



HISTORICAL GENESIS OF FORMATION AND DEVELOPMENT OF THE PROFESSION “MEDICAL REPRESENTATIVE” IN UKRAINE

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Abstract.

The relevance of the study is due to the need for the state regulation of the pharmaceutical companies' medical representatives' professional training as the key figures within the domestic pharmaceutical market in the system of formal, non-formal and informal education.

Purpose: to characterize the features of the professional training development of these specialists in Ukraine on the basis of studying the history of formation and development of the “medical representative” profession.

Methods: general-scientific (analysis, synthesis, comparison, generalization) – in order to study scientific sources; specific-scientific (comparative-historical) – in order to identify the peculiarities of the professional formation of medical representative within the Ukrainian pharmaceutical market;

Results: the historical genesis of the information problem in the field of pharmacy was investigated; the conditions that contributed to the development of the profession of “medical representative” in Ukraine was substantiated; the professional functions of medical representatives were characterized; the peculiarities of the development of their professional training in the system of formal, non-formal and informal education of Ukraine were determined.

Conclusions: the development of the profession of “medical representative” started in the 90's of the last century and is associated with the formation of the pharmaceutical market of medicines and drugs; professional functions of medical representatives are informational, presentational and educational; these functions are aimed at bringing the branded generics to the domestic pharmaceutical market; in Ukraine, the training of medical representatives is carried out only by pharmaceutical companies and representative offices; in contrast to world practice, domestic associations of pharmaceutical (medical) workers stay away from the training of medical representatives; the profession of “medical representative” in Ukraine is still illegitimate; There is an urgent need to improve the professional training of medical representatives of pharmaceutical companies through the development and implementation of educational and professional programs at the second (master's) level of higher education and advanced training in postgraduate education.

Keywords: *lifelong vocational learning, pharmaceutical education, postgraduate medical education, medical representative, pharmaceutical companies.*

Introduction. The pharmaceutical market is one of the most promising sectors of the national economy. In Ukraine it is represented by a system of development, production and selling of medicines. Moreover, the development of each component of this system is subjected to its own logic (Ivanov, 2009). According to the topic of the study, our research interest is focused on such a component as the sale of medications – a branch of trade, the feature of which is that “it is controlled by medical

criteria of risk and benefit” (Ivanov, 2009). After all, scientists consider the medical representative as a “basic figure of the pharmaceutical market” (Budarina, 2008), “a key staff engaged in promoting their company's products; a key component of the company's marketing strategy” (Alshakka, anoth, 2010), “the basis of marketing in the pharmaceutical industry” (Nersesian, anoth, 2015). According to our definition, obtained from the results of the study, the “medical representative” is a specialist whose

professional responsibilities include a number of functions for the implementation of the company's policy on the promotion of medications (prescription and over-the-counter) and medical products in the pharmaceutical market (Bilousova, 2021).

On the pharmaceutical market of Ukraine, the total number of medical representatives who are permanently employed by pharmaceutical companies or leased by outsourcing companies is about 10 thousand people; 60% among them have higher pharmaceutical education, 40% – higher medical education (Zhadko, anoth, 2014). Despite the economic crisis and the impact on the development of the pharmaceutical market of Ukraine COVID-19, the number of medical representatives of domestic pharmaceutical companies is constantly growing. At the same time, the process of their professional training in Ukraine is not regulated by the state and remains studied insufficiently in the theory and practice of professional pedagogy. It should be noted that this profession is not included in the National Classification of Occupations, and domestic associations of pharmaceutical manufacturers and doctors are left out of the issue of training of medical representatives.

Sources. The scientific basis for solving the problem of becoming a “medical representative” in Ukraine was the scientific work of L. Wales, who highlighted the evolution of the profession, B. Mintz, who developed a training course for the profession of medical representatives. Features of professional activity of medical representatives are covered in scientific publications of T. Budarina, O. Gatsura, N. Ihnatenko, L. Kaidalova, O. Kuhar, D. Sai, etc., who contextually consider the issues of professional competence of medical representatives; in the works of S. Paukov, J. Reidy, D. Semenenko, Yu. Chertkov the practical experience of conducting trainings for medical marketing specialists is presented.

However, noting the undeniable significance of these studies, we note that the problem of becoming a “medical representative” in the pharmaceutical market of Ukraine has not found comprehensive coverage, despite its relevance to the theory and practice of vocational education (Bilousova, 2020).

