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The nature of the interaction between pharmaceutical sales representatives and general practitioners in South Africa

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SUPPLEMENTARY FILES

Supplementary File 1: Interview Guide

INTERVIEW GUIDE

Date: …….

Interviewer: ……..

Interviewee: …….

Interview Code: ……

Instructions:

- Give short introduction to clarify the aim of the interview.
- Describe the semi-structured interview process and the flow of the interview.
- Indicate how many questions are planned and allude to the potential for delving deeper into certain topics if the need arises.
- Give the estimated time required for the completion of the interview.
- Create an informal environment conducive to rapport and dialogue development.
- Deliver thank you statement at the end of the interview.

Section 1: The Pharmaceutical Sales Representative

1. Do you allow access to pharmaceutical sales representatives in your practice?
    a. If so, for what purpose?
    b. If not, why not?
2. How effective are the pharmaceutical sales representatives in achieving their objectives?
3. Has the role of the pharmaceutical sales representative changed over the years?
    a. If so, how?

Section 2: The Pharmaceutical Companies

4. Do you find the marketing strategies employed by the pharmaceutical companies today effective and relevant?
    a. If so, in what way?
    b. If not, why not?
5. Has the marketing strategy employed by the pharmaceutical companies changed over time?
    a. If so, in what way?
6. Do you think the pharmaceutical sales representative still has a role in the marketing strategy of pharmaceutical companies?
    a. If so, in what way?
    b. If not, why not?

Section 3: The General Practitioner

7. How would you describe your ideal interaction with a pharmaceutical sales representative?
8. Would you prefer the pharmaceutical companies to utilise alternative marketing channels, instead of the pharmaceutical sales representative?
    a. If so, which channels?
    b. If not, why not?
9. What are your needs as a general practitioner in South Africa?
10. Have your needs changed over time?
    a. If so how?
11. Are the pharmaceutical companies aligned to the needs of the general practitioners in South Africa?
    a. If so, in what way?
    b. If not, why not?
12. How would you like to be viewed by the pharmaceutical companies who send representatives to interact with you?

Supplementary File 2: Participant Statements

5.2.1 Understanding the purpose of allowing PSRs in the doctor's practice

"I think its follow up you know, to be advised of the new developments and just to tell us about the old ones again" (Respondent 2).

"We use them because of new, you know investment, new practice on the insulin, whatever the new information that you can. They can bring to you, we used to have a lot of experience in the pharmacological way" (Respondent 9).

"If you see more than say reps from different companies, you get different aspects of studies that are being done" (Respondent 1).

"Sometimes it is handy to be refreshed on just some things, so I view them as a very important tool that I use, I don't view them as a nuisance, them telling me things that I already know, even if I do know it, I don't look down on it because they fulfil a very important function in my industry" (Respondent 5).

"To give you detail about new product and what else is coming, and that kind of thing" (Respondent 10).

5.2.2 Understanding the effectiveness of PSRs in achieving their objectives

"I would like to have stuff that is new information and not wasting your time" (Respondent 9).

"I understand why they do it because they are loyal to their company, surely fair is their salary, but reps can sometimes be a bit, I wouldn't say offensive but pushy which can be annoying" (Respondent 5).

"The representative will be reviewed on my view, the effectiveness in getting the message over, giving me more, giving me information, not so much so enforcing their personal opinion on the product" (Respondent 5).

"The routine that the reps just come through really just to remind us of the products that are there and that is all, unless they have some good people skills which most of the people don't, they are a waste of time" (Respondent 4).

"But they need to tell me about changes and new drugs and I corner them on questions and they must answer the questions, if they don't know they should find out and come back, if they don't" (Respondent 6).

"The effectiveness is depending on a few things, on the representative's ability to communicate, in a way to keep my attention, to keep things interesting and just be careful they don't get my attention by rewards, they've bought the sale" (Respondent 5).

5.2.3 Understanding how the role of PSRs have changed over the years

"These days the rep must actually be quite informed, so I would and I think most reps has some degree of education, so a Bachelor degree, at least, I think the rep standard of knowledge has definitely increased, you don't get stupid reps, well you do still get but I mean but it's a majority, you don't get typical these pretty faces that doesn't say a lot" (Respondent 5).

"I think some companies are doing real new information and then bring it, because me as a doctor, a practitioner don't have always the time to do the research and the reports and all that stuff, you know there are so many insulin and diabetes, hypertension, hydro cholesterol or whatever, so if it is relative, if it is interesting then so it is worthwhile" (Respondent 9).

"You know so I think that standard has gone up because the industry, you know there is more multinationals, more competition, and more generics, so if the company get value of them, I don't know, I would imagine so" (Respondent 5).

"*I think it changed much more to value added service. Where you know, instead of giving you a lot of stuff that you don't really need to rather give you something, one thing that you can use here in the practice and make use of it properly, whereas in*

the past, they gave you a lot of things, then you would go away somewhere but it did not really add any value to the actual practice" *(Respondent 10)*.

