking industry due in part to poor regulation standards this makes this research even more relevant as tighter regulation is introduced across many industries. This author has found no previous dissertation addressing this question looking at the effect regulation has on relationship building in the pharmaceutical industry. Previous research that has been carried out was focussed on specific areas such as regulation and pricing regulation and deregulation in the pharmaceutical industry. In completing this research the author aspires to have a person look at this research paper and be able to identify changes in customer relationships as a result of regulation policies adopted to include internal and external by pharmaceutical companies in Ireland.
1.7 Suitability of Researcher

By conducting this research this author will be given the opportunity to develop and explore his own personal style. He possesses an honours degree in business studies, that has give him the foundation for his studies in business administration at master’s level, but he did not have to complete a dissertation as part of that degree programme, however he asserts that he has the ability to compile a dissertation to the standard required at master’s level as he has grown academically over the past two years throughout his studies at Dublin Business School.

1.8 Work Experience

I have worked for the past ten years in the pharmaceutical Industry in a sales capacity at many different levels. I have worked for two global blue chip companies in that period. For the past four years I have worked in a senior hospital sales position selling into the stated Dublin teaching hospitals. I intend to apply my knowledge of internal and external regulation within the industry along with my experience gained in forming and building customer relations in Dublin hospitals. These I believe will allow me apply practised skills and knowledge acquired in the past ten years by applying this to research in my proposed dissertation.
2. Literature Review

2.1 Regulation

Regulation can be described as administrative legislation that constitutes or constrains rights and allocates responsibilities, it can be distinguished from primary legislation (by Government or elected legislative body) on one hand and judge made law on the other. Regulation can take many different forms including legal restrictions promulgated by a government authority, self regulation by an industry such as the pharmaceutical industry, social regulation i.e. “the norms” or market regulation. (High, J. C. 1997)

There are many reasons for regulation, efficient regulations are defined as those where the total benefits to some people exceed the total costs to others. Regulation exists due to inefficiency resulting in market failure, to prevent the risk of monopoly, to encourage collective action of public good. Regulation of businesses can be traced back to the ancient Egyptians, Indians, Greek and Roman civilisations, where standardisations in weights and measures existed and gold is taught to have operated as an international currency (Di Lorenzo, T., High, J. 1988)

Regulation in the pharmaceutical industry can be traced back to 1894, when phials of anti-diphtheria serum went on sale in German pharmacies. The selling of this breakthrough therapy signalled the evolution new regulatory institutions, as well as new markets in industrially produced pharmaceuticals (Huntlemann, A. C. 2011)

Between November 1894 and February 1895 a series of meetings gave rise to draft legislation covering serum production, distribution and sales. There were strict legislation concerning the handling and packaging prior to distribution, and the sales price was regulated. Thus after April 1895, only state certified serum could be sold in Germany (Huntlemann, A. C. 2011)

Regulation of pharmaceutical companies in the United States is carried out by the Food and Drug Administration (FDA) established in 1906. (Regulatory Regime 2011)

Drugs have long been among the most highly regulated of all consumer products, not only do all governments closely supervise every aspect of their development including marketing, but many also regulate pricing and distribution (Vogel, D. 1998)
In 1985, and again in 1997 the United States government relaxed its regulation on direct to consumer advertising of pharmaceuticals allowing companies to advertise drugs directly to consumers. (Mathew, J. 2008)

For the purpose of this research I will be looking at regulation of pharmaceuticals in Ireland, with reference to hospital doctors based in Dublin teaching hospitals. The advertising of medicinal products in Ireland is regulated by the medicinal products (control of advertising) regulations 2007. These regulations enact Irish law. (IPHA.ie) The Irish pharmaceutical healthcare association (IPHA) administer a number of codes of practise, in particular the code of marketing practise for the pharmaceutical industry. (IPHA.ie 2012)

These codes of marketing practise state clear rules and obligations on pharmaceutical companies when dealing with the medical profession. The IPHA guidelines do not permit pharmaceutical companies to engage in entertainment with medical practitioners, our offering of gifts as an inducement to prescribe drugs.

In the last five years pharmaceutical companies promoting drugs in Ireland have increased self regulatory standards that seek to further restrict interactions between sales executives and medical practitioners. This has led to the removal of educational grants and the funding of educational practices that included medical practitioners attending international meetings with sales executives. The research aims to look at the effects of (IPHA) directed regulation and the increasing restrictions imposed through self regulation by pharmaceutical companies and how this effects the ability of sales executives to build relationships as part of relationship marketing.

Bernard Lo & Marilyn Field (2008) have looked at conflicts of interest between doctors and representative marketing tools in the pharmaceutical industry, the literature on physician-industry conflicts of interest has generally viewed these relationships negatively. There is a concern that industry funding of research may bias research findings; obscure the source of information on research results or their interpretation; or at least delay or limit the release of research findings and sharing of data. Industry support of undergraduate, graduate, or continuing education may bias presentations to favour the products of sponsors. Physicians in clinical practice may order drugs and devices produced by firms that offer them consulting contracts or gifts or in which they hold an equity interest rather than the products that are most appropriate for a particular patient or most cost effective. Conflicts of interest may even infect clinical practice guidelines.
Biases resulting from industry physician relationships may result in bad research, patient injury, and high health care system costs. This paper questions the area of trust between doctors and patients, the paper suggests that doctors are somewhat corrupted by the marketing practices of pharmaceutical companies, and indicates there is a clear need for tight regulation measures in the pharmaceutical industry.

Gagnon & Lexchin (2008) agree with Lo & Field (2008) that regulation is vital for the pharmaceutical industry stating that government regulation can be a highly effective strategy to alter professional behaviours. The mere threat of regulation can motivate changes in professional and industry behaviour as seems to have occurred in recent years with scrutiny by the press and policymakers. Credible legal enforcement provides a strong incentive to comply with government regulation.

Rothman et al (2007) also calls for increased regulation in the pharmaceutical industry with reference to relationships between doctors and representatives

Grande (2009) believes governmental regulatory actions are needed along with doctors taking an ethical stance against marketing, as the medical profession needs to reclaim its professional independence from industry. “Current relationships are eroding public respect for medical professionals; further loss of social trust threatens to undermine the profession’s future. Regulation alone can’t fully address the negative influences of marketing”. In the end, government should play an important role but physicians themselves need to cleanse the profession of undue commercial influence. This is in agreement with the previously stated authors that regulation needs to be increases however goes further questioning doctor’s ethics in the relationships and calling for greater action from doctors not just through government regulation.

Wood (1982) in contrast to the authors calling for greater regulation argues the point that regulation in the pharmaceutical industry reduces the opportunity to bring innovate drugs to market, stating that regulation is of greater importance than new developments. This author believes regulation is necessary but should not be prohibitive to innovation in the industry.
Backhaus (1983) agrees with Wood (1982) that regulation of the pharmaceutical industry weakens the intensity of competition in that industry. It benefits the industry in the short run, but renders its performance less satisfactory. While regulation as an institution can be shown to have many attractive features, the case for regulating the pharmaceutical industry must be said to be very weak. The substitution of a system of products liability combined with regulation and limited liability has rendered a disservice to the consumer, i.e. the patient, while it tends to benefit the established industry.

Abraham (2005) looks at a petition from the pharmaceutical industry calling for reduced regulation in an effort to streamline innovative drugs to market; this highlights the need for an overall review of regulation to protect patients from pharmaceutical influence over the medical profession, but also to ensure innovative drugs are available to patients that may save lives.

2.2 Internal Regulation of Pharmaceutical Companies

In recent years, the marketing practices of the pharmaceutical industry have been subject to scrutiny and criticism, in Ireland prescription only (prescription only) medicines cannot be marketed directly to the public and marketing to health professionals is self regulated by the Irish pharmaceutical healthcare associations (IPHA) code of practise. The question facing the Industry for many years is whether self regulation is sufficient to ensure high regulation standards are enforced.

Devlin and Hastings 2007 looked at the system of self regulation in the UK, which is very similar to the Irish model of self regulation. The authors conclude that the current system is not effectively regulating the marketing of prescription only medicines to health professionals in the UK.

Jambulingam & Sharma 2009 agree stating from the office of inspector general in the United States “compliance program guidance for pharmaceutical manufactures to use internal controls and self regulation” the authors believe the pharmaceutical code of internal regulation proposed would only serve as the minimum standard of behaviour agreeing that internal regulation is not working.
Grande (2010) believes that although government regulation is not a perfect solution, the medical profession and pharmaceutical industry have fallen short in reducing the influences of gifts through self-regulation. Payments and gifts from the pharmaceutical industry to physicians are ubiquitous despite ample evidence demonstrating their influence on prescribing preferences and decisions. It is possible that market forces and evolving regulatory policies that increase generic competition, expand the role of prescription drug formularies, or reduce profit margins in other ways could decrease the importance of detailing and gifts over time. This adds to the argument that pharmaceutical companies who self regulated in the past have not proved successful at preventing corruption and there is in fact a need for government regulation as previously discussed as external regulation.

Bonnanno & Flores 2011 believes internal regulation has worked in Malta to date stating regulation of medicinal products has increased trust in products available on the local market. This is in contrast to many research papers relating to regulation where government led legislation is preferred to pharmaceutical self regulation.

2.3 External Regulation of Pharmaceutical companies

The pharmaceutical industry is the world’s most profitable, the industry is often accused of massaging clinical trial data and suppressing negative findings and perhaps endangering safety, the more the industry’s image suffers, the softer a target it becomes for politicians, regulators and voters demanding reform of how drugs are approved, sold and priced. (Bowe & Firn 2004). The industry need to show that it is highly regulated with government led polices in each country to prevent corruption and patient safety. The question is whether to adopt global regulation standards as the majority of pharmaceutical companies now operate in global markets. The Industry has failed at self regulation, it is important governments get legislation right to both protect patients but also allow the pharmaceutical industry the opportunity to develop innovative drugs.
Lexchin & Kohler (2011) argue that existing legislative and regulatory frameworks governing the promotion of pharmaceuticals (both governmental and self-regulation) typically take the form of direct government control (for example the Food and Drug Administration (FDA) in the US), voluntary self-regulation as practiced in Australia, New Zealand and the United Kingdom and a mixture of voluntary self-regulation and oversight by an autonomous agency (Pharmaceutical Advertising Advisory Board (PAAB)) in Canada. However, whatever form regulation takes it is seemingly not strong enough to ensure that drug promotion does not lead to poor prescribing. They argue that whether it is self regulation or government regulation, currently regulation is not strong enough in the pharmaceutical industry.

Jack, A. (2005) states the drift is irrefutable says Brian Ager EFPIA’s director general who points to a hostile European market characterised by heavy regulation and cost containment measures. The author believes the pharmaceutical industry is suffocated by heavy external regulation

Slater, A.E. (1996) disagrees with Andrew Jack over regulation as he looks at attempts at regulating for a single European market for drugs (EMEA) system, this he believes is due to past failures at attempts of government regulation in single states, the author calls for increased regulation to be synchronised across all member European states., similar to the model adopted by the United states

K.M. Mason (1994) agrees stating marketers in the pharmaceutical industry need to take into account regulatory constraints if they wish to implement an ethical marketing strategy.

Bowe, C. 2004 also calls for greater regulation “there have been calls for changes in how the pharmaceutical industry is regulated stating critics say the FDA has not been tough enough with drug makers.

Huntelemann, A. C. 2011 Disagrees with the above authors believing pharmaceutical and governments should work closely together as business partners believing regulation and the implementation of a state run institute for quality control can also be interpreted in terms of technology of trust for companies with the state approved stamp functioning like a trademark. He believes in a less monitoring role for states and more in collaboration in to the future..
2.4 Relationship Marketing

Relationship marketing is a strategy designed to foster customer loyalty, interaction and long-term engagement. This customer relationship management (CRM) approach focuses more on customer retention than customer acquisition. Relationship marketing is designed to develop strong connections with customers by providing them with information directly suited to their needs and interests and by promoting open communication. This approach often results in increased word-of-mouth activity, repeat business and a willingness on the customer’s part to provide information to the organization.

Relationship marketing contrasts with transactional marketing, an approach that focuses on increasing the number of individual sales. Most organizations combine elements of both relationship and transaction marketing strategies. (Keegan, J.W., Green, M.C. 2008) In the pharmaceutical Industry relationship marketing plays an important role in marketing prescription drugs to doctors through company representatives using the account management model.

Zineldin & Philipson, (2007) believe relationship marketing focuses on how to develop, maintain and enhance customer relationships over the customer life cycle rather than on attracting new customers, this approach is used by many pharmaceutical companies who target specific hospital doctors believing one doctor prescribing a lot of drugs is preferable to small amounts being prescribed by many.

Ward & Dagger (2007) agree with Zineldin & Philipson believing the orientation of relationship marketing is on obtaining a share of the customer, not a share of the market. A relationship orientation implies that the focus of marketing is on retaining customers by maintaining and strengthening win-win relationships over time.

Firms have accepted that customer retention is even more profitable than customer attraction and we can observe the interest of firms in adopting relationship marketing principles and designing strategies to develop close and long-lasting relationships with the most profitable customers (Izquierdo & Cillan, 2005). This agrees with the relationship marketing approach endorsed by Zineldin & Philipson (2007) and Ward & Dagger (2007).
Ndubisi (2007) has a slightly different approach to relationship marketing, believing that by building relationship with customers, an organization can also gain quality sources of marketing intelligence for better planning of marketing strategy. It is important, therefore, to understand the actual impact of the underpinnings of relationship marketing of customer loyalty. Such understanding will assist in better management of firm customer relationship and in achieving higher level of loyalty among customers, also by gathering all the relevant information on customers (hospital doctors) other marketing tools such as e-marketing strategies may be used in the relationship.