The purpose of the article is to describe the peculiarities of the development of professional training of these specialists in Ukraine on the basis of studying the history of formation and development of the “medical representative” profession.

Methods. For the study of scientific sources, the general scientific methods (analysis, synthesis, comparison, generalization) were used. Among the specific scientific methods we chose a comparative-historical analysis in order to identify the peculiarities of the formation of the profession and the development of professional training of medical representatives in Ukraine.

Results and discussion. The study of scientific historical literature showed that informing doctors about the introduction of a pharmaceutical product on the consumer market of Ukraine and presentation of medicine have been carried out since the Middle Ages, even then the medical business had a reference on treatment and medications and their use. Domestic scientists in their scientific works note that in Ukraine the attempt to develop and implement information and advertising support for sellers and consumers of drugs was carried out in the first half of the XXth century. This is indicated by the creation of a special network of offices of pharmaceutical information, in which pharmacists-informants worked in cooperation with chief physicians (Beniukh, 1999; Pharmacy of the Soviet Era, 2019; Ponomarenko, anoth, 2007; Siatynia, 2002). Another fact is reflected in the publication of L. Novikova (2011), which deals with the position of a pharmacist-informant in Soviet inter-pharmacy drugstores, that was entrusted with the function of informing doctors about the availability of medications. These responsibilities are currently performed by medical representatives. In another source we find that the pharmacist-informant is “a position in a pharmacy, very close to the position of a clinical pharmacologist”, whose basic education is medical and he should be responsible for a number of pharmacy activities: to form a pharmacy range, to inform pharmacy workers, to study the market of medicines, medical equipment, pharmaceutical products, work with doctors of the nearest medical institutions; to be engaged in questions of advertising in the pharmaceutical organization, interaction with medical representatives, the control of registration of a trade establishment of a drugstore; organize the activities of the reference and organizational center and work with information about medications (pharmacological aspects), which requires a thorough knowledge of general and clinical pharmacology and pharmacotherapy (Zorina, Shutova and Kharchenko, 2010).

The IVth Congress of Pharmacists of Ukraine, which took place on October 23-25, 1984 in Zaporizhia, is of significant scientific interest for our

research. At that time, attention was focused on the need to improve the relationship between “doctor-patient-pharmacist (druggist)” and to prepare for this communication future specialists – pharmaceutical personnel who are to undergo internships in Ukraine and abroad. The importance of organizational and economic research, their social effect (Soviet-Era Pharmacy, 2019), which, in our opinion, should be a multifaceted (multirole) activity of a medical representative, was emphasized.

Thus, the historical genesis of the problem of information in the field of pharmacy indicates its relevance, but one should bear in mind that the beginning of this issue came with the existence of a centralized state health care system in Ukraine, when the wholesale network in the field of medicines and medical institutions exclusively to the state. Accordingly, management was carried out on a centralized basis, focused on the supply of medications in the country as a whole and regions, in particular, in a clearly defined amount, supported by the uniform wholesale and retail prices and in accordance with strict regulations of pharmacies. The purchase of imported medications was also carried out centrally. It is worth noting that characterizing this period both scientists and practitioners are not fully aware of content of the medical representative work. This conclusion made it possible for some researchers (Zorina, anoth, 2010) to compare the functions of a medical representative with the functions of a clinical pharmacologist. As for the latter, its functionality really includes: providing information about new medications and comparing them with well-known domestic and foreign drugs; providing the patient (according to the WHO recommendations, any person who asked for help because of any health problems, is a patient) with quality information and counseling when dispensing over-the-counter medications and especially when prescribing prescription drugs. (Verkhovna Rada of Ukraine. Legislation, 2002). However, the activities of a clinical pharmacologist are limited to pharmacies.