"I think they have got a little bit of pressure because of generic and ethical medicines, ethical guys are struggling a little bit, they need to work hard, and generic guys it's much easier for them, so there is type of a war there. They have got to work hard" *(Respondent 2)*.

5.3.1 Assessing the effectiveness of marketing strategies adopted by pharmaceutical companies

"Strategies, they give us stuff to help, read, if we need something they come back with answers quickly" (Respondent 2).

"Some of the companies yes, whereas they will have an interaction with their product with a small group and specialist or meeting with specialist, you know a small group meetings, nothing fancy, there is much more interactions, much better" (Respondent 4).

"I suppose, I don't like it when they come in with a big file and show you this line from one study and that line from another study, what I do prefer though is one sheet or one page and with the study summarised, maybe in a form of a glove or something" (Respondent 8).

"I mean visual ads on paper or linen or pens, they are of course are relevant still. I think it's, you know if you look at any other marketing campaign, I would say that is still the basis of marketing is still to make sure that it is visually and if that is on a piece of paper or on a linen or on a pillow case or on a pen, you know that still refreshes that memory" (Respondent 5).

5.3.2 Understanding changes in the marketing strategy of pharmaceutical companies over time

“I have been a GP for eight years, and in the past eight years, just the way that they detail is a little bit different, instead of paper they are now using technology to detail with but it’s still the same thing, I can’t see much of a difference” (Respondent 8).

“They might have a great product, but the marketing in the old days, they would have said you know listen you know let us take everybody on a game drive, and everybody would have remained with that product, now these days, and it could have been a great product” (Respondent 5).

“Because they have been pushed into lines with the new laws that came out, for instance, the devices that we use for diabetes, they were for free so we could give any patient anything, but the law say now it is a pervasive incentive, now the patient must buy it, and that has a big influence in the amount of tests that are done because the machines are expensive” (Respondent 6).

“Yes and they force us to use less efficacy product which are cheap” (Respondent 7).

“I think it is more competitive now, I think it is a market that is going to reduce under their side, I think there is going to be less reps because certain factors” (Respondent 2).

“But in urban area you need to look at who your target market is and what are they interested in its individualised, and the good reps are individualised reps” (Respondent 4).

“They went for a, a couple of years ago they were going for a very hard sell thing, it was extremely annoying, you know, it was can I count on you to prescribe my product and it just makes a difference in a way you, I don’t want people to tell me how to prescribe, I want them to give me the medial information and allow me to make the decision, but they backed off with that I have not had anybody do that in a very long time” (Respondent 1).

5.3.3 Assessing the relevance of PSRs in the marketing strategies of pharmaceutical companies

"If I get an invite to a CPD or whatever on an email, its, I, it doesn't work, you know you look at it and say, you see it's a Saturday afternoon or whatever, I don't even bother. But for an example last week, Aspen came and invited me, they did an email invite as well, they did a personal invite, they sent an SMS." (Respondent 5).

"I mean there will always be a representative, you know, informing you, having a bit of a personal contact, in a sense that the company will send somebody personally to you, to say listen, this is our products, you know we have got the CPD evening, we have got this visual aids, you know, come and join us" (Respondent 5).

"You have to stand in front and you have to listen to them and they just hand you the leaflet and that is not very" (Respondent 9).

"Yes they don't come with a relevant trial" (Respondent 4).

"They mustn't look at it as marketing, they must look at it as a relationship building, because if they look at it as marketing they look like sales people. It's a responsibility to give me the knowledge to make good decisions for my patients' benefit" (Respondent 6).

"But business is in any way about relationships" (Respondent 6).

"*They must actually know that we don't have time for long talks and you know discussion of the stuff because we really don't, sometimes they are just sitting there with no appointment and then it is really wasting the time*" *(Respondent 9).*

5.4.1 Understanding the ideal interaction of general practitioners with PSRs

"I prefer clinical" (Respondent 3).

"Bring something relevant that they know I like to have" (Respondent 4).

"Know and you want to hear the feedback as to what the other doctors are saying, you want to give your feedback" (Respondent 8).

"Make it short and sweet" (Respondent 9).

"I don't need a book full of facts, unless I wanted it" (Respondent 2).

"If they are going to bring out new information with that new product that is a benefit to a patient, yes there is still going to be a role" (Respondent 7).

"I would like to have stuff that is new information" (Respondent 9).

"I quite like the detailed aid as they are showing me graphs" (Respondent 1).

"I want the names of the products, I want to know the changes in products and new info. They can give me articles" (Respondent 6).

"Don't ask the doctor if he know because then you put the doctor on the spot and then he feel badly and then you are not welcome there again" (Respondent 6).