Not every situation where pharmaceutical drugs are marketed to hospital doctors will require the strategy of relationship marketing. Zineldin & Philipson (2007) argues the point where some customers prefer to deal with companies from a distant without marketing interference. It should be noticed that there are also many situations when relationship marketing is not the right approach. Some customers may prefer more distant contact because they prefer to purchase offerings on the basis of price and quality competition rather than on the basis of a long-lasting relationship. The right combination of product orientation, sales orientation, and marketing or customer orientation is the cornerstone in creating, developing and enhancing long-term customer relationships. If a company does not have the right product/service quality, promotion, personal selling, advertising, displays, and servicing, it cannot create or achieve the right relationship with the right customer.

Bernard Lo & Marilyn Field (2008) have looked at conflicts of interest between doctors and representative marketing tools in the pharmaceutical industry, the literature on physician-industry conflicts of interest has generally viewed these relationships negatively. If trust is lost between the doctor and patient, the relationship will break down.

Morgan and Hunt (1994) also state that trust is of vital importance for relationship building referring to the relationship between doctors and representatives. Both trust and commitment are invariably associated with the prerequisite that the relationship is of significantly high importance to one or both parties identified trust as a key construct in their model of relationship marketing.
Stoltzfus Jost (2010) does not believe pharmaceutical companies can be trusted in their dealings with doctors. He believes drug and device companies should be absolutely prohibited from funding medical education, including continuing medical education, directly or indirectly. Drug and device companies must, of course, be allowed to continue to market their products—in print media, electronically, through presentations by company employees, and through face-to-face contact with physicians. This is a fair representation of where the industry is currently at due to regulation, by reducing representatives marketing tools there is less opportunity for a conflict of interest.

Stoltzfus Jost (2010) also argues that the basic thesis of his article is that drug and device companies have been overpaid for their products and have passed on some of the excess payments they have received to others in the health care industry through marketing. The continuing medical education industry in particular, but also specialty societies and even patient disease organizations and medical schools, this represents the marketing tools and promotions used by pharmaceutical companies to maintain relationships with doctors.

2.5 Face to face marketing Practices

Two primary marketing communication strategies are used in the pharmaceutical industry: the ‘push’ strategy is where the firm attempts to push the product on the physician through personal selling or detailing face to face. Cavusgil & Calantone 2011 believes face to face detailing has a greater impact on brand sales.

(Crigger, et al 2009) agrees with the benefits of face to face marketing family nurse practitioners viewed pharmaceutical company marketing uncritically as educational and beneficial.

This view is held also by Bussman & Andersen (2007) stating most doctors had regular visits from pharmaceutical representatives; many doctors stated that they used sales representatives as a source of information on new drugs agreeing with the previous authors on the benefits of face to face marketing.
Alkhateeb & Baidoo (2011) in this paper the authors show that the certification for pharmaceutical sales executives may become necessary, or even required, to help ensure that the prescribing patterns of physicians are not negatively affected due to false information provided in face to face interactions the authors disagree with Cavusgil & Calantone (2011) on the benefits and merits of Face to Face selling in the pharmaceutical industry.

2.6 Sponsorship and Gifts in the Pharmaceutical Industry

Ross & Gross (2012) believe strong evidence based practices require that objective, unbiased research be available to inform individual clinical decisions, systematic reviews and expert guideline recommendations, they suggest the pharmaceutical industry is needed to conduct clinical trials, they issue surrounding sponsorship and gifts does need to be looked at in greater detail however the educational sponsorship is vital for the medical profession.

Rodwin, Marc A. (2011) looks at pharmaceutical sponsorship and gifts in France stating “The United States and Japan illustrate the value of strict standards for publicly employed physicians by prohibiting them from accepting industry gifts and funds, the author disagrees with Ross & Gross (2012) believing France should implement similar standards prohibiting pharmaceutical sponsorship and gifts.

Medical marketing and media (2002) agree with Rodwin, M.A (2011) believing that writers and statisticians working on clinical papers on behalf of pharmaceutical companies should have to disclose all payments and sponsorship in published reports. This will help prevent corruption within the industry, it is not calling for a ban on sponsorship but an open and transparent system where sponsorship is acknowledged and published.

Wiley (2007) also calls for an open transparent system stating Promotional activity should be transparent. The code forbids the use of certain "types, styles and methods of promotion" including teaser" advertising, and all promotional material must be transparent and not be "disguised". An important theme to emerge from researched documents is the desire of the pharmaceutical industry to strategically "create the need" among health professionals for new brands. However the article does not call for a blanket ban on sponsorship or promotional gifts.
In summary, the literature on regulation and relationship marketing in the pharmaceutical industry has been substantial over the past number of years, focusing on a number of areas, including price regulation (Golec et al 2010), product regulation (Baumer et al 2007) and direct to consumer marketing (Drugs & Therapy Perspectives 2006), None of which have comprehensively looked at the relationships between regulation and relationship building except to restrict relationships through increased regulation (CMAJ 2002)

Although there is a substantial amount of published literature examining marketing issues in the pharmaceutical industry, this study attempts to establish an understanding of the effects of regulation on relationship building in the pharmaceutical industry in Beaumont and the Mater teaching hospitals.
3. Research Methodology

3.1.1 Introduction

This section of the proposal aims to outline each of the elements of the methodology that will be applied for the research project in regards to my research question ‘Has Regulation in The Pharmaceutical Industry in Ireland Affected Sales Executives Ability to build Relationships with Customers (hospital doctors)’. In my proposal I aim to highlight how the research will be conducted.

When carrying out research (Saunders et al. 2011) have identified that practical issues such as (e.g. time constraints, economic and sample) can impact on the choice of methodology of the researcher (Gary Bernie notes 2012). The research methodology provides and helps assist the researcher in addressing and facilitating the answering of the research questions by identifying important information and the selection of an appropriate design (Gary Bernie notes 2012).

There are many options available to researchers to carry out research however (Saunders et al. 2011) have suggested that the research should apply the research onion approach and is comprised of the following segments (Gary Bernie notes 2012):
The Research Onion

Figure 1.
3.1.2 Research Philosophy

The research philosophy relates to the development of knowledge and the nature of that knowledge (Saunders et al. 2011). The philosophy adapted in the research contains assumptions about the way in which you view the world; these assumptions will make up your research strategy and the methods chosen as part of your strategy (Saunders et al.2011).

Johnson and Clark (2006) argue that the important issue is not whether our research should be philosophically informed, but it is how we demonstrate an ability to reflect upon our philosophical choices and defend our choices against the alternatives we as researchers could have adopted. Your research philosophy should represent both your individual thinking but also the research question and objectives posed must play a considerable part in your chosen philosophy. It is important to state that no one philosophy is considered better that the other but more appropriately a chosen philosophy may have a better fit to the individual researcher and research question and objectives stated.

The outer layer of the research onion identifies the main research approaches found within business, leadership and management research. The three areas are positivism, interpretivism and realism (Saunders et al.2011)

Positivism

Positivism is a structured approach taken by the researcher, this methodology helps to replicate or test theory (Gary Bernie notes 2012). Quantitative research which is often referred to as the positivist/rationalist paradigm, has strong views on what counts and does not count as worthwhile research. (Deacon et al.,1999) The researcher will prefer working with an observable social reality; positivism is similar to the natural scientists thinking. The positivist researcher will be most likely to implement structured methodology to facilitate replication (Gill and Johnson 2002). The Positivism approach will make interpretations about the collected data. Statistical analysis will be used to quantify these interpretations (Saunders et al. 2011). The positivist approach is deductive in nature when the research develops a theory and subjects the theory to testing in the form of measurable hypothesis.
Interpretivism

Interpretivism lends for the researcher to look at and understand differences between humans in our role as social actors (Saunders et al. 2011). The interpretivism approach highlights the difference between researching people rather that objects. It is expressed in words that capture meaning and it is often of a diagnostic exploratory nature. In qualitative research the researcher is part of the research and tries to understand social behaviour by investigating mans role in it.

The interpretivist philosophy believes the researcher must adopt an empathetic perspective to allow you as a researcher to understand the world from the research subject’s social point of view (Gary Bernie notes 2012).

Unlike the positivist we as humans do not just react to things; our actions are based on the meanings we associate to it. For example the colour red could be perceived to mean danger in one country or strength in another. Our culture determines our reaction to it.

German philosopher Max Weber was one of the sociologists to argue this perspective. He argued that sociological explanations of action should begin with ‘the observations and theoretical interpretations of the subjective “states of minds “of actors’, (Haralambros and Holborn, 1993). This can be interpreted to mean that before you judge the action you should try to understand the frame of mind of the actor to determine the cause for the action. It is important to attempt to understand the emotion that led to the action before passing judgement or attempting to interpret it.

Realism

Realism is another philosophical position relating to a scientific approach for creating knowledge. The philosophy of realism looks at there being a reality independent of the human mind. What we as researchers see is only part of the picture making up the social world.

As a business executive working in the pharmaceutical sales, I have chosen the philosophy of interpretivism. This approach I believe not alone best suits my own social thinking but more relevantly interpretivism suits my outlined research question and objectives. Interpretivism suggests we as humans interpret the social roles of others in accordance with our own set of meaning, my stated question looking at regulation and how it affects the different actors as stakeholders in the pharmaceutical industry.
Each actor in their role as a stakeholder is effected by regulation; however each actor may interpret regulation differently with changes in outcomes based on individual interpretations. My stated research question will also contain influences derived from realism, particularly critical realism which recognises the existence of a gap between the researchers concept of reality and the unknown reality, this I believe would imply that research is not value-free and is conducted within a broader framework based on our current knowledge and concept of reality (Saunders et al. 2011).

3.1.3 Research Approach

There are two research approaches available to the researcher according to (Saunders et al. 2011); these include inductive and deductive approaches. Inductive approach involves the researcher developing theory from observations and collected evidence; this lends an inductive approach to being flexible by nature. A researcher taking an inductive approach will be developing theory so will be concerned more with context and the context in which events take place (Gary Bernie notes 2012).

The deductive approach requires the researcher developing a hypothesis which tests the theory or a developed subject and the design of the research strategy can be used to test the hypothesis or hypotheses (Gary Bernie notes 2012). Robson (2002) lists five sequential stages through which deductive research will progress.

1. Deducing a hypothesis from existing theory
2. Expressing the hypothesis in operational terms
3. Testing the hypothesis (collection of data)
4. Examining the specific outcomes of the inquiry
5. If necessary modifying theory based on the findings

I will be taking a deductive research approach based on my research question and objectives as there is a large quantity of available theory on the subject of regulation and relationship marketing, this approach has been chosen because with the deductive approach to research there is ‘a well established role for existing theory since it informs the development of the hypotheses, the choice of variables, and the resultant measures’ (Ali & Birley, 1999).
So I intend to test my stated question and objectives against the available theory. I will also be testing my stated hypotheses. Deduction is used to explain causal relationships between variables which ties into my question looking at the relationship between regulation and relationship marketing in the pharmaceutical industry in Ireland. Deduction will also allow for the time constraints placed on my research dissertation. I intend to incorporate aspects of an inductive approach with particular relevance to the collection of qualitative data through non structured in dept interviews, also I believe it will be potentially difficult for me as a researcher not to be part of the research process as highlighted in the deductive approach, however the deductive approach will be used through the collection and analysis of all the primary and secondary data, and literature needed in order to complete this dissertation in a comprehensive manner.

3.1.4 Research Strategy

When looking at a research strategy each strategy can be used for exploratory, descriptive and explanatory research (Yin 2003). Your choice of research strategy will be guided very much by your research question and objectives, the extent of existing knowledge, and the amount of time and other resources you have available (Saunders et al 2011).

Saunders et al. (2011) have indicated that there are several strategies that can be employed, these are: experiments, surveys, case study, action research, ethnography and archival research.

For my proposed dissertation I intend to implement the survey strategy to answer my research questions. The survey strategy is closely linked to my chosen deductive approach, and may be implemented to answer my ‘how’ and ‘has’ questions. I intend to use two self administered questionnaires and four semi structured face to face interviews for my research dissertation. The survey strategy will allow me collect a considerable amount of data, from a sizeable population in an economical way (Saunders et al. 2011)

The first questionnaire in the study will be administered to five hundred and twenty medical doctors in Beaumont and the Mater hospitals through an internal postal network; this is to necessitate confidentiality restrictions placed on this dissertation relating to email addresses.
The second questionnaire will be administered electronically to one hundred and ten pharmaceutical sales executives using email through survey monkey and will be completed independently. Semi-structured, in-depth interviews are frequently used by health professionals. In-depth interviews should be personal and intimate encounters in which 'open, direct, verbal questions are used to elicit detailed narratives and stories' (DiCicco-Bloom & Crabtree 2006). I have chosen to use semi-structured interviews as it allows the expansion of expressed points allowing the greater probing where necessary. Using a questionnaire administered to a sample, these data are standardised allowing easy comparison. The survey strategy will allow me to collect quantitative data which can be analysed quantitatively using descriptive and inferential statistics. (Saunders et al. 2011)

3.1.5 Research Choice

There are a number of choices of research methods available to the researcher including, mono-methods, mix-methods and multi-methods. If a researcher chooses to use a mono-method you will combine either a single quantitative or qualitative data collection technique, with corresponding quantitative or qualitative data analysis procedures (Saunders et al. 2011)

If a researcher chooses to use multi-methods this refers to those combinations where more than one data collection technique is used with associated analysis techniques, however this is restricted within either a quantitative or qualitative world view (Tashakkori & Teddlie 2003). This approach restricts the researcher to using qualitative or quantitative methods but not both.