With the abolition of the Soviet system of government, pharmacies gained the right to purchase medicines on their own, while foreign pharmaceutical companies gained direct access to the domestic pharmaceutical market. At the beginning of the formation of the national pharmaceutical market, the most winning positions were occupied by Eastern European pharmaceutical companies – Gedeon Richter, Lek D.D., KRKA, Egis and others. This is due to the developed economic ties within the Council for Mutual

Economic Assistance. Their products are widely known in Ukraine to both doctors and consumers. The product portfolio of these manufacturers is almost entirely formed of branded generics, which makes the prices of medicines affordable – they are lower than innovative drugs. Manufacturers from Southeast Asia, including India (Dr. Reddy’s Laboratories and others), found themselves in the same situation. They also adapted quite quickly to Ukrainian conditions. Over time, domestic consumers became more critical to their medications, with Western companies being preferred increasingly, despite the fact that most medications produced in Asia entered the national pharmaceutical market in compliance with all international standards and registration in Ukraine. Thus, the management of these companies faced the task: to increase the level of training of medical representatives and develop their professional competence through the involvement of training companies. After all, it is the medical representatives who are the “face and voice of the pharmaceutical company” and attract the audience’s attention to information in personal communication much better than they do with the use of advertising, direct mail or other informational influence. T. Budarina notes that medical representatives are specialists of a much higher level than sales representatives who trade in consumer goods. The efficiency of work depends directly on the level of their medical and pharmaceutical qualifications (Budarina, 2008). Thus, the informational, presentation and educational functions of bringing branded generics to the domestic pharmaceutical market were performed by medical representatives. Researchers in the pharmaceutical industry note that in the late 1990’s, the existence of the original medications and their generics was known mainly to specialists aged 33-45 and consumers with higher education. The competent policy of generic manufacturers has led to the perception of patients of their drugs as a reference among synonyms of the same non-proprietary name. Original drugs were perceived by consumers as copies or analogues of drugs, and their trade names became popular in the Ukrainian pharmaceutical market (Sukhova, 2009).

For almost all leading manufacturers of pharmaceutical products (Sanofi-Aventis, Pfizer, Novartis, GlaxoSmithKline and others), the most common form of presence in Ukraine is accredited offices with the ability to organize direct sales. The marketing technologies that are widely used in foreign countries were brought to the Ukrainian pharmaceutical market. These technologies are

primarily aimed at promoting medications. Their tasks are the following: fixation in the minds of specialists and the end users of the exclusive trade offer of the medications; formation of packing recognition or trademarks; achieving the appointment of specialists of the advertised drug. Equally important is the creation of a corporate image of the company and the neutralization of advertising of competing medications. The expansion of the range of medications designed to meet the same needs has led to the transformation of the pharmaceutical industry from the seller's market to the buyer's market. In these circumstances, it was not enough to register a new medication – the company had to convey information about its properties and competitive advantages to the end or intermediate consumer, which in fact is a doctor (Sukhova, 2009). With the appearance of the foreign companies on the domestic pharmaceutical market in early 90's of the last century, the institute of medical representatives began to form as a marketing strategy, which began to be used by Ukrainian companies. Researcher T. Sukhova (2009) notes that the activities of medical representatives around the world are recognized as the most costly mechanism for promoting medications, but in Ukraine, this marketing strategy has become very popular and effective. Currently, it is difficult to find the companies that do not use this marketing technique (Sukhova, 2009). A sufficiently high level of salary of a medical representative allows companies to hire certified doctors and pharmacists for this work. However, the relevant segment of the labor market is not yet fully formed, due to the lack of a system of professional training.

At that time, the main task of the medical representative was to establish and develop links between pharmaceutical companies and health professionals in order to increase sales of medicines. At these positions were employed mostly doctors, who, en masse, went to a new profession for them, as they were able to have a professional dialogue with doctors of medical institutions and clinics, which was seen in their advantage. However, the intensification of competition between the domestic and foreign manufacturers due to market position and the intensification of distributors in order to promote medications, gradually led to a sharp increase in the number of medical representatives, especially of the so-called “field” employees in the regions (those who work directly with hospitals and pharmacies in a certain territory), resulting in a shortage of doctors willing to work in this capacity.

According to researchers, the main resource for recruiting medical professionals in practical medicine in the middle of the first decade of the XXIst century was exhausted, and therefore in conditions of staff shortages, companies were forced to hire specialists and pharmacists – biologists, vets, psychologists and others.

