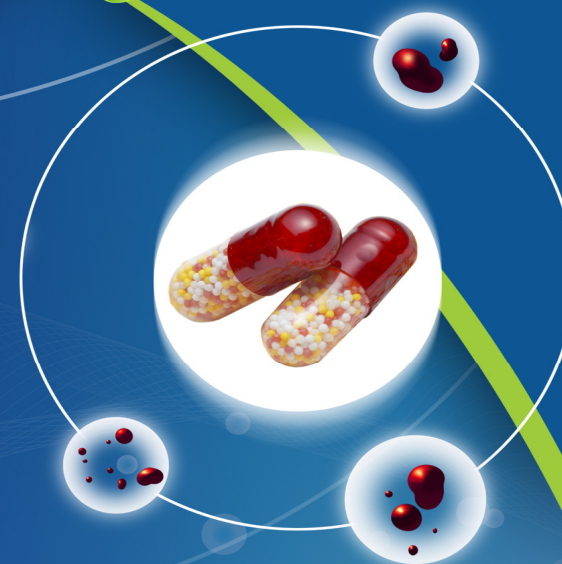




**BI
MONTHLY**

Asian Journal of Pharmaceutical Research And Development

(An International Peer Reviewed
Journal of Pharmaceutical
Research and Development)



Volume - 01

Issue - 01

JAN-FEB 2013

**website: www.ajprd.com
editor@ajprd.com**



Research Article

PRESCRIBING PRACTICES OF MEDICAL PRACTITIONER: A SURVEY OF PUBLIC & PRIVATE SECTOR REGISTERED MEDICAL PRACTITIONER

Garg R.^{1*}, Prasad H.² and Singhvi I.J.³

¹Geetanjali Institute of Pharmacy, Dabok, Udaipur

²Faculty of Management Studies, M.L.S.U., Udaipur

³Pacific College of Pharmacy, Udaipur

Received: 10 January 2013,

Revised and Accepted: 30 January 2013

ABSTRACT

To compare various aspects of prescribing behaviors of Medical Practitioner of public and private Sector registered medical practitioners. A pilot survey was conducted for a period of 2 months for Government and private hospital of Udaipur district. After doing a pilot survey of physicians, major factors influencing their peer prescription behavior were found. Quality of medicines is most important for physicians, as it is not only helps curing the disease but also helps in building their reputation. Physicians on the basis of company image and consistent results with a product, judge the quality of products. So company image is also on high priority in their mind while prescribing medicines. A regular visit by a smart, dedicated, well groom having soft skills medical representatives is the best tool of promotion for a pharmaceutical company. Presenting good quality literature, journals and sponsorship for conferences or personal tours are preferable promotional tools in comparison to organization of free camps, personal gifts, medicine samples or any other incentive. It is vital that sales professionals become involved in the process doctors must go through in order to change their clinical behaviours and prescribing habits. If the information a representative has to offer is presented to the physician as an opportunity for learning and improving the problem-solving process, everyone benefits – the doctor, the patients and the representative. By training representative to view time with a doctor as a part of a larger educational process, you make it possible for them to contribute to that learning process and meet their goals more quickly. Scientific information is more effective when used as an educational tool rather than a sales tool.

Keyword: Medical Practitioner, prescription

INTRODUCTION

Although drugs alone are not sufficient to provide adequate health care, they do play an important role in protecting, maintaining, and restoring health.

In recent years there has been a tremendous increase in the number of pharmaceutical products in the marketplace; however, there has been no proportionate concomitant improvement in health. This has increased the cost of health care. In developing countries, the problem is magnified by limited economic resources and a lack of organized drug policy. Clearly, optimal use of these resources means that the drugs that are available in a given setting must be restricted to those proven to be therapeutically effective, have acceptable safety, and satisfy the health needs of the population. Such drugs are termed

***Corresponding Author**

Rahul Garg*

Geetanjali Institute of Pharmacy, Dabok, Udaipur
Email: rpharmaworld@gmail.com

essential drugs. A large segment of the population needs essential drugs for its health care management. In 1977, WHO published the first Model List of Essential Drugs and subsequently has attempted to improve drug-use practices in developing countries. [1] An essential tool in this respect is an objective and standard method of describing drug-use patterns and prescribing behaviour in health facilities through the use of prescription analysis. Recently, health authorities in India have published an exhaustive national essential drug list of 279 items, consisting of 162 universal drugs (24 complimentary agents) and 117 items for secondary health care. The present article reports the results of a prescription audit in Udaipur, India, to quantify any correlation between the prescribing behaviour of government and private medical practitioners and the concept of essential drugs and to identify prescribing errors using WHO indicators. The study quantifies the current situation, developmental trends, and time course profile of drug usage and provides guidelines for rational use of drug therapy and of essential drugs. [2, 3]

The objective of pharmaceutical marketing is to make profits through satisfying customer needs and wants. Hence, the marketers have to understand the real needs, wants, belief and attitude of customers towards products and services.