If a researcher chooses to use a mixed methods approach there are two methods available within the discipline. Mixed method research uses quantitative and qualitative data collection techniques and analysis procedures either at the same time (parallel) or one after the other (sequential) but does not combine them. (Saunders et al 2011).

Mixed-model research combines quantitative and qualitative data collection techniques and analysis procedures, this method allows for qualitative and quantitative approaches at other phases of the research, this method also allows for the researcher to take quantitative data and qualities it, alternatively the researcher may quantitise qualitative data collected (Saunders et al. 2011).
In this proposed research topic the research aims to employ the mixed-model research method, as for the purpose of gathering quantitative data through a questionnaire and qualitative data through in dept face to face interviews. By administering the mixed-model method I believe it will help answer my research question and allow me better evaluate the collected data. I intend to start my research with a questionnaire at the exploratory stage to help my understanding of the key issues surrounding regulation and relationship marketing, I then intend using in dept face to face interviews to follow up in greater detail the findings from the questionnaire.

3.1.6 Time Horizons

In regard to time horizons according to Saunders et al. (2011) there are two types available to the researcher. Cross-sectional and longitudinal studies. Cross-sectional is the study of a particular phenomenon at a particular time. Cross-sectional studies often employ the survey strategy (Easterby-Smith et al. 2008; Robson 2002). This method may seek to describe the incidence of a phenomenon at a given point in time.

Longitudinal research has a capacity to study change and development over time. Adams & Schvaneveldt (1991) point out that in observing people or events over time the researcher is able to exercise a measure of control over variables being studied. Longitudinal studies seek to find change over a period of time.

This dissertation will be carried out by cross sectional analysis rather than longitudinal analysis as the purpose of this study is to look at the relationship between the different variables in my stated topic area in a single point in time, which will include looking at regulation and relationship marketing practices in the pharmaceutical industry.

3.1.7 Time

My stated aim is to compile and complete my questions for both arms of my questionnaire by October 20th; this would lead to posting and email completion by October 30th to all available respondents. Allowing for postings and return emails I expect to have received all completed questionnaires by November 15th. The email response I expect will be faster as the majority of responses should be completed within twenty four hours, I will be providing pre stamped address envelopes for the hospital doctor questionnaire to maximise and speed up the return process which I envision been completed by November 20th. It was originally intended to have compiled the results from the quantitative survey before commencing the qualitative interviews, however due to time constraints and the sample group involved I decided to run both at the same time.

I have also decided to physically collect as many of the medical questionnaires as possible as I will be meeting many of the respondents through my working role, this is hoped to increase the response rate.
3.1.8 Ethical Issues in the Research

In all facets of research, it is imperative that the researcher demonstrates ethical behaviour and practices in their work. For the purpose of this dissertation ethics will refer to the practices that will be put in place to ensure that participants in this study will be treated in a manner, which ensures the ‘respect, privacy and confidentiality of the data which is collected’ (Rowley, 2005).

Before completing the postal and email questionnaires or participating in the semi structured interviews respondents will be educated on their ethical and legal rights before they divulge any personal data. The participant’s legal rights will be in line with the European Union charter of fundamental rights, Article 8 which states “everyone has the right to the protection of personal data concerning him or her; such data must be processed fairly and on the basis of consent of the person concerned or some other legitimate basis laid down by the law. Everyone has the right to access the data collected concerning him or her and the right to have it rectified” (Blumberg et al., 2005)

The researcher has the ‘ethical responsibility of designing the questionnaire so as to obtain the required information in an unbiased manner’ (Malhotra & Peterson, 2001)

Due to the sensitive nature surrounding my chosen respondents working in the teaching hospitals, I intend not asking or revealing any company specific information around regulation issues as many respondents may previously have received financial gains towards educational ventures, this will also apply to the pharmaceutical arm of the questionnaire. I also intend for the questionnaire to be anonymous and this will be highlighted from the beginning to encourage honest assessments and answers. I have permission to access my primary research so beyond confidentiality and anonymity I do not expect further issues to arise.
3.2 Population & Sample Group ..............................

For my proposed research I have identified my population into two distinct groups, I intend contacting everybody in the two outlined groups so I intend to conduct a census of the two identified strands of my population.

1. Hospital Doctors
2. Pharmaceutical Sales Executives

The definition of the research population is hospital Doctor’s and pharmaceutical sales executives working in Beaumont and the Mater hospitals Dublin Ireland

Four Component of Population:

Elements- Doctors and pharmaceutical sales executives

Units- Beaumont and Mater Hospitals Dublin

Extent- employees in Beaumont and Mater Hospitals Dublin Ireland

Time- Autumn 2012

The hospital doctors will include all hospital doctors currently working in Beaumont and the Mater hospitals, the two main teaching hospitals on Dublin’s north side. It would be impractical to collect data from the entire medical population in Ireland. This is due to both time and budgetary constraints. Therefore a census of all hospital doctors and pharmaceutical sales executives that work in Beaumont and the Mater hospitals will suffice as a representative sample of the Irish population. By conducting the research by census, it will permit this researcher to spend a significantly longer period of time processing and analysing the data, which will in return improve the quality of the research that is carried out. The Qualitative semi structured interviewees will be chosen from Drogheda and Connolly teaching hospitals as they are separate to the questionnaire. I have two medical consultants who have agreed to thirty minute interviews.

The sampling technique that will be carried out in this research will be that of probability. The probability technique will facilitate the exploratory nature of the research. The participants in the medical arm of the questionnaire vary in nationality age, working experience and level of knowledge of regulation and regulation experience, the participant’s are not limited to their position, role within the hospital or whether the work is full or part-time.
The participants in the pharmaceutical questionnaire however must hold a hospital sales position, but their level of experience, age, or nationality again is not pre determined. Two hospital sales executives working in the East Leinster region who do not work in Beaumont or the Mater have agreed to take part in the pharmaceutical semi structured interview, the participants were not randomly chosen as they will be attending a national conference in November facilitating the opportunity to conduct the interviews in a hotel room. The fact that hospital doctors and pharmaceutical hospital sales executives stem from different countries and educational backgrounds it gives an excellent overview of the Irish population working in Hospitals in 2012.

3.2.1 Sampling Frame Quantitative

I expect to have just over five hundred respondents available to receive the medical questionnaire. I have chosen two hospitals due to the fact that both hospitals are affiliated to different universities, this has resulted in the majority of doctors in Beaumont have studied in the royal college of surgeons Dublin (RCSI), whilst the majority of Mater based doctors have studied in University college Dublin (UCD). It may be of interest to look into the data collected to see potential differences in attitude between the two subjects. I intend to contact every doctor in the two hospitals through traditional post; I have access to the contact list through the bleep list system and also through permission based access to the post graduate databases available at both hospitals. The post graduate office has obliged my request to distribute the post through the internal channels of the hospital post system in both hospitals. This method will be time consuming however I will not be breaching any data protection and privacy regulation, which may have occurred if I used the e-mail database available to me.

The sales executive’s questionnaire will include all hospital based executives that work in Dublin teaching hospitals. This number is currently at one hundred and ten. The list of available contacts can be accessed through the medical representative’s institute of Ireland (MRII) or alternatively the hospital post graduate centre can provide this public information. I intend using the post graduate “live list” as it is readily available and again does not interfere with data protection violations. I will use email as a modem to contact all sales respondents through the survey monkey platform, I will however use my personal email address as my work email address contains the name of my company which I do not have permission to use external to work related issues.
3.2.2 Sampling Frame Qualitative

I have secured two semi structured interviews with hospital doctors from Our Lady of Lourdes hospital in Drogheda and Connolly hospital in Dublin. I have met both doctors previously as I have a working relationship with them; however this was necessary in securing their time to participate in the interview. Both doctors were chosen because they do not currently work in the chosen hospitals for the research and are therefore not likely to bias as they have not taken part in the quantitative questionnaire. Both doctors have worked in Beaumont hospital in the past two years.

The interviews will last approximately thirty minutes and will take place in the consulting rooms at the end of out-patient department clinics, this will allow for a quite discreet location to allow uninterrupted conversation.

I have also secured two semi structured interviews with hospital sales executives working in South Dublin teaching hospitals. I know both participants through industry meetings. Neither participant has taken part in the quantitative questionnaire. I have arranged to conduct the interviews in the Strand hotel in Limerick; this is through convenience as we will be attended a national conference over three days in November allowing me to conduct the interviews in the secure and quite surroundings of a hotel room.

3.3 DATA COLLECTION, EDITING & CODING.

My intended research proposal will be an explanatory research described by Saunders et al. (2011) as a study that establishes casual relationships between variables. I intend to study the relationship between regulation and relationship marketing in the pharmaceutical industry in Ireland. This will comprise both quantitative and qualitative data in an effort to explain the reasons behind why relationship building in the industry is affected by both internal and external regulation.

In order to answer my research question and objectives of this study primary data collection will be employed. This study will use both quantitative and qualitative technique to gather the data, this I believe will help cover a wide range of data to be collected, where it is hoped from the data inferences will be made in regards to the research questions and objectives (Gary Bernie notes 2012)
3.3.1 Primary Data Collection

As I am taking part in explanatory research I intend to start with primary quantitative data collection through a questionnaire to discover hospital doctors and pharmaceutical sales executives attitudes which will be complemented by in dept face to face interviews to further explore, further develop where necessary and understand these attitudes. I have chosen a questionnaire for my primary quantitative research as it is appropriate to my research objectives as it allows me probe further my questions to a large number of respondents in a relatively short period of time at a low cost while helping to explain the relationship between regulation and relationship marketing.

For my research I intend to construct a self administered questionnaire to be completed by the respective respondent making up Dublin based hospital doctors and Dublin based pharmaceutical hospital sale executives. The questionnaire will be a postal questionnaire for the hospital doctors and an internet mediated questionnaire for the sales executives. The postal questionnaire is dictated by work related data protection where my work organisation cannot permit my use of work related email databases. My intent is to use an internet mediated questionnaire for the sales executives is based on time constraints and no data protection issues present, however I intend to use my personal email address in an effort to reduce bias by stating my work organisation. The postal questionnaire to hospital doctors is not my preferred method as it is costly and I will have no way of ensuring my intended respondent physically answered the questions, however this is the best option available to me with the set of respondents involved. Due to my intent on using both a postal and internet mediated questionnaire I intend asking closed questions but not to complex with simple sequencing where the questions should be of interest to the hospital doctors and sales executives involved.

As part of my primary qualitative research I had hoped to conduct two focus groups with hospital doctors and sales executives separately, however upon further exploration time constraints and a lack of financial incentive would likely prove very difficult to conduct the hospital doctor focus group, so I have decided not to conduct any focus group and instead to concentrate on my semi structured interview approach.
3.3.2 Primary Quantitative Data Collection

3.3.3 Survey Instrument Design

The Medical questionnaire was designed to primarily answer:
- How has regulation impacted hospital doctors working role
- How does regulation benefit hospital doctors when interacting with sales executives
- What are the motives for engaging with sales executives
- Does regulation have a positive effect on patient care
- Are drug prescribing practices influenced by regulation and sales relationships
- Does medical and pharmaceutical relationships have a positive effect on patient care
- Do doctors understand internal and external (IPHA) regulation and expected behaviour

The Pharmaceutical questionnaire was designed to primarily answer:
- Do sales executives understand (IPHA) regulation
- Has regulation effected sales executives ability to build relationships with doctors
- How has regulation changed the role of selling pharmaceutical to doctors
- How does regulation benefit the hospital sales role
- Is regulation positive for patient care
- Does Internal and External regulation make your decision making easier through clear guidelines

3.3.4 Interviewing Method

Evans and Mathur (2005) articulate that it “is relatively simple for respondents to complete online surveys and for their responses to be analyzed” (2005 p.198). However due to data protection issues I have had to adopt an internal mail box approach to the medical questionnaire, this is a slow process, that does not guarantee the intended recipient of the questionnaire will receive it however the postgraduate centres in Beaumont and the Mater hospital have facilitated my research questionnaire by allowing permission to avail of their internal mail system, this has reduced the expense involved.

My Pharmaceutical Questionnaire was administered electronically. Respondents were emailed an invitation to participate in the online questionnaire. This invitation contained a link to the email questionnaire that allowed respondents click on the link allowing access to the questionnaire
3.3.5 Question Content, Structure and Wording

All questions in both the postal and electronic groups are structured and pre-specify the responses and their format. The responses the person can choose from are multiple choices to dichotomous questions with yes, no answers. Many of the stated questions have an “other” option allowing for greater information to be provided.

3.3.6 Question Arrangement/ Overcoming Unwillingness to Answer

The layout of self-administered questionnaires should, in addition, be attractive to encourage the respondent to fill it in and to return it, while not appearing to long. However, where the choice is between an extra page and a cramped questionnaire the former is likely to be more acceptable to respondents (Dillman 2007)

For both questionnaires I attempted to lead with non threatening questions leading to the tricky questions and finishing with less taxing questions in an effort to increase completion rate.