I. Shyrokova (2009) notes that the motives of those doctors and pharmacists, who were ready to work as a medical representative, have gradually changed. If initially the main motive of doctors when changing the type of professional activity was a simple desire to increase wages, then, as the research shows, an interest of being employed in the pharmaceutical business is becoming much more evident. As for the pharmacists who applied for the position of medical representative, they had other reasons, including: fatigue from working in a pharmacy, its routine, lack of prospects for serious development and career growth. Of course, it is difficult to become a product-manager or a regional manager if you do not go through the “field” school, “not knowing the specifics of the work of a medical representative as the first link in the promotion of medications” (Shyrokova, 2009). In this case, the career of a modern medical representative can develop in three areas:

- stay in the “sale” (Medical Representative – Key Account Manager – Government Relation Manager; Medical Representative – Regional Manager – Area Manager – National Sales Manager);

- go to “marketing” (Medical Representative – Junior Product Manager – Product Manager – Group Product Manager – Marketing Manager);

- to develop in the “medical department” (this path is mainly for doctors): Medical Representative – Medical Adviser – CRA – CRM – Medical Manager) (Geprüfte /r Pharmareferent / in / IHK Gießen-Friedberg, 2020).

At the same time, the marketing technologies influence formation of the consumer demand. Today, the communication marketing of the pharmaceutical community is considered to be ideal and its task is to focus public attention on the problem of maintaining and increasing health. T. Sukhova (2009) believes that the result of such a policy should consist in changes within the pharmaceutical market in terms of increasing demand for medications used to treat the most serious diseases, if to consider the epidemiology (Sukhova, 2009).

Therefore, it can be expected that the requirements for medical representatives will change, the training of which is currently not

standardized and is carried out by the companies themselves. Despite the 30-year development of the professional group of medical representatives in Ukraine, in the national Classifier of Professions DK 003: 2010 (hereinafter – the Classifier of Professions) (Verkhovna Rada of Ukraine. Legislation, 2010) there is still no title of “medical representative” or its equivalent, which would reflect the essence of the activities of these specialists, and no requirements have been formed at the national level. Accordingly, there are no accredited programs for the training of medical representatives in higher medical education, postgraduate education and non-formal lifelong learning. Their training is carried out only by pharmaceutical companies and representative offices, but, unlike the world practice, associations of pharmaceutical (medical) workers – medical representatives in Ukraine stay away from professional training.

The prestige of the profession of medical representative (that has different titles, such as: market research and public opinion consultant, medical product development specialist, marketing consultant, medical advertising representative, medical representative – Medical Representative) in the labor market is quite high and competitive, and, therefore, requires the formation of various competencies at the time of submission of the resume. In Ukraine, the functions of a consultant on market research and public opinion research are performed by marketers (speciality 075, the branch of knowledge 07 – Management and Administration), but it is an administrative position and is employed office workers. Such specialists are trained at the National University of Pharmacy, majoring in marketing. Professionals in this speciality can work in primary positions, i.e.: sales specialist, marketing consultant, commodity market research analyst, public relations manager, etc. (Verkhovna Rada of Ukraine. Legislation, 2015).

N. Mozhova (2017), revealing the peculiarities of the work of medical representatives in the domestic pharmaceutical market, notes that, depending on the actual responsibilities of these specialists, companies must determine which name of positions they will use from the best options: “Marketing” (code in the Classifier of professions – 3439), “Specialist in Methods of Expanding the Market (Marketer)” (code – 2419.2), “Manager of Advertising” (code – 1476.1), “Advertiser” (code – 2419.2), etc. She notes: “It is important to make sure that a similar job title is specified in the relevant documents: employment contract, job description,

employment order, employment record book, etc.” (Mozhova, 2017).

However, it is hardly possible to agree with the point of view of a well-known lawyer in the pharmaceutical field that this list is optimal. After all, in the practical dimension, the responsibilities of a medical representative differ significantly from those defined by the proposed positions. The practice of working as a medical representative in various companies (domestic and German) also indicates the use of other job titles, namely: medical representative, regional representative, market research and public opinion consultant, medical product development specialist, marketing consultant, representative of advertising of medicines, medical representative – Medical Representative. Now (since February 2019) companies have the opportunity to use the general provisions of the Classifier of Professions on the “formation of new titles of professions and positions in connection with the development of new economic activities and technologies” (Verkhovna Rada of Ukraine. Legislation, 2010). This opportunity is provided by the Classification of Occupations with changes approved by the order of the Ministry of Economic Development and Trade of Ukraine dated February 15, 2019 # 259. The International Standard Classification of Occupations (ISCO 88: International Standard Classification of Occupations / ILO, Geneva) was approved to be the basis according to the recommendations of the International Conference on Labor Statistics to translate national data into a system that facilitates the international exchange of professional information (ISCO 88, 2020). Thus, the implementation of European legislation is being implemented in domestic medical education gradually.

