

# CONNECT

ANNUAL NEWSLETTER OF THE MRII

Issue 8 • September 2017

## PRESIDENT'S WELCOME

Mr Anthony J. Carroll, MRII President

## NATIONAL CONFERENCE 2017

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- The future lies in value-based healthcare
- Carrot or stick – the Irish obesity epidemic
- National Conference 2017 – summary of presentations
- Performance and health management for corporate professionals in sales and field based environments
- Could your job be getting you down?
- Ireland is a world leader in pharmaceutical production but not yet in patient access to new medicines
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# Presidents Welcome



Dear Colleagues and Friends,

I am delighted to welcome you to the 2017 edition of CONNECT – the annual hardcopy newsletter of the MRII.

I hope you take time from your busy schedule to relax with a coffee and enjoy the read.

If you are already an MRII member you are an essential part of the largest healthcare sales professionals' network in Ireland. Our

values reflect a commitment to improved continuous professional development and industry collaboration and in doing so are increasing the impact our industry is making to improve health worldwide.

I continue with my pledge of my commitment to work, alongside Council, on behalf of our members to continue to make this Institute the best it can possibly be.

Being a council member offers an opportunity to really contribute to the workings of our Institute and I would encourage our Full members to consider being a future member of council. This is your chance to influence the future direction of your professional body.

We continue to see an increase in new membership applications, greater event attendance, increased graduate numbers and more engagement from a greater number of industry stakeholders - we wish to maintain this momentum. As Healthcare Sales Professionals, it is clear that our Healthcare Partners are interfacing with a broader spectrum of industry and as an Institute we are intimately aware that in order to be

attractive to this broader body of people we have to be constantly changing to reflect this transitioning landscape.

We are all too aware of the continuous flux in the medical device and pharmaceutical industry from mergers, acquisitions and rationalisations, all of which has meant that members have a lack of continuity with employers, and there is a general sense of insecurity. I wish to develop and foster a spirit where our members can utilise the Institute as a consistent presence, providing above all else an educational network offering opportunities for your professional and personal development.

If you are receiving CONNECT as a Manager I thank you for taking the time to read CONNECT. I hope that you will see the quality of work that we are undertaking and how we are constantly improving in order to serve our members - your team(s). Are all those in customer facing roles in your team(s) members of the MRII? On pages 25 and 26 of this publication you will find a list of MRII Support Companies for 2017 – 2018. I would ask our members and indeed all our readers, to consider using their services where possible.

I would like to take this opportunity to cordially invite you to attend our September event - MEDTalk, details of which can be found on pages 19.

**Anthony J. Carroll**  
MRII President







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**CONNECT** is an annual publication produced in-house by the MRII. For advertising please contact:

**info@mrii.ie**  
or **058 43955**



John Woods, past President MRII, accepts the IPHA Medal 2017 from Oliver O'Connor, CEO, Irish Pharmaceutical Healthcare Association, on behalf of the highest scoring candidate in the 2017 MRII Examination - David Malynn.

## MRII EVENT DATES FOR YOUR DIARY

Forthcoming MRII events will include the following

### MEDTalk

MEET | EDUCATE | DISCUSS

September 7th, Finnstown Castle Hotel, Lucan, 5pm

#### 'The Journey of a Breast Cancer Patient Through the Lens of a Medical Oncologist'

Dr Janice Walshe, Consultant Medical Oncologist, St Vincent's Hospital and Adelaide and Meath Hospital

#### 'Living Life to the Full with a Cancer Diagnosis'

Rhona Nally, volunteer with the Irish Cancer Society, patient advocate, and a peer to peer supporter for those diagnosed with metastatic (secondary) cancer.



### Market Access Webinar Month

#### Webinar 1: Achieving National and Regional Market Access in Ireland - What You Need to Know

Date/Time: October 4th, 5pm - 5.30pm

#### Webinar 2: HTA - What You Really Need to Know

Date/Time: October 25th, 5pm - 5.30pm

Presented by Brenda Dooley, Managing Director, AXIS Consulting

#### Webinar - TITLE: TBC, November 7th, 5pm

Presenter: Sarah McCormack, Health and Wellbeing National Lead

### MRII Examination 2018

March 10th 2018

NB the closing date for applications for the 2018 Examination is December 31st 2017

### MRII National Conference 2018

April 12th, Killashee Hotel, Naas, Co. Kildare



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# MARKET ACCESS WEBINAR MONTH