With Product patent being implemented in India, the operating dynamics of the Indian pharmaceutical industry are poised for significant changes. The pace at which Indian companies were able to introduce new formulations till now is likely to slow down considerably. One of the biggest changes for the future would be the focus on 'marketing' that would get significant momentum to drive corporate performances. In short, understanding customer needs and expectations would become the mantra for success in years to come. [4, 5]

Indian Pharmaceutical Marketing System

Pharmaceutical marketing is a specialized field where medical representatives form the backbone of entire marketing effort. Pharmaceutical companies also appoint medical representatives and assign them defined territories. Medical representatives meet doctors, chemists and stockiest as per company norms. Medical representatives try to influence prescription pattern of doctors in favour of their brands. [6] The pharmaceutical distribution channel is indirect with usually three channel members i.e. depot/C&F, stockiest and chemist. Pharmaceutical companies appoints one company depot or C&F agent usually in each state and authorized stockiest in each district across the country. Company depot/C&F sends stocks to authorize stockiest as per the requirement. Retail chemists buy medicines on daily or weekly basis from authorized stockiest as per demand. Patients visit chemists for buying medicines either prescribed by a doctor or advertised in the media. [7]

Rational of the study:

This project provided an immense knowledge and overview of the Prescribing practices of government and private medical Practitioner as well as this project results will also helpful for government to decide their their policy and the project will definitely informative for pharmaceutical companies also to decide their marketing policies

Objective: The objective of the project is as follows:

To study various kinds of schemes being provided by pharmaceutical companies to attract the attention of Registered Medical Practitioner

To identify relative importance of factor considered by Registered Medical Practitioner for Prescribing Drug Molecules. [8]

To identify impact of demographic factors in prescribing practices of Registered Medical Practitioner for e.g. Public v/s Private, Male v/s female etc.

Research Methodology:

Scope of the Study: The study conducted in Udaipur district of Rajasthan.

Source of Data:

Primary Data - Collected by Questionnaires filled by Doctors of Udaipur district.

Secondary Data - Through Pharmaceutical Journals, Magazines, Reports and internet.

Sample Size: 100.

Sampling Method

Random & purposeful Sampling Method has been followed.

Tool of Analysis

Data collected from different sources has been tabulated and percentage and average method has been applied to analyze data.

RESULT AND DISCUSSION

Factors influencing prescription behavior of physicians

After doing a pilot survey of physicians, major factors influencing their peer prescription behavior were found. Then respondents were asked to give marks out of 10 to each factor as per importance. Average marks were then calculated to find out important factors influencing prescription behavior.

Most Important Factors

Table 1 indicates that physicians are quality, price & availability conscious persons. Quality of medicines is most important for physicians, as it is not only helps curing the disease but also helps in building their reputation. Physicians on the basis of company image and consistent results with a product, judge the quality of products. So company image is also on high priority in their mind while prescribing medicines.

The price factor is always in forefront while prescribing a medicine; otherwise patients may leave taking the medicine in between or change the doctor. Availability of products; especially newly launched drugs is questionable in doctor's minds So physicians before prescribing a new drug either wait for sometime or check at nearby chemist counters. [9, 10]

Other important Factors

A regular visit by a smart, dedicated, well groom having soft skills medical representatives is the best tool of promotion for a pharmaceutical company. Presenting good quality literature, journals and sponsorship for conferences or personal tours are preferable promotional tools in comparison to organization of free camps, personal gifts, medicine samples or any other incentive. [11]

Factors, which help in brand recalling

Physicians have to remember many brands of different companies. After doing a pilot survey, the researcher short-listed five factors that help them in recalling brand names while prescribing. Physicians were asked to rank the factors in order of importance that help in brand recall.

Table 2 clearly shows that physicians prefer short brand names related to molecule or

organization or indication. The researcher is of the opinion that regular reminder through regular calls and mailers having brand name at regular interval is a better option than presenting a small gift (having brand name) to be placed in the chamber or on the table of the physician. [12]

Brand Shifting

Physicians were asked whether they shift from one brand to another brand insame therapeutic category

Yes - 6%
No-- 12%

Most of the physicians shift from one brand to another brand in same therapeutic category due to one or the other reason.