3.3.7 Questionnaire Form and Layout

During the construction of both questionnaires this author attempted to create a clean easy to follow non threatening layout by providing a spacious uncluttered questionnaire over four pages, in an attempt to counteract the perceived length of the questionnaires I attempted to start and end with non-threatening questions.

3.3.8 Produce the Questionnaire

The text for the questionnaire was typed and laid out using Microsoft Word. Once this was cross referenced with rough work layout the data was entered into the Survey monkey software for both questionnaires. The author then printed the medical questionnaire for the internal postal system. The pharmaceutical questionnaire was distributed through Survey monkey using their online links provided. A copy of both questionnaires can be found in the appendices 1 and 2.
3.3.9 Eliminating Problems by Pre-Testing

The purpose of pilot testing a questionnaire is to refine it to ensure respondents will not experience problems understanding or answering the questionnaire. Bell’s (2005:147) stated ‘however pressed for time you are, do your best to give the questionnaire a trial run’ as, without a trial run, you have no way of knowing whether your questionnaire will succeed. Both the medical and pharmaceutical questionnaire was pre tested on several occasions with doctors and sales executives outside the sample group. A number of changes to layout, spelling and grammar and the removal of two unnecessary questions all played a part in the finalised questionnaires. A final spell check was completed, prior to the questionnaires dispatch to respondents.

3.3.10 Primary Qualitative data Collection

3.3.11 Survey Instrument Design

The Medical semi structured interview was designed to primarily answer:
- How has regulation impacted hospital doctors working role
- How does regulation benefit hospital doctors when interacting with sales executives
- What are the motives for engaging with sales executives
- Does regulation have a positive effect on patient care
- Are drug prescribing practices influenced by regulation and sales relationships
- Does medical and pharmaceutical relationships have a positive effect on patient care
- Do doctors understand internal and external (IPHA) regulation and expected behaviour

The Pharmaceutical semi structured interview was designed to primarily answer:
- Do sales executives understand (IPHA) regulation
- Has regulation affected sales executives ability to build relationships with doctors
- How has regulation changed the role of selling pharmaceutical to doctors
- How does regulation benefit the hospital sales role
- Is regulation positive for patient care
- Does Internal and External regulation make your decision making easier through clear guidelines
3.3.12 Interviewing Method

All four semi structured interviews will be conducted between the researcher and the selected interviewee face to face. The interviews will take place in private rooms where confidentiality and privacy will create an environment where information can be easily expressed and recorded without interference.

3.3.13 Question Content, Structure and Wording

An interview will undoubtedly be the most advantageous approach to attempt to obtain data where the questions are either complex or open-ended (Easterby-Smith et al.2008; Jankowicz 2005): I intend to open each interview with light hearted chat and basic demographic questions related to number of years worked in hospital and different disciplines. I will then introduce a number of themes to be explored throughout the interviews. I intend asking open questions in a neutral tone to avoid bias followed by probing questions where necessary. Easterby-Smith et al. (2008) point out that the use of open questions should help to avoid bias. I will be introducing two themes for the interviews,

1- Regulation
2- Relationships
3- Patient Care

I will be asking open ended questions that have been prepared in advance of the interviews that all fall under the two themes mentioned. There is also the opportunity to ask questions that may arise throughout the interviews.

3.3.14 Interviewer Behaviour during the Interviews

Appropriate behaviour by the researcher should help reduce the scope for bias during the interview. Comments or non-verbal behaviour, such as gestures, which indicate any bias in your thinking, should be avoided (Saunders et al.2011). Robson (2002) says that you should enjoy the interview opportunity, or at least appear to do so. An appearance of boredom on your part is hardly likely to encourage your interviewee. As the interviews will be part of a business masters I feel it is important to show the interviewees the respect their time and experiences deserve by wearing appropriate dress attire in the form of a business suit with shirt and tie. I will attempt to ask all questions in the same tone while listening to answers without interruption. I plan to record the interviews using an audio recording device whilst also taking notes of all relevant points and tone during the interviews. As the themes and questions being asked directly relate to my day job I expect to have sufficient knowledge of the chosen themes to be able to ask pertinent questions where necessary to follow up on answers recorded.
3.4 Methodology Summary

As part of my survey strategy, I have attempted to cover both the quantitative through a self administered questionnaire and the qualitative by completing four face to face semi structured interviews. Although it is extremely important how you set about collecting data, ensuring you follow procedures to increase reliability and accuracy, it is just as important what you do with the data once collected.

The Quantitative research approach allows me as the researcher probe further my questions to a large number of respondents in a relatively short period of time at a low cost while helping to explain the relationship between regulation and relationship marketing.

The semi structured interviews are an effective qualitative research method that allows participants to express their views and expand on points free from restrictive answer choices. Dey (1993), points out that ‘the more ambiguous and elastic our concepts, the less possible it is to quantify our data in a meaningful way’ Qualitative data are associated with such concepts and are characterised by their richness and fullness based on your opportunity to explore a subject in as real a manner as is possible (Robson 2002). New behaviour patterns can be identified ‘better and earlier using qualitative methods of investigation’ (Milliken 2001)

By conducting both qualitative semi structured interviews and quantitative questionnaires in this research paper my goal is recognise a link between regulation and relationship building in the pharmaceutical industry in Ireland.
4. Data Analysis and Findings

4.1 Qualitative

Four semi-structured individual interviews took place, with two individual medical interviews and two pharmaceutical interviews taking place. The researcher had expected to conduct the interviews after the results from the questionnaires were compiled to allow him follow up on the stated objectives where the researcher believed further questioning was required, however due to work commitments and time constraints the researcher conducted the interviews during the same period as the quantitative questionnaires were surveyed. The researcher decided to conduct the interviews using the themes of regulation, relationship building and patient care in an effort to seek answers to the stated research objectives.

4.1.1 Medical Interview A

The first medical semi structured individual interview was secured with a medical consultant working in Our Lady of Lourdes hospital Drogheda. She has previously worked in medical roles in Beaumont and the Mater hospital. The researcher sought to introduce the three themes of regulation, relationship marketing, and patient care into the interview, within the three themes I attempted to answer the stated medical objectives.

Regulation

*Answer* - Med A suggests that regulation has been both positive and negative for the pharmaceutical Industry in the past five years. The positives are how the relationships between medical doctors and pharmaceutical sales executives are now governed by increased regulation through IPHA; this is of vital importance as the patient who is the third party in the relationship must always be the most important party.

Medical professionals need to feel that they are free to prescribe medicines for patients in the knowledge that the medicine prescribed is for the right reasons and without influence from the pharmaceutical industry, without influence meaning without financial incentive either through educational grants or international meeting attendance, staying in opulent five star accommodations. A positive from increased regulation in patient confidence in drug prescribing, Doctors do not wish to be perceived by patients as being influenced by pharmaceutical companies. The negatives of regulation are the reduced ability or willingness of pharmaceutical companies to invest in open and transparent research projects without influence, also there is less opportunity to attend international meetings which were a fantastic opportunity to gain new medical insight and liaise with international research experts.
Relationship Building

*Answer* - the very core of how medical professional and pharmaceutical executives interact and pass on product knowledge through medical research and clinical papers is, through the forming of relationships that are built over time and where trust of the individual concerned and the company being represented is of the upmost importance. The number one reason the relationship exists is the medical professions need for drug information and updates to clinical papers as drug prescribing as an integral part of our job. Drug prescribing is very much influenced by pharmaceutical relationships, however this is very much based on the knowledge received relating to a drugs benefits, if the drugs benefits are not evident over drug B for example I will not prescribe the drug. This is where patients benefit by relationships existing with pharmaceutical companies, by doctors having the drug product knowledge to prescribe the best available therapeutic options and secondly by pharmaceutical companies sponsoring educational meetings and research products the patient as the end user is benefitting all the time, if the pharmaceuticals were not sponsoring the government certainly would not!

Patient Care

*Answer* - Patient care as stated earlier is the primary beneficiary from pharmaceutical support through medical professional knowledge they receive the best care and treatments available, it is important that regulation exists to keep financial incentives out of decision making but I believe the industry is well governed and decisions regarding patient care are always taken in the patients best interests. On the subject of regulation MED A believes regulation ids fully understood.

4.1.2 Medical Interview B

The second medical semi structured individual interview was secured with a medical consultant working in Connolly hospital Dublin 15. He has previously worked in medical roles in Beaumont and the Mater hospital. The researcher sought to introduce the three themes of regulation, relationship marketing, and patient care into the interview, within the three themes I attempted to answer the stated medical objectives.
Regulation

*Answer* - Regulation impacts our day to day role greatly in the past five years when dealing with the pharmaceutical industry, we no longer receive medical samples, there is a real lack of research funding since there were changes made to how the finances could be paid to individuals, I feel regulation of the pharmaceutical industry has gone too far.

Yes there is a need for regulation, we have to have confidence in the standard of clinical trials and the product information you relay to us but where will it all end.

I am less likely to meet with representatives since regulation has become so stringent because Sales reps are now too restricted in what they can do for me, a positive gained by having regulation in place is public and patient confidence in the relationships that exist between medical professionals and sales executives.

Relationship Building

*Answer* – there will always be a need for relationships to exist due to the need for product knowledge and clinical paper updates however I believe there is less and less opportunities to meet face to face as there is less happening regarding research funding and international meetings to warrant face to face meetings.

Patients benefits for existing relationships as they receive the best drugs available as we are aware of the benefits also our research and training which eventually leads to better patient care is largely funded by the pharmaceutical industry.

My drug prescribing is influenced by what representatives inform me about the drug however this must be fully backed up by clinical evidence. I personally cannot keep track of all the current regulation out there.

Patient Care

*Answer* – the patient is the big winner in the relationships between medical professional and pharmaceutical industry executives, if we prescribe drugs, pharmaceutical companies invest heavily in research to develop better drugs which eventually leads to better end treatment for patients. Pharmaceutical funding also allows the medical profession carry out individual unbiased research which greatly benefits the patient.
4.1.3 Pharmaceutical Interview A

Regulation

*Answer* – There is real confusion within the industry surrounding regulation, we are all bound together under (IPHA) regulation that is any pharmaceutical company marketing prescription drugs in Ireland, it becomes tricky when you add in that most pharmaceutical companies are operating at a global level this means the majority implement internal regulation around how they carry out marketing practices. Internal regulation is usually not localised resulting in regulation that may be relevant in the USA but is totally restrictive in the European market, this is where all the confusion and lack of clarity is coming from. Regulation has affected our ability to build relationships with hospital doctors; because we can offer them less through promotional gifts and international meeting attendance, the medical professionals have less reason to meet with us face to face, also international meetings were a great opportunity to socialise with doctors outside the working environment leading the better relationships. The sales role has changed because it is no longer possible to promote drugs to all doctors they must be specific to therapeutic areas, also the pharmacist and protocol managers in the hospital are involved in the decision making process, regulation has restricted the tools traditionally used to influence doctors through promotional gifts, free lunches to international meetings, all activities are monitored and must have an educational purpose. Regulation does not benefit the hospital sales role it just restricts it. Regulation makes decision making clearer as you know what is allowed internally so you must work within the rules.

Relationship Building

*Answer* – Regulation has made building and maintaining relationships more difficult, there is less opportunity for outside the working environment socialising, especially at international meetings, we have less to offer doctors now reducing the necessity for doctors to engage with pharmaceuticals reducing the opportunity to build and maintain relationships

Patient Care

*Answer* – Regulation is positive for patient care because it creates a buffer between doctors and companies reducing the opportunity for corruption where patients may be prescribed inappropriate drugs based on financial incentives, however I believe regulation is also negative for patients because less doctors are attending international meetings where they may be missing out on learning opportunities that will eventually lead to better patient care.
4.1.4 Pharmaceutical Interview B

**Regulation**

*Answer –* I have a very good understanding of my company’s internal regulation guidelines which are in compliance with (IPHA) so yes I fully understand regulation guidelines.

Regulation has changed the sales role as we are less involved in organising and promoting at evening meetings or social sporting events, this has led to a change in work practice where we have had to change to purely educational based meetings mainly on the hospital grounds.

We can no longer give out medical samples for our drugs on the market more than two years, that was always a great opportunity to meet doctors and sell your product. Regulation benefits the hospital sale's role as it creates a level playing field for all drugs; it prevents larger companies buying drug success by spending vast sums on international travel and sponsorship. Regulation makes decision making easier as it the guidelines are in place it is black and white you know what is allowed which makes decision making clear.

**Relationship Building**

*Answer –* Relationship building is evidently more difficult as doctors now have less incentive to see sales executives, this is due to a number of reasons, doctors are busier than ever they have less time, meeting for lunch on the go is not an option because a meeting must have educational content, we no longer travel abroad with doctors, it is harder to build relationships in the hospital environment as doctors are busy and stressed, we no longer have samples for mature drugs, my company no longer distribute free pens as they are considered gifts, I now feel doctors are doing me a favour by meeting me.