5.4.2 Understanding the preferences of practitioners on the use of alternative marketing channels, instead of the PSR

"No - I don't really think because if I am not interested in an email then I don't have time to listen, so I suppose they have a definite role in the marketing of their products" (Respondent 9).

"We did just on line, little bit of online, say 10% online, they give us info online we do that. And they also come in with CMEs here and they sit and wait for us for three hours, they see all the doctors with maybe a CME on a video, audio" (Respondent 2).

"Symposiums are nice, we actually listen to something about a topic and the latest research and like we do right now" (Respondent 3).

"So I still think pharma companies should have large role in medical education. And interacting within that sphere. Whether it is small group meetings, larger meetings, big CPD meetings, I think there is a big role to play in that sort of environment" (Respondent 4).

"And yes I also think a rep, a specialised rep who is highly training is also worth his weight in gold" (Respondent 4).

5.4.2.1 Understanding which alternative marketing channels are preferred, instead of the PSR?

"*They use a lot of CPDs which is good for us and when they have functions in sense that you go to a function but you get points which you are forced to have and like they have a weekend coming up on diabetes, which is a good idea" (Respondent 6).*

5.4.3 Assessing the needs of a general practitioner in South Africa?

"New info, new medicines, and you know questions asked, interaction of medicine, the new change, let's say I need descriptive to that one, how do I do it" (Respondent 2).

"So the needs that I have is to still you know be responsible, under a responsible, in a responsible environment that's governed by, and I am going to say it again, a responsible unit like the Health Professional Council of South Africa and South African Medical Association and those people, and at the moment, nobody is coming to the party" (Respondent 5).

"But one thing is for use, medical industry needs to change, private industry needs to change, the needs for me is that that change must be fair, meaning fair re-imbursement, fair towards my patients, the type of service that is rendered, fair where it comes to litigations, you know at the moment is just one way, you know, you look at somebody funny and you could be sued for millions, it's unfair" (Respondent 5).

5.4.4.1 Understanding how the needs of the general practitioner have changed over time

"Yes and there is a couple products that I believed in and that I liked and they (medical aids) can just don't pay for them. But they did before" (Respondent 3).

5.4.5 Assessing if pharmaceutical companies are aligned to the needs of general practitioners in South Africa

"I suppose they should be because they all belong to some form of organisation I think, there is a pharmaceutical board and everybody belong to that. And I would imagine that they would be aligned where it comes specifically to policies there, I would hope so. I do think that some of your smaller independent guys that sells alternative stuff out there are unregulated and very dangerous, so there is a huge need for that to be regulated but then you are going to draw the line further. But do I think they are, yes, I would hope so" (Respondent 5).

"I think they are interested, I think they are interested in hearing what we have to say. That is how I felt about, where we complaint about certain things, I do think they do respond" (Respondent 1).

"To a certain extent yeah, so I would say yes. I mean we are always told about the new stuff, it is frustrating to be told the same thing over and over again, but I also think it is rep dependant as well" (Respondent 8).

"You know 50/50, sometimes you just see them and its them again, you catch up with them but no" (Respondent 9).

"No they do, they try. Like there is a specific insulin they sent me a list of them, well the medical aid was Discovery, they sent me a list for how many pens of that insulin they pay for, you could try and work around it" (Respondent 3).

5.4.6 How general practitioners would like to be viewed by the pharmaceutical companies who send representatives to interact with them

“As someone who actually has a little bit of a brain” (Respondent 8).

“I don’t know, somebody that works with incorporation” (Respondent 1).

Supplementary File 3. Consistency Matrix

The nature of the interaction between pharmaceutical sales representatives and General Practitioners in South Africa					
Sub-problem	**Literature Review**	**Questions**	**Source of data**	**Type of data**	**Analysis**
The dynamics of the PSR–Doctor interaction	(Mitchell, Thomas, & Hughes, 2008) (Pharmafield, 2008) (McGettigan, Golden, Fryer, Chan, & Feely, 2001) (Salmasi, Ming, & Khan, 2016) (Pesse, 2007) (Khedkar & Sturgis, 2016)	What is the nature of the PSR-General Practitioner interaction in the South African pharmaceutical industry?	Semi-structured interview instrument (Appendix 1)	Qualitative	Examining the dense text data generated and aggregating it into several themes
Strategic drift and marketing	(Sammut-Bonnici, 2015) (Johnson, Whittington, Scholes, Angwin, & Regner, 2014) (Gilligan & Wilson, 2003) (Leask, 2015)	Are the marketing strategies employed by the pharmaceutical companies resonating with the General Practitioners in South Africa?	Semi-structured interview instrument (Appendix 1)		
Business model canvas	(Osterwalder & Pigneur, 2011) (Iafolla & Greco, 2005) (Khedkar & Sturgis, 2016)	Is the general business model employed by the pharmaceutical companies in South Africa still relevant?	Semi-structured interview instrument (Appendix 1)		