Reason for shifting from one brand to another in same therapeutic category

After doing a pilot survey, the researcher short-listed five reasons that lead to brand shifting. Physicians were asked to rank these reasons in order of importance.

Table 3 depicts that a sharp drop in price by the competitor brand is the most important reason for a physician to shift their prescription to the competitor brand. Physician also gives a trial to a new research molecule launched in the same therapeutic category. Regular visits and regular demand by medical representatives supplemented by promotional efforts of company also influence doctors. [13]

Relationship Marketing

Many pharmaceutical companies have developed doctors' database of their birth dates and anniversary dates. These companies greet their key customers and present them with gifts

to build long term relations. Physicians were asked whether such activities like greeting on birthdays, Anniversary etc. influence them to prescribe products of a particular company.

Yes 42%
No 58%

58% of the physicians believe that such activities do not influence them to prescribe products of a particular company. Some physicians may consider it as a invasion of their privacy.

Medium of information and communication

Physicians were asked whether they use the Internet to know more details about products, new drugs, their efficacy and side effects.

Yes 58%
No 42%

Then physicians were asked whether they are in favour of promoting medicines through Internet & mailers instead of Medical Representative.

Yes 04%
No 96%

Physicians have accepted the Internet as mode of information providing but they have not accepted it as a medium of communication and promotion of medicines. A Medical representative is still considered by huge majority as a better medium of communication and promotion by physicians. The researcher is of the opinion that medical representatives provide human touch and more personalized service to physicians. [14, 15]

Sources of information

After doing the pilot survey, five sources of information for updating knowledge by

physicians were short-listed. Physicians were requested to rank these sources in order of preference to update their knowledge.

Journals and textbooks are considered to be the best source of information for updating their knowledge as shown in Table 4. Scientific conferences and continuous medical education programmes by reputed medical bodies or associations are considered to be next best source of information. Specialists of different subjects were called up in such conferences to discuss new issues and problems in that particular area.

Recommendations

Product

A good quality medicine is a must for being successful in the market for any pharmaceutical company as this is the first priority for most of the physicians. So pharmaceutical companies should communicate with doctors, manufacturing standards (e.g. US-FDA or WHO – Good manufacturing practices) they are following while manufacturing their products/medicines. Companies should strengthen and invest more in Research and Development so as to launch more new research products. [16, 17]

Action Point

A medical representative has to redefine its role, he should know SPICE concept of Pharmaceutical Marketing.

S	:	Specific
P	:	Product Knowledge
I	:	Inclinical Activity
C	:	Communicate Effectively
E	:	Encash in terms of Prescription

It is vital that sales professionals become involved in the process doctors must go through in order to change their clinical behaviours and prescribing habits. If the information a representative has to offer is presented to the physician as an opportunity for learning and improving the problem-solving process, everyone benefits – the doctor, the patients and the representative. By training representative to view time with a doctor as a part of a larger educational process, you make it possible for them to contribute to that learning process and meet their goals more quickly. Scientific information is more effective when used as an educational tool rather than a sales tool. [18, 19]

Well, it is customer focus and representing the brands to all groups of customers that will make a difference in pharmaceutical marketing.

Table 1

Rank	Factors	Average
1.	Product Quality	9.89
2.	Price of Product	8.50
3.	Availability	8.46
4.	Company Image	8.37
5.	Regular Visit of Medical Representative	8.20
6.	Research Molecule	7.90
7.	Literature/Updates/Journals	7.54
8.	Personality of Medical Representative	7.40
9.	Sponsorship for conferences	7.00
10.	New Combinations	6.90
11.	Medical Education Programmes	6.35
12.	Packaging	6.20
13.	Incentives	5.34
14.	Personal Gifts	4.94
15.	Samples	4.78
16.	Free disease detection camps	4.70
17.	Having Websites	4.66

Table 2

Rank	Factors
1.	Name related to Molecule/organization/disease
2.	Short Product Name
3.	Constant reminder (Calls, mailers etc.)
4.	Name easy to pronounce