**Patient Care**

*Answer –* Regulation is good for patient care as there is a protection from doctors being exposed to poor marketing incentives where patients may not receive the best treatment available because doctor X prescribed drugs that were not suitable, however I believe regulation is also hurting patients because pharmaceutical companies for years have funded the research and education programmes in Irish hospitals and also funded international scholarships, with the amount of funding now restricted, the standard of education may drop off leading to poorer patient treatment in the future.
4.2 Quantitative

4.2.1 Questionnaire A

In this section, the researcher presents the results from the quantitative research based on the Medical questionnaire distributed (Questionnaire A). Questionnaire A was distributed to a population sample of 520 hospital doctors working in Beaumont and the Mater teaching hospitals. A total of 83 questionnaires were returned of which all were deemed to be valid and useable. This equates to a response rate of 16% for questionnaire A.

The Questionnaire was distributed through the internal postal system at both hospitals with the researcher providing a pre-stamped return envelope for returned answers. Three weeks were allowed before the cut off date. The researcher also set about physically accepting answered questionnaires through his day to day dealings with the doctors in both teaching hospitals. The postal return proved to be poor with 22 in total returned by post. The remaining 61 questionnaires were collected in person. A copy of the Questionnaire is available in Appendix 1. The results and findings from the questionnaire were collected using a combination of Survey Monkey software and Microsoft Excel. The original 18 questions on the questionnaire have been reduced in this section in order to make the findings clearer and more concise.

The findings are divided into six pivotal themes, which correspond with the research objectives of the Medical questionnaire. These themes are:

- Impact of regulation on working role
- Benefits to regulation when interacting with Industry
- Motives for engaging with Industry
- Regulations influence over drug prescribing and industry relationships
- Are Industry relationships positive for the patient
- Is regulation understood
4.2.2 Impact of regulation on working role

Figure 2.

Fig.2- Has Regulation impacted your role as a hospital doctor?

As a means of determining whether doctors believed regulation had impacted their working role within the hospital. The answers are shown in Fig 2.
74.07% of respondents believed regulation has impacted their role as hospital doctors, compared to 11.11% who answered no, indicating they believe that regulation has not impacted their role. 14.81% answered not sure to the question.
The hospital doctors were also asked to indicate what areas regulation has the most effect on interactions between hospital doctors and pharmaceutical sales executives.
A significant majority at 64.38% believed International Meeting Attendance has been most affected by regulation. Research Grants was the second highest answered with 47.95% along with the next two combined highest answered Educational Grants and Educational Courses at 28.77%. International meetings were historically an opportunity for pharmaceutical companies to bring hospital doctors to lavish venues to attend educational meetings.

This practice was very much the norm through the previous two decades. This presented the opportunity for pharmaceutical companies to attend educational seminars which were linked to therapeutic areas connected to drugs marketed to certain hospital based doctors. Having personally attended a number of international meetings with hospital doctors they presented a fantastic opportunity for pharmaceutical sales executives to build relationships with hospital doctors in relaxed environments. The answer is interesting as it ties in with question 15 and 16 of the medical questionnaire looking at regulation and the level of understanding of what is allowed under the (IPHA) guidelines. This is due to the fact that international meeting attendance sponsored by pharmaceutical companies is not in fact prohibited under the (IPHA) guidelines, however a number of pharmaceutical companies have stopped the practice under internal regulation guidelines. This appears to cause much confusion amongst hospital doctors. Similarly educational meetings are allowed under (IPHA) but may not be actively promoted by pharmaceutical companies.
What area does Regulation most effect your interactions with pharmaceutical representatives?

Answered: 73  Skipped: 8

- Educational Grants
- Evening Educational Meetings
- Lunch Educational Meetings
- Breakfast Educational Meetings
- International Meeting Attendance
- Research Grants
- Face to Face meetings
- Coffee break meetings
- Educational Courses

Answer Choices | Responses
--- | ---
Educational Grants | 28.77% | 21
Evening Educational Meetings | 12.33% | 9
Lunch Educational Meetings | 2.74% | 2
Breakfast Educational Meetings | 4.11% | 3
International Meeting Attendance | 64.38% | 47
Research Grants | 47.95% | 35
Face to Face meetings | 13.70% | 10
Coffee break meetings | 15.07% | 11
Educational Courses | 28.77% | 21

Total Respondents: 73

Figure 3.
4.2.3 Benefits to regulation when interacting with Industry

The hospital doctors were asked in question 6 of the medical questionnaire ‘Do you see Regulation benefiting your working role.’ 67.90% answered that yes they believed regulation benefited their role as doctors working in Irish Hospitals. 20.99% answered No they did not see regulation benefiting their working role with 11.11% answering not sure. The answer’s are interesting when compared to the Pharmaceutical Questionnaire where sales executives were asked in question 9 ‘Do you believe there are benefits to having a regulated working environment’. The sales executives answered 64.29% Yes there are benefits to a regulated working environment with 16.67% answering No and 16.67% not sure. It is interesting to note that both subject groups who are greatly affected by regulation have similar views regarding the benefits gained by having regulation.
Figure 5.
In question 7 of the medical questionnaire, hospital doctors were asked ‘what benefits are achieved by regulation existing in the relationship of hospital doctors and pharmaceutical companies’. From a total of 69 respondents to question 7, 55.07% answered less influence over drug prescribing as the number one answer, followed at 50.72% answering that it helps set relationship boundaries. 43.48% believed regulation increased patient confidence which was viewed as the third most important effect of regulation.

4.2.4 Motives for engaging with Industry

Question 2 asked ‘How often would you engage with commercial companies through pharmaceutical representatives in person’. From a total of 81 respondents 50.62% answered that they would deal face to face with pharmaceutical representatives on a daily basis, with 44.44% saying they would meet representatives face to face weekly. In question 8 the hospital doctors were asked ‘What are your reasons for engaging with pharmaceutical representatives’. From a total of 79 respondents, 68 answered product information as the number one reason for engaging with representatives this accounted for 86.08% with 50 respondents also indicating educational sponsorship as the second highest reason representing 63.29%. It is worth noting that 27 respondents answered International meeting attendance as being a reason for engaging with pharmaceutical representatives this represented 34.18%. As International meeting attendance is no longer permitted by the majority of pharmaceutical companies under internal regulation guidelines. On a positive note educational sponsorship at 63.29% is allowed under (IPHA) and internal regulation within the pharmaceutical industry.
Question 2 asked ‘How often would you engage with commercial companies through pharmaceutical representatives in person’. From a total of 81 respondents 50.62% answered that they would deal face to face with pharmaceutical representatives on a daily basis, with 44.44% saying they would meet representatives face to face weekly. In question 8 the hospital doctors were asked ‘What are your reasons for engaging with pharmaceutical representatives’. From a total of 79 respondents, 68 answered product information as the number one reason for engaging with representatives this accounted for 86.08% with 50 respondents also indicating educational sponsorship as the second highest reason representing 63.29%. It is worth noting that 27 respondents answered International meeting attendance as being a reason for engaging with pharmaceutical representatives this represented 34.18%. As International meeting attendance is no longer permitted by the majority of pharmaceutical companies under internal regulation guidelines. On a positive note educational sponsorship at 63.29% is allowed under (IPHA) and internal regulation within the pharmaceutical industry.
Figure 7.
4.2.5 Regulations influence over drug prescribing and industry relationships

Question 10 asked ‘Are your drug prescribing practices influenced by relationships with pharmaceutical representatives’ 48.75% answered Yes and drug prescribing was influenced by pharmaceutical relationships with 35% answering No and 16.25% answering Not Sure.

Question 11 then asked ‘Does regulation impact your drug prescribing practices’ From 81 respondents 46 answered Yes to regulation impacting drug prescribing accounting for 56.79%, with 23.46% answering No and 19.75% answering Not Sure. The author believes it is interesting to look at how 48.75% of hospital doctors survey believed there drug prescribing was influenced by relationships with pharmaceutical representatives yet from the same surveyed group 56.79% answered Yes to regulation impacting drug prescribing practices.

The regulation is primarily in place to limit the influence of pharmaceutical relationships on doctor drug prescribing yet the hospital doctors surveyed appear to again fail to understand the regulation in place and what the regulation is setting out to achieve.

Figure 8.
Figure 9.
4.2.6 Are Industry relationships positive for the patient?

In question 13 of the medical questionnaire hospital doctors were asked ‘Do you believe patient care is better as a result of pharmaceutical sponsorship of educational meetings’ an overwhelming majority answered Yes representing 83.75% with just 5% answering No leaving 11.25% answering Not Sure.

![Figure 10.](image)

**Figure 10.**
4.2.7 Is regulation understood?

Question 16 asked ‘Do you ever feel unsure what actions are allowed under the external (IPHA) regulation or independent internal regulation guidelines’ The majority of the 81 respondents answered Yes representing 91.36% of surveyed hospital doctors with just 6.17% answering No and 2.47% Not Sure. This for the researcher was surprising as regulation is talked about within the Pharmaceutical Industry and Medical environment regularly, while playing a significant role in shaping what activities can take place. There appears to be a real shortfall of knowledge for hospital doctors in the day to day workings of the (IPHA) code of practice. Question 17 asked ‘Has regulation changed how you engage with pharmaceutical representatives’ From 81 respondents 55 answered Yes representing 67.90% with 24.69% answering No and a further 7.41% Not Sure.

![Figure 11](image-url)
In this section, the researcher presents the results from the quantitative research based on the Pharmaceutical questionnaire distributed (Questionnaire B). Questionnaire B was distributed to a population sample of 110 pharmaceutical sales executives working in Beaumont and the Mater teaching hospitals. A total of 44 questionnaires were returned of which all were deemed to be valid and useable. This equates to a response rate of 40% for questionnaire B.

Emails were sent to the population providing a link to the questionnaire, and the questionnaire was made available online on the Survey Monkey website for three weeks. The researcher also set about physically accepting answered questionnaires through his day to day dealings with sales executives in both teaching hospitals. A copy of the Questionnaire is available in Appendix 2. The results and findings from the questionnaire were collected using a combination of Survey Monkey software and Microsoft Excel. The original 15 questions on the questionnaire have been reduced in this section in order to make the findings clearer and more concise.

**Figure 12.**

**4.2.8 Questionnaire B**

In this section, the researcher presents the results from the quantitative research based on the Pharmaceutical questionnaire distributed (Questionnaire B). Questionnaire B was distributed to a population sample of 110 pharmaceutical sales executives working in Beaumont and the Mater teaching hospitals. A total of 44 questionnaires were returned of which all were deemed to be valid and useable. This equates to a response rate of 40% for questionnaire B.

Emails were sent to the population providing a link to the questionnaire, and the questionnaire was made available online on the Survey Monkey website for three weeks. The researcher also set about physically accepting answered questionnaires through his day to day dealings with sales executives in both teaching hospitals. A copy of the Questionnaire is available in Appendix 2. The results and findings from the questionnaire were collected using a combination of Survey Monkey software and Microsoft Excel. The original 15 questions on the questionnaire have been reduced in this section in order to make the findings clearer and more concise.
The findings are divided into six pivotal themes, which correspond with the research objectives of the Pharmaceutical questionnaire. These themes are:

- Is Regulation Understood
- Regulations affect on relationship building
- How regulation has changed the sales role
- How regulation benefits the sales role
- Is regulation positive for the patient
- Does regulation clarify decision making

4.2.9 Is Regulation Understood

Question 2 asked ‘Are you aware that regulation exists outlining how commercial companies engage with Irish based hospital doctors’ from a total of 41 responses 97.56% answered Yes indicating that regulation is an intrinsic part of how pharmaceutical companies operate in Irish hospitals. Question 3 asked the pharmaceutical sales executives ‘Do you fully understand pharmaceutical regulation (IPHA) guidelines’ From 42 respondents 54.76% answered Yes with 30.95% answering No with the remaining 14.29% Not Sure. Interestingly almost every respondent is aware of regulation existing in the Industry however only 23 of the 42 respondents believe they fully understand the (IPHA) guidelines this very much corresponds with question 16 of the Medical questionnaire where 91.36% of hospital doctors indicated by answering Yes to the question ‘Do you ever feel unsure what actions are allowed under the external (IPHA) regulation or independent internal regulation guidelines’, there appears to be a lack of understanding of the existing regulation standards leading to widespread confusion within the pharmaceutical and medical working environment.

![Figure 13.](image-url)

2. Are you aware that regulation exists outlining how commercial companies engage with Irish based hospital doctors

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<th>Response</th>
<th>Percent</th>
<th>Count</th>
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<tr>
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<tr>
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</tbody>
</table>

answered question 41
skipped question 1
Figure 14.

Figure 15.
4.2.10 Regulations affect on Building relationships

Question 5 asked ‘Is relationship building a key part of your selling ability’ of the 41 respondents answers, 32 answered Yes representing 78.05% with 19.51% answering No and 2.44% Not Sure 
Question 6 asked ‘Do you believe regulation effects your ability to build relationships with hospital doctors’. 73.81% answered Yes with 16.67% answering No leaving 9.52% Not Sure. A majority of sales executive believe regulation effects their ability to build relationships however question 3 has highlighted the fact that the sample of pharmaceutical representatives that answered the questionnaire 54.76% did not fully understand (IPHA) regulation. This may indicate that the beliefs expressed through the answered questions may not be based on the facts of the current regulation in place but in fact be based on miss-information and rumours circulating within the industry.
Figure 17.
Figure 18.
4.2.11 How regulation has changed the sales role

Question 7 asked ‘Has regulation changed your working role as a pharmaceutical sales executive’. From 41 respondents’ answers, 87.80% answered Yes, 2.44% answered No with 9.76% answering Not Sure. Question 8 then asked ‘In which areas do you believe your role has changed due to regulation’. This gave the respondents the opportunity to expand their answers and highlight the areas where regulation has changed their working role the most. From 39 respondents 37 answered international meetings this was 94.97% of responses making it the area where pharmaceutical sales executives believed their role has changed the most, this gives the researcher a good indication that virtually all sales executives who completed the questionnaire are working in environments where internal company regulation policies are being enforced, as highlighted earlier International travel is not prohibited under the (IPHA) regulation, this is at odds with the findings from question 15 which asked ‘Does your commercial enterprise adapt global policies to local markets through internal regulation’ from 42 respondents 24 answered yes representing 57.14%, this indicates that the 16 respondents that answered no are not aware of the differences between external (IPHA) regulation and Internal company regulation policies.