In pharmaceutical companies, these specialists are referred to section 3 (Specialists) according to the Classifier of Professions with changes approved by the order of the Ministry of Economic Development and Trade of Ukraine dated August 18, 2020 № 1574 (https://hrliga.com/docs/KP-2010_r3z.htm). The preamble provides a brief description of the occupations contained in this section. It lists professions that require knowledge in one or more fields of science, technology and humanities. Professional tasks consist in performing special work related to the application of the provisions and the use of methods of relevant sciences. This section includes professions that meet the qualification of a diploma or other relevant document: junior specialist; bachelor’s degree;

specialist undergoing postgraduate training (traineeship, internship, residency, etc.); specialist (for work on the management of multifunctional technical complexes or their maintenance). Thus, in terms of its complexity and level of responsibility, the profession of medical representative does not correspond to any of the mentioned above professional groups. In terms of complexity and level of responsibility, it rather belongs to section 2 (Professionals), because according to the requirements for medical representatives, they must have at least a diploma of complete higher education, which corresponds to the level of specialist or master. Currently, this professional group includes medical representatives with a diploma of the degree of Candidate of Sciences / Doctor of Philosophy. Of course, this affects the status of the profession of medical representative in Ukrainian society.

Conclusions. The formation of the profession of medical representative in Ukraine began in the 90's of the last century and is associated with the development of the pharmaceutical market of medicines and medications and the formation of a

professional group of medical representatives. The presence of medical representatives in the national professional field at the present stage of socio-economic development is not legitimized: this profession is not listed in the National Classifier so the professional training of these specialists has no legal support and is carried out directly in pharmaceutical companies without licensed educational programs. The effectiveness of medical representatives depends on the level of their professionalism and personal qualities, relationships with doctors, heads of medical institutions, distribution companies, pharmacy chains, individual pharmacies, etc. Accordingly, there is a need to solve the problem of their training through development and implementation of educational and professional programs at the second (master's) level of higher education and advanced training in the system of postgraduate education. Therefore, we consider that the prospect of further scientific research consists in the study of the system potential of domestic postgraduate education for internships and specialization of medical representatives.

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ІСТОРИЧНИЙ ГЕНЕЗИС СТАНОВЛЕННЯ І РОЗВИТКУ ПРОФЕСІЇ «МЕДИЧНИЙ ПРЕДСТАВНИК» В УКРАЇНІ

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Реферат:

Актуальність дослідження зумовлена необхідністю врегулювання на державному рівні професійної підготовки медичних представників фармацевтичних компаній як ключових фігур вітчизняного фармацевтичного ринку у системі формальної, неформальної та інформальної освіти.

Мета: на основі вивчення історії становлення і розвитку професії «медичний представник» охарактеризувати особливості розвитку професійної підготовки даних фахівців в Україні.

Методи: загальнонаукові (аналіз, синтез, порівняння, узагальнення) – для вивчення наукових джерел; конкретно-науковий (порівняльно-історичний) – для виявлення особливостей становлення професії медичного представника на українському фармацевтичному ринку;

Результати: досліджено історичний генезис проблеми інформування в галузі фармації; обґрунтовано умови, що сприяли розвитку в Україні професії «медичний представник»; охарактеризовано професійні функції медичних представників; визначено особливості розвитку їх професійної підготовки в системі формальної, неформальної та інформальної освіти України.

Висновки: розвиток професії «медичний представник» розпочався у 90-х роках минулого століття і пов'язаний із становленням фармацевтичного ринку лікарських засобів і препаратів; професійними функціями медичних представників є інформаційна, презентаційна і просвітницька; ці функції спрямовані на виведення на вітчизняний фармацевтичний ринок брендovаних дженериків; в Україні підготовка медичних представників здійснюється лише фармацевтичними компаніями і представництвами; на відміну від світової практики, вітчизняні асоціації фармацевтичних (медичних) працівників залишаються осторонь від професійної підготовки медичних представників; професія «медичний представник» в Україні дотепер нелегітимізована; нагальною є потреба вдосконалення професійної підготовки медичних представників фармацевтичних компаній через розроблення і впровадження освітньо-професійних програм на другому (магістерському) рівні вищої освіти та підвищення кваліфікації в системі післядипломної освіти.

Ключові слова: *безперервна професійна освіта, фармацевтична освіта, післядипломна медична освіта, медичний представник, фармацевтичні компанії.*

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