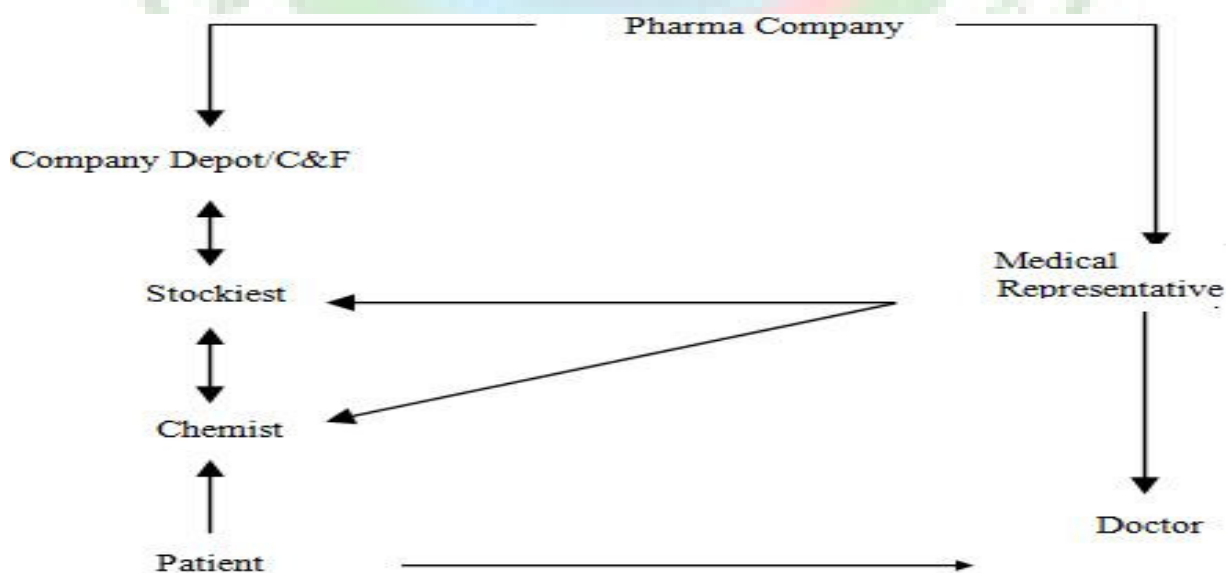
Table 3

Rank	Reasons
1.	Price
2.	Introduction of Newer Molecule
3.	Persistence of the Medical Representative
4.	Promotional effort of the company
5.	Trial of a new brand.

Table 4

Rank	Sources
1.	Journals & Textbooks
2.	Conferences & Continuous Medical Education Programmes
3.	Medical Representative
4.	Mailers from Pharma Companies
5.	Internet

Supply Chain of Indian Pharmaceutical Market



REFERENCES

1. Sahad P.V.& E. Kumar Sharma, *The Long Term Prescription*, *Business Today*, December 4,2005, Pg 138
2. Dogra Sapna, *Revamping distribution network*, *Express Pharma Pulse*, May, 1-15, 2006.
3. Talgeri, Nandan & Sunil S. Chiplunkar, "Marketing and Distribution of Pharma Goods," *Chronicle Pharmabiz*, December 5, 2002.
4. Dr Rajan T D, *Getting into the physician's mind*, *Express Pharma Pulse*, April, 16-30, 2006.
5. Phillip Kotler (2004), *Marketing Management*, Eleventh Edition, Delhi: Published by Pearson Education (Singapore) Pte. Ltd., Indian Branch.
6. "Indian Pharmaceutical Industry", *Industry Watch Series*, ICRA, October 2004.
7. *Indian Pharma Industry (Past & Present)*, *Indian Pharma Reference Guide 2003*, Pg 4.
8. Dr. Smarta R.B., *Innovation in Pharma Industry*, *BMA Review*, March – April 2003, Pg 18.
9. Mark Saunders et al (2003), *Research Methods for Business Students*, Pearson Education.
10. Naresh K. Malhotra (1999), *Marketing Research*, Pearson Education Asia.
11. Richard I. Levin & David S. Rubin (1999), *Statistics for management*, Prentice-Hall of India.
12. Thom, Norbert (1990) *Innovation Management in Small and Medium-Sized Firms*. *Management International Review*, Vol. 30, No. 2.
13. Harrison, Richard T.- Mark, Hart (1987) *Innovation and Market Development: the Experience of Small firms in a Peripheral Economy*. *International Journal of Management Science*, Vol. 15, No. 6.
14. www.pharmacongress.net
15. www.pharmaceutical-drug-manufacturers.com
16. www.indiaoppi.com
17. *Bulletin of the World Health Organization*, OMS, 1998, 76 (3): 271-275
18. Mera: *African Journal of Respiratory Medicine*, March 2008, Page No.17-19.
19. *Indian J. Prev. Soc. Med* Vol. 34 No. 1 & 2, Jan.- June., 2003

.....