29 answered promotional gifts representing 74.36%, promotional gifts are not allowed under the (IPHA) guidelines if the value is greater than 15 euro, so this has impacted sales executive’s role considerably as an important role was handing out promotional merchandise that would be valued above 15 euro.

Fellow sponsorship was next with 20 respondents answering at 51.28% this was followed by post meeting entertainment which represented 46.15%, post meeting entertainment has changed within the industry in the past five years considerably, as under (IPHA) regulation all entertainment must be secondary to an educational meeting and must take place in a suitable venue that is conducive to educational learning.
Figure 19.
Figure 20.
4.2.12 How Regulation Benefits the Sales Role

Question 9 asked ‘Do you believe there are benefits to having a regulated working environment’. 64.29% answered yes believing there are benefits to having regulated working environment, 16.67% answered no with the same number 16.67% answering not sure.

Question 10 asked respondents to ‘Please indicate which area regulation most benefits your sales role’. From a total of 40 respondents’ 52.50% answered professional conduct as the area which benefits the most from regulation, along with patient care which also received 52.50 % this was followed by trust which received 47.50% of the responses.

It is interesting to compare the results with question 7 from the medical questionnaire which asked hospital doctors ‘what benefits are achieved by regulation existing in the relationship of hospital doctors and pharmaceutical companies’ from a total of 69 respondent’s 30 hospital doctors surveyed answered patient confidence representing 43.48%, this indicates that both surveyed groups believe regulation benefits patient care as a leading priority, it is also interesting to note that the pharmaceutical industry surveyed placed a greater emphasis on patient care than the medical professionals.

![Figure 21.](image-url)
Figure 22.

<table>
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<th>Response Count</th>
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<tr>
<td>Patient Care</td>
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</tr>
<tr>
<td>Other (please specify)</td>
<td>15.6%</td>
<td>6</td>
</tr>
</tbody>
</table>

Figure 23.
4.2.13 Is regulation positive for the patient

Question 11 asked ‘Does regulation effect patient care’ 63.4% of pharmaceutical sales executives questioned answered yes, while 21.95% answered no with the remaining 14.63% not sure.

Question 12 asked ‘Do you believe regulation impacts positively on patient care’ 61.90% answered yes they believe regulation impacts positively on patient care while 23.81% answered no with the remaining 14.29% not sure. This answer is also reflected in question 10 reviewed earlier which showed that 52.50% of pharmaceutical sales executives questioned answered one of the area’s regulation most benefits the sales role as patient care.

Figure 25.
Figure 26.

Figure 27.
4.2.14 Does regulation clarify decision making

Question 13 asked ‘Does regulation make it easy for you to make decisions, knowing you are within regulation’, from the 42 respondents answer’s, 54.76% said no with 35.71% answering yes with the remaining 9.52% not sure. The answer’s expressed in question 13 very much form a pattern throughout the pharmaceutical and medical questionnaires, where the researcher has discovered there is an issue with the understanding of internal and external regulation from both the medical professional and the sales executives, this has led to an environment where neither party is fully aware of what behaviour and action are acceptable, this has led to a confused state when it comes to making decisions which is reflected in the answers to question 13.
Figure 30.
5.1 Conclusion

The pharmaceutical Industry representing companies marketing prescription medicines has undergone major changes to marketing practices globally in the past five years. This change to increased prohibitive regulation is due to a number of high profile legal cases in the United States where pharmaceutical companies have paid out multimillion dollar settlements for poor marketing practices. The majority of pharmaceutical companies operating in Ireland are global companies who operate in the most lucrative market the United States. This has led to global companies introducing strict internal regulation policies that are adopted in every market they operate in, this is in conjunction with complying with the standard External regulation policies each country will have in place. In Ireland pharmaceutical companies are regulated under the Irish pharmaceutical healthcare association (IPHA) regulations. The IPHA regulations must be adhered to firstly as they represent the law of Ireland. However the Internal regulations global companies have in place represent in the majority of cases American law and marketing policies which place far greater restrictions on companies marketing practices than IPHA regulation. This has led to companies in Ireland operating different regulation codes relating to marketing practices. An example being company X can provide International travel to attend a medical conference for hospital doctors, where company Y cannot attend international conferences due to internal regulatory restrictions. This has lead to a situation where pharmaceutical executives and medical hospital doctors are confused and unsure about complying with regulation standards.

This author determines that the following research hypothesis to be true ‘in the constantly evolving pharmaceutical industry in Ireland, it is inevitable that pharmaceutical sales executives ability to build and maintain relationships with hospital doctors is greatly reduced due to regulatory constraints and poor understanding of regulation”. This research has not identified any dramatic changes in relationship marketing; it does however identify a number of changes to relationships between pharmaceutical sales executives and hospital doctors due to increased regulation and poor understanding of internal and external regulation practices. The researcher also attempted to look at the relationship between pharmaceutical sales executives, hospital doctors, regulation and patient care.
This research has shown that pharmaceutical sales executives believe relationship building is a crucial element to determining success within the industry, the fact that 74% of sales executives who took part in the research also believe regulation effects their ability to build relationships with hospital doctors indicates that the relationship marketing model currently adopted within the industry needs to be looked at, as the crucial element of marketing prescription medicines face to face on a relationship based account management setup is becoming less relevant as internal regulation is increased reducing the opportunities for sales executives to interact with hospital doctors in social settings enabling the forging of relationships and further maintaining established relationships.

Hospital doctors were found to engage with pharmaceutical sales executives face to face 50% of the time on a daily basis with a further 44% meeting representatives weekly. However when asked if pharmaceutical representatives were restricted to offering product information only on these face to face meetings, only 5% indicated they would continue to meet representative’s daily, with 48% saying a monthly face to face meeting would be the result if representatives did not have other marketing tools to offer at such meetings. This is the clear evidence that if pharmaceutical sales executives relationship marketing tools are reduced or restricted due to increased regulation either externally or internally enforced, the result would lead to reduced opportunities to engage hospital doctors at face to face meetings leading to less opportunity to build and maintain relationships.

74% of hospital doctors surveyed believe regulation has impacted their role as hospital doctors with 64% a significant majority believing international meeting attendance has been most affected by regulation. Research grants, educational grants and educational courses were also rated as the most significant areas affected due to regulation for hospital doctors when interacting with pharmaceutical representatives. Interestingly none of the above activities including international meetings are prohibited under the (IPHA) regulation however a considerable number of pharmaceutical companies have due to internal regulations have stopped attending international meetings with customers. This appears to be an area that is having the greatest impact on the relationships formed between hospital doctors and pharmaceutical representatives. Research grants are allowed under (IPHA) guidelines but under internal guidelines a number of companies can no longer award research grants to individual doctors or hospitals as this may be deemed to show bias towards an individual. This has led to a reduction in research and educational funding.
The majority representing 68% of the hospital doctors believe that there are benefits to regulation existing within the industry. The doctors in particular, believed regulation benefits related to pharmaceutical sales executives having reduced influence over doctor’s drug prescribing in hospitals, along with regulation helping to set relationship boundaries leading to increased patient confidence in doctor’s ability to independently prescribe drugs without influence. This would agree with Bernard Lo & Marilyn (2008) assessment regarding relationships within the Industry.

An area looked at was hospital doctors motives for engaging with pharmaceutical representatives, 50% indicated they engage with pharmaceutical representatives on a daily basis with 45% seeing representatives weekly. We found that the main motivations for engaging representatives face to face regularly, were to gain knowledge on product information. They were also found to be interested in securing educational sponsorship, research funding, and international meeting attendance. The hospital doctors are very much aware of the advantages to be gained from interacting with pharmaceutical sales executives, product information is the primary reason for meeting representatives closely followed by all the marketing tools representatives can offer. Grande (2009) has stated that regulation is vital to reduce the marketing tools available to pharmaceuticals.

When asked if drug prescribing practices are influenced by relationships with pharmaceutical sales representatives 49% believed they were, this I believe is the very reason why many pharmaceutical companies employ representatives to meet hospital doctors as often as possible in an effort to influence drug prescribing. Ross & Gross (2012) has called guidelines to reduce pharmaceutical influence to allow unbiased prescribing; the findings show there is a need to address this area. However almost 85% of hospital doctors believed patient care is better as a result of pharmaceutical sponsorship of educational meetings. The doctors hold the view that by holding educational meetings their knowledge is increasing which will lead to better treatment of patients due to increased knowledge, the fact that pharmaceutical companies sponsor the meetings is down to economics, and the financial situation of the HSE, it is a win win situation as the doctors education is enhanced while patients treatment improves.

Hospital doctors are very unsure what actions are allowed under the external (IPHA) regulation or independent internal regulation guidelines as 91% are unsure what is allowed when engaging with pharmaceutical representatives. This has led to a situation where uncertainty has developed into hospital doctors changing their behaviour in how they engage with pharmaceutical sales representatives. With hospital doctors changing how they engage with pharmaceutical representatives due to regulation and uncertainty surrounding regulation this may lead to further reduced opportunities for relationships to be formed and maintained.
55% of pharmaceutical sales executives believed they understood (IPHA) regulation however 31% do not fully understand it, this number indicates almost a third of representatives survey do not fully understand (IPHA) regulation, it is not surprising that the hospital doctors are confused.

78% of pharmaceutical representatives believe relationship building is a key factor in selling ability agreeing with (Zindelin & Phillipson 2007) on the importance of relationship building, 74% believe regulation affects their ability to build relationships with hospital doctors. In the survey representatives firmly believe regulation is reducing their ability as sales executives to build and maintain relationships. This belief may be influenced by the fact that a lack of knowledge around regulation currently exists among hospital doctors and pharmaceutical sales representatives.

Pharmaceutical sales representatives believe regulation has changed the sales role, which can be interpreted as the current sales model has changed from the traditional account management style where the representative meets with the customer (hospital doctor) face to face on frequent occasions as discussed by Crigger et al (2009). International meeting attendance was highlighted as the area of greatest change followed by promotional gifts. Other areas representatives believed have changed considerably due to regulation include fellow sponsorship and post meeting entertainment. International meeting attendance, fellow sponsorship and post meeting entertainment all come under the category of internal regulation, whereas promotional gifts are regulated under (IPHA).

Based on the changes outlined it is a reasonable argument that the representatives have less to offer hospital doctors using marketing tools and promotions, however the industry must look at current regulation in Ireland (IPHA) and access whether there are opportunities to continue with a number of marketing promotions if companies reviewed internal regulation policies. As regulation currently stands in Ireland it would appear that many of the highlighted problem areas are in fact company led due to stringent global led regulation policies.

64% of pharmaceutical representatives surveyed believe there are benefits to having a regulated working environment. Professional conduct was highlighted as a positive benefit to regulation existing along with patient care improving and trust levels improving. This is important to recognise that both hospital doctors and pharmaceutical representatives agree regulation is important, with patient care and patient confidence highlighted as positive examples of regulation existing with 62% of pharmaceutical representatives believing regulation impacts positively on patient care.

Regulation exists within the industry to police and guide the actions of pharmaceutical representatives and hospital doctors, it is important that regulation is clear and concise with all parties fully understanding both external (IPHA) and internal regulation policies. 55% of representatives from the pharmaceutical industry believe regulation does not make it easy for them to make decisions, knowing they are acting within regulation.
If half the surveyed representatives are finding it difficult to make decisions around marketing activities and selling tools when engaging customers at face to face meetings, it is clear the regulations in place are not achieving the objectives they were set out to achieve. In conclusion regulation clearly has an important role to play in the pharmaceutical industry agreeing with Devlin & Hastings (2007), with support from both hospital doctors and pharmaceutical representatives, however when you have the external (IPHA) and internal regulation policies adopted by many multinational companies all operating in the same working environment it has created a situation of uncertainty and confusion. This can only be negative for pharmaceutical representatives attempting to build relationships and maintain current relationships with hospital doctors.

5.2 Recommendations

I believe on the evidence of the quantitative and qualitative research conducted as part of my dissertation, it is very important for Industry representatives along with medical unions and government sources to meet with a view to discussing the current situation surrounding regulation in the pharmaceutical industry in Ireland. It is not an acceptable situation where regulation is not fully understood or where greater confusion exists as a result of the regulation in place.

I recommend that the current external regulation in place in Ireland (IPHA) is sufficient and thorough enough to adequately satisfy the needs of all parties concerned. There is a greater need to address the internal regulation adopted by many global pharmaceutical companies operating in Ireland. As looked at in Jambulingam & Sharma (2009) Internal regulation is often adopted from American legislation and marketing laws that only add confusion to the stakeholders involved. Pharmaceutical companies should adopt local marketing policies and regulations to individual markets such as (IPHA) in Ireland. This would help create a situation where every company operating here would adopt the same policies creating stability and confidence in the system.