Presented by Brenda Dooley, Managing Director, AXIS Consulting

## WEBINAR 1

**Achieving National and Regional Market Access in Ireland - What You Need to Know**

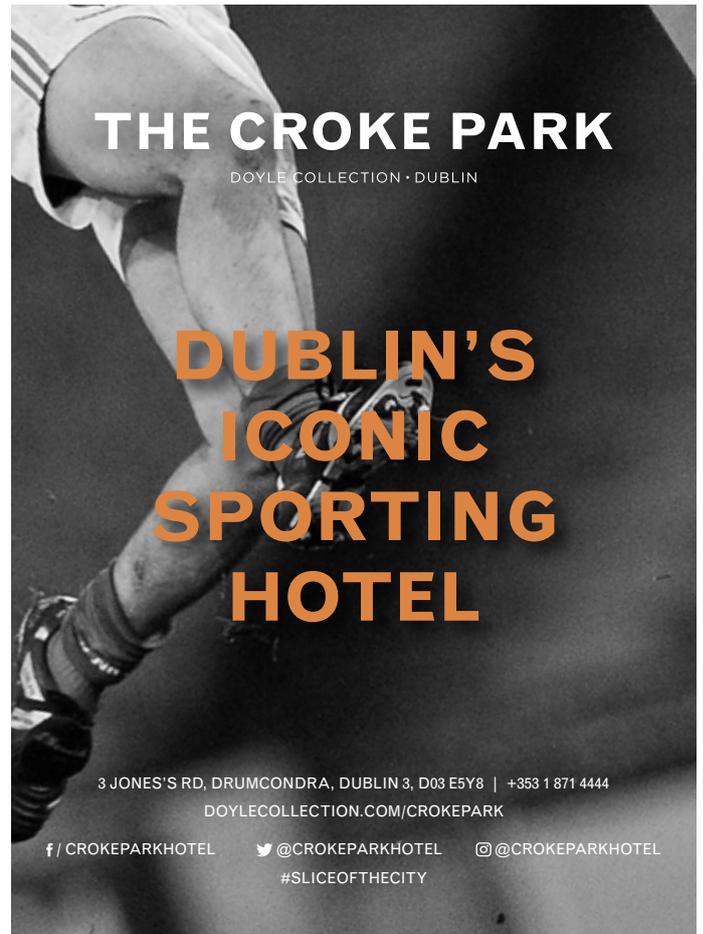
Date/Time: October 4th, 5pm - 5.30pm

## WEBINAR 2

**HTA - What You Really Need to Know**

Date/Time: October 25th, 5pm - 5.30pm

Registration for these events will open online soon...



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# The Future Lies in Value-Based Healthcare:

**Why we need to encourage our customers to base procurement decisions on more than the purchasing price.**

Justin Carty, CEO of Irish Medical and Surgical Trade Association (IMSTA)



The cheapest product rarely gives customers the best value, according to Justin Carty, the CEO of the Irish Medical and Surgical Trade Association. Representing products ranging from bandages to CAT scans, Carty has to navigate a careful route when promoting the medical device industry to public and private hospital purchasers keen to get the best value for money with limited budgets.

But, as luck would have it, Carty's agenda fits completely with the new EU public procurement directive. This 2014 EU directive presents a holistic analysis of value based health care which evaluates the entire life cycle, safety and effectiveness of products and not just the purchasing price. It also encourages the industry to define best price-quality ratio and to collaborate more closely with purchasers at the pre-tendering phase.

A recent report from the Boston Consulting Group, commissioned by Med Tech Europe (of which IMSTA is a member) presents a clear picture on how things need to change. Currently, most health care providers purchase medical products

on the basis of the up-front purchase price, which, the consultants argue cloud the true cost of care.

The report includes insightful examples of what happens when broader criteria are used to purchase equipment. Take for instance, the Karolinska University Hospital in Sweden whose fourteen year tender for imaging services which included MRI, ultrasound and CT scanners; by tendering for imaging services rather than equipment, the contract included maintenance of technical standards, upgrades and replacement during the fourteen year period. Similarly, when the Stockholm County Council (which runs most of the city's hospitals) sought tenders for wound care products, it asked suppliers to include calculations for the number of dressing changes, staff and transportation costs for changing these dressings. The winning bid was from the highest priced products which showed a lower cost of care over time.

The Boston Consulting Group report argues that smarter procurement such as these examples embraces a value-based framework that is aligned with the new EU directive. To include all the hidden costs of the equipment in terms of its durability and suitability to patient's needs, the group suggests a calculation based on patient outcomes divided by the costs of achieving these outcomes.

Carty hopes this more holistic approach to procurement will be embraced by healthcare providers in Ireland. "This new procurement process focuses more on how to achieve better patient outcomes," he says. Carty also suggests it would encourage clinicians to work more closely

with the medical technology industry rather than leaving procurement decisions to those with their eyes firmly placed on the purchase price alone.

A natural extension of this approach would, according to Carty, be for healthcare providers to seek solutions to ongoing problems through industry competitions. This already happens in some countries such as the UK where the Small Business Innovation Research (SBIR) mechanism is used. There, NHS England's SBIR Healthcare has worked with companies to come up with new solutions to problems in diverse areas such as diabetic foot ulcers, child and adolescent mental health and brain injury. The key element of effective SBIR programmes is that clinicians and front-line staff are the ones to identify the unmet need.

In his role as CEO of IMSTA, Carty proposed the SBIR model to a cross-departmental committee at Government level in 2015.