I believe the current marketing practices adopted by pharmaceutical companies in Ireland have proven to be lucrative and successful over a number of years, however the evidence is clear from the survey findings that relationships between hospital doctors and pharmaceutical representatives is constantly evolving. Hospital doctors due to time constraints no longer have the opportunity to meet as regularly with representatives as previously experienced.
Medical representatives have fewer marketing incentives to attract the time of hospital doctors; the survey found that hospital doctors primarily meet representatives to receive product knowledge. In the ever technical world we live in today, the opportunities to relate product information through many mediums is an area currently being explored I believe e-marketing may be the key to relationships being maintained and developed between hospital doctors and pharmaceutical companies in the future, thus reducing the influence of the representative led account management style of relationship marketing.

5.3 Limitations to the research

The literature search will aim to be comprehensive, through primary research, however due to the busy schedule of the selected respondents I am expecting a twenty percent response rate from the hospital doctor questionnaire, I would ideally like this to be higher. Also as a piece of postgraduate work the research may not be executed to the standards of professional research resulting in potential lost findings.

6. Self Reflection On Own Learning & Performance

6.1 Reflective Learning

The purpose of this chapter is to outline the approach to learning that was undertaken, to identify new skills that were acquired or developed throughout the process and the self reflection of the author during the compilation of the research dissertation. The author will apply the theory to uncover his learning style. The skills acquired, developed and identified during the learning journey will be documented to allow for future development to be outlined.
Bolton (2010) defined reflective learning as the process of ‘paying critical attention to the practical values and theories which inform everyday actions, by examining practice reflectively and reflexively.
This leads to development insights’. This author aims to analyse and evaluate their learning process throughout the research dissertation.

6.2 The Importance of Reflective Learning

The practice of reflective learning has been around for decades with academia devoting much time and effort into the process and its benefits. Schön (1987) recognizes the significant contribution of critical reflection in the development of professional knowledge while Boyd and Fales (1983) define reflection as 'the process of internally examining and exploring an issue of concern, triggered by an experience, which creates and clarifies meaning in terms of self and which results in a changed conceptual perspective'

Over the course of the Masters critical thinking was an important tool required not only for successful grades, but for the development of students to required full fill the master’s programme. Furthermore authors such as Paul (1995) identifies ten elements “that are present in all thinkers about any problem” the author argues about the value of these elements of reasoning, once we progress from thought which is purely associated and undisciplined, to thinking which is conceptual and inferential, thinking which attempts in some intelligible way to figure something out, in short, to reasoning, then it is helpful to concentrate on what can be called “the elements of reasoning” Paul 1997
Critical thinking is primarily concerned with turning experiences into meaningful learning which is what this chapter hopes to achieve.
6.3 Learning Styles

The term learning styles refers to the view that different people learn information in different ways. It can no longer be assumed that individual students will achieve academically by being taught the same way. As further research is conducted greater effort should be made to adopt new methods and techniques which may complement the different learning styles currently researched. In recent decades, the concept of learning styles has gained considerable influence. Following on from (Bolton 2010) theory of reflective learning.

Klob (1984) discusses the process of learning and attempts to define it as ‘the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping experience and transforming it’ kolb believes that learning will take place at its optimal level when the learner has an adequate balance of the four abilities; concrete experience ability, reflective observation ability, abstract conceptualization ability and active experimentation ability. His cycle represented below, would suggest that optimal learning must pass through each phase, this will allow the grasped knowledge to be transformed into a mental model which can then be applied.

David klob (1984) discovered that the four combinations of perceiving and processing determine the four learning styles.

![Experimental Learning Cycle (Kolb, 1984)](image)

Figure 31. Experimental Learning Cycle (Kolb, 1984)
Klobs model therefore works on two levels, the four-stage cycle as the diagram demonstrates and a four type definition of learning styles

1. Diverging (CE/RO)
2. Assimilating (AC/RO)
3. Converging (AC/AE)
4. Accommodating (CE/AE)

In an extended version of Kolb’s learning cycle, Kolb’s four learning styles are depicted; Accommodating, Diverging, Converging and Assimilating.

Figure 32. Adaptation of Kolb’s Learning Styles, Chapman (2006)
Understanding your own learning style and subsequently the learning styles of the people you interact with will enable learning according to the preferred method.

- Diverging (feeling and watching) – (CE/RO)
People who are sensitive to feelings and emotions, who see all the different perspectives, they tend to watch rather than take part, while gathering information often using imagination to solve problems. Brainstorming situations suit people with a diverging learning style along with work taken place in group situations.

- Assimilating (watching and thinking)- (AC/RO)
The assimilating learning approach is the logical practical approach. Facts and concepts take preference over people and ideas. This learning style leads to excellent understanding of information, and organising the information in a clear logical format. In formal learning situations this style may have preference for reading along with lectures, exploring analytical models while thinking everything through often working in science type careers.

- Converging (doing and thinking) – (AC/AE)
People with a converging style are fantastic at solving problems, using their learning to find solutions to practical issues. This learning style leads to solving technical tasks to the detriment of interpersonal skills. People with a converging learning style generally like to experiment with new ideas, whilst working towards practical solutions.
The accommodating learning style is ‘hands on’, relying on gut feeling over logic. People with the accommodating learning style tend to use other peoples analysis, taking the practical approach to getting tasks completed. This learning style is suited best to situations that require initiative to be shown and actions to be taken. Team work is suited to this learning style to complete tasks successfully. People with accommodating learning styles like to set goals and work towards achieving goals through set objectives.

Peter Honey and Alan Mumford (1986) developed their own learning system as a variation on the klob learning model. There is strong similarity between the klob learning styles and Honey and Mumford styles or stages. Honey and Mumford refer to the terms ‘activist’, ‘reflector’, ‘theorist’ and pragmatist as the four stages

- Activist = Accommodating
- Reflector = Diverging
- Theorist = Assimilating
- Pragmatist = Converging

I believe the learning style best suited to me is that of the activist/accommodator. While attracted to new challenges in both my personal and working life, I take a practical approach to situations, choosing to get involved in a hands on capacity in an effort to get jobs completed. I work best in team situations where I tend to rely on other members for information, then taking the information yet acting on instinct.

The accommodating learning style served me well throughout the master’s course as I specialised in project management where the majority of the work required was in group structures where teamwork was necessary.
Having researched Klobs along with Honey and Mumford’s learning styles I am better able to understand how I work best with other learning styles, whilst better understanding where group members are approaching situations from diverse learning styles. The learning styles researched also highlighted areas where it is necessary for me to personally develop to better equip me when dealing with future work projects involving colleagues. In particular I would like to develop skills associated with the diverging styles such as gathering information, then watching others, rather than jumping into situations in a hands on manner. I believe there are areas of the diverging style of learning where I have improved during the course of the master’s experience, with group brainstorming for ideas an area I now have great confidence in. This is an area we returned to on many occasions as part of the project management group assignment.

As part of a team throughout the master’s course, I enjoyed the dynamics involved the brainstorming previously mentioned and the hands on approach necessary to ensure tasks are completed to deadlines. I now believe I work best as part of a team in the company of others. There was a cautious apprehension at the prospect of the individual nature of the research dissertation, where analytical skills are required to excel, this is a further area of the assimilating learning style where I hope to continue to improve in the future.

6.4 The Masters Experience

In September 2010 I entered the master’s programme with excitement and trepidation in equal measure. I had not taken part in structured education since graduating from my undergraduate degree in 2002. This gap in my education left me feeling unsure about the challenges that lay ahead in the master’s programme.
I had worked in pharmaceutical sales since 2003 where communication, questioning and presentation skills were, as part of the role undertaken, developed and analysed regularly.

I realised at an early stage into the lecture series that after years of working alongside accommodating learning styles and extrovert personalities, I had changed considerably from the student who completed the undergraduate course in 2002.

I was leading the class questions from the outset, whilst requesting presentation roles as part of the group assignments; this led to the situation where I became the spokesperson for the part time undergraduate class. I was officially voted class representative soon after where I got the opportunity to meet with management and communicate class issues as they developed, this was a role where my communication skills were allowed to further develop.

Many of the communication skills discussed were developed prior to commencement of the master’s programme however, during the learning modules, and assignment tasks I was able to develop new skills such as analytical reading and critical evaluation.

During the group assignments there were situations where disagreements arose, I learned over the duration of the course to have a greater understanding of learning styles and personalities. I believe there is a role for every participating team member, through greater understanding of learning styles it is easier to maximise potential for success by fitting the style with a given task.

Towards the end of the master’s experience I have taken great confidence from developing friendships with classmates from many different working and cultural backgrounds, also in the knowledge that I have the ability to learn and develop academically in stressful environments.
6.5 Group Work

Coming from a business degree and working in pharmaceutical sales, entering into the masters programme I would have considered the opportunity to work in groups on assignments as part of the masters programme as a positive, as I have years of business experience working as part of a team. However it did not take me long to realise the difference between working as part of a team in a professional environment with clear chains of command, specific designated roles, and a level of expertise in your field of choice, contrasted with the grouping together of individuals from different academic backgrounds along with diverse working and cultural backgrounds. Teams of like minded individuals with similar accommodating learning styles was what I was used to dealing with, it transpired that the group formed as part of the project management programme contained all the learning styles reflected earlier including diverging, assimilating and converging styles to add to my accommodating learning style. This created a team of diverse individuals who had little understanding of how to go about achieving success. In the beginning the group in accordance with Gersick’s (1989) punctuated equilibrium model for groups we experienced the initial period of inertia suffering from groupthink where team members were not prepared to enter outside their comfort zones.

Due to a lack of assignment progression, heated debates took place allowing for group members to realize the difference in learning styles; this was a key moment as it also broke the cycle of inertia with leaders emerging within the group and opinions being shared. According to Aritzeta et al. (2007) people within groups show preference for certain behaviours or roles and not for others. This was a factor in our success as we realized the strengths associated with the different learning styles, helping the group to utilize strengths by assigning these strengths to specific tasks involved in the assignment.
This led to a group that stayed together for many of the assignments throughout the course with considerable success as we each fulfilled specific tasks such as the diverging style would look at all the possibilities open to the group and give feedback prior to the commencement of work, the person with the assimilating learning style would take all the available literature and organise it in a clear format for the group, while the person with the converging learning style would relish the challenge of the technical aspects to the assignment which in project management often focussed on mathematic equations and formulas. The group experience and reflection made me aware of the importance of maintaining a balance between learning styles and designated group tasks, if you can match the two you are increasing the chance of achieving success while reducing dysfunctional behaviours.

By the second and subsequent group assignments I had grown in confidence taking on the role of group leader, however I was happy to let each group member complete the tasks best suited to their strengths, on reflection a desire to complete tasks on time led me to be over controlling at times, a trait I am aware of and will endeavour to address in my professional life when working in teams in the future.

6.6 Individual Work

Like many of my fellow post graduate students the first few weeks of lectures and in particular the first assignment were met with trepidation. The trepidation experienced in semester one was greatly reduced by the second semester where I began to enjoy the opportunity to experience conceptual thinking and critical analysis, whilst learning how to engage in a more productive platform with team members with different learning styles. The opportunity to review literature and debate theories gave me great confidence in my ability to complete the course; this confidence was reflected across the part time class by semester two as many of the students began to ask assertive questions and debate theories in class.
6.7 Choosing a Dissertation Topic

Choosing a topic for my dissertation proved to be a more difficult challenge than anticipated. My preference was to look at the obesity epidemic in Ireland with particular focus on sugar in everyday products and the subsequent health issues, however having worked in the pharmaceutical industry for ten years with a vast amount of sales experience across many therapeutic areas, also the fact that my current employers have funded part of the cost of completing the MBA, it was decided in conjunction with my employers to look at the area of regulation in the pharmaceutical industry. Regulation on its own merit is quite a boring and technical area which I had little interest in outside how it affected my working role.

An area that did interest me was relationship marketing as it is a crucial element to successfully selling pharmaceuticals. While researching the literature around regulation and relationship marketing in the pharmaceutical industry I recognised a gap existed linking the two and there effects on relationships within the industry. This presented the opportunity for me to further develop the research looking at how regulation has affected relationship building in the pharmaceutical industry.

6.8 Challenges Faced

Once the dissertation topic was chosen I realised the main challenges I would face would be the collection of the survey data, both qualitatively and quantitatively. As one arm of my sample group was hospital doctors, I believed it would prove difficult to gather the necessary data due to busy schedules and time constraints hospital doctors face. This proved to be the case with my quantitative questionnaire where the response rate through the postal network proved poor; as I had anticipated a poor response my plan B to physically collect the data through my everyday interactions with hospital doctors enabled me to collect sufficient samples to justify the questionnaire approach.
My Qualitative analysis involved semi structured interviews, as this involved communication skills this is an area I believe I was competent in from my working experience, I believe I gained more from compiling the Questionnaire in the quantitative approach as this was an area of marketing I lacked hands on experience in. On reflection I learned about the order of questions, and particularly the answer options provided, as they have great influence on the quality of the data collected. For future projects involving questionnaires I will now have the experience necessary to ask more pertinent questions with a greater emphasis on the answers options provided to respondents.

### 6.9 Future Applications of Learning

As I currently work for a global pharmaceutical company in as specialised hospital sales role, I operate in a therapeutic area quite separate too many of my sales and marketing colleagues. My motivation for taking part in the MBA programme was to improve myself academically but also to look at the industry from a new perspective. This I believe has been achieved through my participation in the MBA programme; it has given me the confidence to explore new internal opportunities as they present, in areas outside my sales and marketing comfort zone in particular the opportunity now to take part in project management roles within the pharmaceutical industry. The MBA programme has taught me to recognise academic weaknesses that may be developed in future courses, particularly in the Finance area where I struggled with the module undertaken. This is an area I now wish to develop through a diploma course, in an effort to achieve my career goals.
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Appendix No. 1

8.1 Medical Questionnaire

1. How long have you worked as a Doctor in the Irish hospital System
   - 1 yr or less
   - 1-2 years
   - 2-5 years
   - 5-10 years
   - 10-20 years
   - 30-40 years

2. How often would you engage with commercial companies through pharmaceutical representatives in person?
   - Daily
   - Weekly
   - Monthly
   - Yearly
   - Never

3. Are you aware that regulation exists outlining how commercial companies engage with Irish based hospital doctors?
   - Yes
   - No
   - Not Sure

4. Has Regulation impacted your role as a hospital Doctor?
   - Yes
   - No
   - Not Sure
   Other (please specify)
5. What area does Regulation most effect your interactions with pharmaceutical representatives?
☐ Educational Grants
☐ Evening Educational Meetings
☐ Lunch Educational Meetings
☐ Breakfast Educational Meetings
☐ International Meeting Attendance
☐ Research Grants
☐ Face to Face meetings
☐ Coffee break meetings
☐ Educational Courses

6. Do you see Regulation benefiting your working role?
☐ Yes  ☐ No  ☐ Not Sure

7. What benefits are achieved by regulation existing in the relationship of hospital doctors and pharmaceutical companies?
☐ helps set relationship boundaries
☐ less influence over drug prescribing
☐ sponsorship restricted to education
☐ public perception
☐ independence achieved
☐ ability to prescribe without influence
☐ research grants open and transparent
☐ patient confidence

Other (please specify)
8. What are your reasons for engaging with pharmaceutical representatives?
- Good relations
- Product information
- Educational events
- Research grants
- Free gifts
- Research funding
- International meetings
- Educational sponsorship
- Light hearted chat

Other (please specify)_________________________

9. Does regulation of pharmaceutical companies have a positive effect for patient care?
- Yes
- No
- Not sure

10. Are your drug prescribing practices influenced by relationships with pharmaceutical representatives?
- Yes
- No
- Not sure

11. Does regulation impact your drug prescribing practices?
- Yes
- No
- Not sure

Other (please specify)_________________________
12. If pharmaceutical representatives were restricted to offering product information only, how often would you be likely to meet representatives in person?  
- Daily  
- Weekly  
- Monthly  
- Yearly  
- Never

13. Do you believe patient care is better as a result of pharmaceutical sponsorship of educational meetings?  
- Yes  
- No  
- Not Sure

14. Do you believe regulation is necessary to protect patient care from relationships formed between hospital doctors and pharmaceutical representatives?  
- Yes  
- No  
- Not Sure

15. Are you aware pharmaceutical companies may also practice strict internal regulation practices separate to the IPHA guidelines?  
- Yes  
- No  
- Not Sure

16. Do you ever feel unsure what actions are allowed under the external (IPHA) regulation or independent internal regulation guidelines?  
- Yes  
- No  
- Not Sure
17. Has regulation changed how you engage with pharmaceutical representatives?
☐ yes  ☐ No  ☐ Not Sure

18. Since the introduction of IPHA and internal regulation are you less likely to engage with pharmaceutical representatives
☐ Yes
☐ No
☐ Not Sure
☐ Other (please specify)
Appendix No. 2

8.2 Pharmaceutical Questionnaire

1. How long have you worked as a pharmaceutical sales executive in Dublin teaching hospitals
- one year
- 1-2 years
- 2-5 years
- 5-10 years
- 10-20 years
- 20-30 years

2. Are you aware that regulation exists outlining how commercial companies engage with Irish based hospital doctors
- Yes
- No
- Not Sure

3. Do you fully understand pharmaceutical regulation (IPHA) guidelines
- Yes
- No
- Not Sure
- Other (please specify)

4. Does your commercial enterprise enforce internal regulations
- Yes
- No
- Not Sure

5. Is relationship building a key part of your selling ability
- Yes
- No
- Not Sure
6. Do you believe regulation effects your ability to build relationships with hospital doctors
☐ Yes  ☐ No  ☐ Not Sure

7. Has regulation changed your working role as a pharmaceutical sales executive
☐ Yes  ☐ No  ☐ Not Sure

8. In which areas do you believe your role has changed due to regulation
☐ face to face meetings
☐ educational grants
☐ research funding
☐ international meetings
☐ national meetings
☐ promotional gifts
☐ meeting subsistence
☐ fellowship sponsorship
☐ evening meetings
☐ lunch meetings
☐ post meeting entertainment

9. Do you believe there are benefits to having a regulated working environment
☐ Yes  ☐ No  ☐ Not Sure  ☐ Other (please specify)
10. Please indicate which area regulation most benefits your sales role

- Respect
- Trust
- Professional conduct
- Professional relationships
- Sales
- Customer Relationships
- Patient Care
- Other (please specify)

11. Does regulation effect patient care

- Yes
- No
- Not Sure
- Other (please specify)

12. Do you believe regulation impacts positively on patient care

- Yes
- No
- Not Sure
- Other (please specify)
13. Does regulation make it easy for you to make decisions, knowing you are within regulation
   - YES
   - NO
   - Not Sure

14. Does regulation place greater emphasis on the patient
   - Yes
   - No
   - Not Sure

15. Does your commercial enterprise adapt global policies to local markets through internal regulation
   - Yes
   - No
   - Not Sure
   - Other (please specify)
Appendix No.3

8.3 Medical Questionnaire Results Table Findings

Question No 1.

<table>
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<tr>
<th>Answer Options</th>
<th>Response Percent</th>
<th>Response Count</th>
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<td>1 yr or less</td>
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<td>1-2 years</td>
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<td>2-5 years</td>
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<td>5-10 years</td>
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<td>10-20 years</td>
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<td>30-40 years</td>
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answered question 80
skipped question 1

Question No 2.

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Question No 3.

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Question No 4.

Has Regulation impacted your role as a hospital Doctor?

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answered question 81
skipped question 0

Question No 5.

What area does Regulation most effect your interactions with pharmaceutical representatives?

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<tr>
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<td>Educational Grants</td>
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<td>Evening Educational Meetings</td>
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<td>Lunch Educational Meetings</td>
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<td>Breakfast Educational Meetings</td>
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<td>Coffee break meetings</td>
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<td>Educational Courses</td>
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answered question 73
skipped question 8

Question No 6.

Do you see Regulation benefiting your working role?

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answered question 81
skipped question 0
Question No 7.

What benefits are achieved by regulation existing in the relationship of hospital doctors and pharmaceutical companies

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<td>less influence over drug prescribing</td>
<td>55.1%</td>
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<td>sponsorship restricted to education</td>
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<td>public perception</td>
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<tr>
<td>independence achieved</td>
<td>24.6%</td>
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<td>ability to prescribe without influence</td>
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<td>research grants open and transparent</td>
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<td>patient confidence</td>
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<td>11</td>
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answered question 69
skipped question 12

Question No 8.

What are your reasons for engaging with pharmaceutical representatives?

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<tr>
<th>Answer Options</th>
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<td>research grants</td>
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<td>international meetings</td>
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answered question 79
skipped question 2
Question No 9.

Does regulation of pharmaceutical companies have a positive effect for patient care?

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**Answered Question:** 81

**Skipped Question:** 0

Question No 10.

Are your drug prescribing practices influenced by relationships with pharmaceutical representatives?

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**Answered Question:** 80

**Skipped Question:** 1

Question No 11.

Does regulation impact your drug prescribing practices?

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**Answered Question:** 81

**Skipped Question:** 0
Question No 12.  

If pharmaceutical representatives were restricted to offering product information only, how often would you be likely to meet representatives in person?

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answered question 81  
skipped question 0

Question No 13.  

Do you believe patient care is better as a result of pharmaceutical sponsorship of educational meetings?

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answered question 80  
skipped question 1

Question No 14.  

Do you believe regulation is necessary to protect patient care from relationships formed between hospital doctors and pharmaceutical representatives?

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answered question 80  
skipped question 1
Question No 15.

Are you aware pharmaceutical companies may also practice strict internal regulation practices separate to the IPHA guidelines

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<th>Response Count</th>
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<td>No</td>
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answered question 81
skipped question 0

Question No 16.

Do you ever feel unsure what actions are allowed under the external (IPHA) regulation or independent internal regulation guidelines

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answered question 81
skipped question 0
Question No 17.

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answered question: 81
skipped question: 0

Question no 18.

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<td>73.8%</td>
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<td>22.5%</td>
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answered question: 80
skipped question: 1
Appendix No.4

8.4 Pharmaceutical Questionnaire Results Table Findings:

Question no 1.

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<td>2-5 years</td>
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<td>5-10 years</td>
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<td>10-20 years</td>
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<td>20-30 years</td>
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answered question 42
skipped question 0

Question No 2.

Are you aware that regulation exists outlining how commercial companies engage with Irish based hospital doctors

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answered question 41
skipped question 1
Question No 3.

**Do you fully understand pharmaceutical regulation (IPHA) guidelines**

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answered question 42  
skipped question 0

Question No 4.

**Does your commercial enterprise enforce internal regulations**

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answered question 42  
skipped question 0

Question No 5.

**Is relationship building a key part of your selling ability**

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answered question 41  
skipped question 1
Question No 6.

Do you believe regulation effects your ability to build relationships with hospital doctors

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answered question 42
skipped question 0

Question No 7.

Has regulation changed your working role as a pharmaceutical sales executive

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answered question 41
skipped question 1
Question No 8.

In which areas do you believe your role has changed due to regulation

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<tr>
<td>educational grants</td>
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<td>research funding</td>
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<tr>
<td>international meetings</td>
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<td>national meetings</td>
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<td>promotional gifts</td>
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<td>meeting subsistence</td>
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<td>fellowship sponsorship</td>
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<td>evening meetings</td>
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<td>post meeting entertainment</td>
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answered question 39  
skipped question 3

Question No 9.

Do you believe there are benefits to having a regulated working environment

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answered question 42  
skipped question 0
Question No 10.

Please indicate which area regulation most benefits your sales role

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<td>Patient Care</td>
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answered question 40
skipped question 2

Question No 11.

Does regulation effect patient care

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answered question 41
skipped question 1
Question No 12.

Do you believe regulation impacts positively on patient care

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answered question 42, skipped question 0

Question No 13.

Does regulation make it easy for you to make decisions, knowing you are within regulation

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answered question 42, skipped question 0
Question No 14.

Does regulation place greater emphasis on the patient

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answered question 41
skipped question 1

Question No 15.

Does your commercial enterprise adapt global policies to local markets through internal regulation

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<th>Response Count</th>
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answered question 42
skipped question 0
Appendix No.5

8.5 IPHA Marketing Guidelines:

Promotion of Medicines

The pharmaceutical industry is the primary source of information about its products and recognises its responsibility for ensuring that this information is accurate and does not mislead.

Promotional and advertising activities are essential as a means of informing physicians and health care professionals about the availability and use of new medicines and to alert prescribers to new uses for existing medications. This type of information supplements physicians’ existing knowledge and enables them to provide more effective patient treatment by considering the most up to date remedies.


IPHA is active in ensuring the highest possible standards of advertising and promotion of both prescription and non-prescription or consumer healthcare medicines to both healthcare professionals and the general public alike. It does so by administering a number of Codes of Practice, in particular, the Code of Marketing Practice for the Pharmaceutical Industry and the Code of Advertising Standards for the Consumer Healthcare Industry which set out detailed guidance to assist pharmaceutical companies in complying with the Medicinal Products (Control of Advertising) Regulations, 2007. The objective of these Codes is to ensure the highest possible standards in the promotion and advertising of medicines.
Acceptance and observance of the provisions of the Codes of Practice are a condition of membership of the IPHA. Companies observing to them also acknowledge that their provisions are to be applied in the spirit, as well as in the letter.

These Regulations and Codes of Practice together with the internal guidelines of companies, provide an efficient and cost-effective mechanism for imposing standards for advertising and promotional practices.

Experience has shown that action taken through self-regulatory codes produces much quicker results than pursuing cases through a legislative process and is significantly less expensive.

The Codes of Practice, which have been agreed and adopted by all member companies of the IPHA act not only as a model for the adoption of self-regulatory codes at company level, but they are also operational Codes with a well tried and tested procedure for dealing with allegations of poor marketing practices.

The philosophy behind self-regulation by industry is that “prevention is better than cure”. The IPHA has a complaints procedure to provide a mechanism for dealing with breaches of the Codes of Practice after they have occurred but the Codes and other self-regulatory mechanisms have an equally, if not more, important role in encouraging the implementation and monitoring of improved standards for marketing practices in order to prevent the errors from occurring.

The sanction of adverse publicity is one of the powerful deterrents against breaches of Good Marketing Practices. Under the Codes of Practice, complaints are referred to the highest level of management. Summary details of breaches of the Codes are published each year.