"We proposed that one to two per cent of the HSE non-pay procurement budget of €500 million could be ring-fenced to find solutions to identified healthcare problems," he explains. The proposal was repeated in the IMSTA submission to the Oireachtas Committee on the Future of Healthcare in August 2016. As yet, the model hasn't been embraced by the Health Services Executive.

Now, in mid-2017, Carty is keen to move the agenda forwards. To that end, Value-Based Healthcare Strategies are being discussed with both public and private healthcare providers in Ireland. For example, the National Paediatric Hospital Development Board intends to use a value-based procurement model to equip the new National Children's Hospital.

Meanwhile IMSTA's own proposals for a new economic evaluation framework for medtech is expected to be published in the Autumn.

Ultimately, Carty is keen to spread the message about the role of medical technology companies in helping people live longer, healthier and more productive lives. "These life changing innovations also bring savings across the health care system by replacing more expensive procedures, reducing hospital stays and allowing people to return to work and home more quickly," says Carty.

However, he adds a note of caution. "In order to understand the value and benefits of medical technology and ensure continued leadership of this industry, we must have the right public policies to support investment, innovation and patient access."

# Be Prepared For Your Next Opportunity

**Colette Bannon**, Principal Career Coach, The Workcoach



Having a strong sense of yourself and being self-assured will provide you with an alluring presence at work and a refreshing change from someone who tries too much or frets too much. It will make you stand out from the crowd and ensure that you are prepared for when the ideal career opportunity presents itself.

While having an up to date CV to hand is important, having a good sense of yourself and what you offer employers is also imperative. Reflecting on our performance is often something we do at the last minute, perhaps in response to a meeting request from your boss or to an advertised job. Being reactive puts us on the back foot and may lead us to defend ourselves very

well rather than present ourselves very well. A day's work can often be defined by a "to do list" without awareness of what is actually being achieved by you as an individual. Spending your time getting things done without recognising the benefits completing each task provides to you personally, prevents growth and hinders your progress.

So, to feel good about yourself and develop a credible and reassuring presence at work and at interview, we advise you to examine your career path and your daily tasks and identify the skills and attributes you have developed overtime and then celebrate the competent person that you are. Following that, identify what's missing.

Very often your most developed skills and attributes have been with you a long time and have served you very well to a particular point in your career. Maybe now is the time to look at the skills that have not been developed and find experiences that will bring these skills to the fore. This will enhance your overall ability, provide you with security, give you a confident presence at work and help you build a compelling story for potential employers.

**"Place meaning and allot purpose to your daily activities - build a captivating story that inspires employers and customers".**

## Be a STAR

Most organisations will use competency based assessment as part of their recruitment process. This type of assessment requires you to provide relevant examples in answer to questions that are designed to assess how you react or behave in certain situations. Your

answers should be given in the STAR format (Situation, Task, Action Result).

Being clear on what you have to offer and how well you offer it means the story you tell through your application, CV or at interview is real, convincing and is backed up by past performance and results. Articulating your message with an emphasis on actual results achieved will demonstrate your understanding of the bigger picture and gives evidence of your ability to do the job with meaning.

The competencies chosen by employers are based on the behavioural skills necessary to fulfil a particular role and will be outlined in the advertised job description. If you have taken steps to take control of your career, and are clear on what you offer - you will approach a potential job with courage and vigour rather than allowing doubts and fears to hold you back or stymie your chances of success.

So, start now, place meaning and allot purpose to your daily activities, build a captivating story that inspires employers and customers, and give yourself a presence that lights up a room and sets you apart.

**To find out more about competency based interviews or prepare for your next opportunity contact [colette@workcoach.ie](mailto:colette@workcoach.ie).**

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# Carrot or stick – The Irish Obesity Epidemic

**Professor Donal O’Shea** Consultant Endocrinologist, Saint Vincent’s University Hospital, Dublin  
**Dr. Mohammad Raza Khan** Research Registrar to Prof. Donal O’Shea



According to the WHO, Ireland could easily become the most obese nation in Europe within a decade.

## Government

Despite these daunting figures and prediction from WHO regarding growing number of obese people in Ireland, the government seem to take a rather subtle approach when it comes to handling the issue of obesity. In the year 2015 the government rejected projections from WHO about obesity in Ireland. It is estimated that obesity related issues are costing approximately 1.6bn euros annually to our economy. So, the question arises, what can our new government do to reduce this burden on the economy?

We all know that obesity is a growing problem in society today. It can be described as an epidemic that is effecting population across all age groups throughout both developed and developing nations across the globe. The question that we need to ask is where does Ireland stand in this ever-increasing statistic of obesity and what do we do as a nation to curb this problem?

Obesity was first recognized as global epidemic by WHO in 1997 and it can be defined as BMI greater than or equal to 30kg/m<sup>2</sup>. As of 2014 about 13% of the world’s adult population (11% of men and 15% women) were found to be obese and 39% aged 18 years and over (38% men and 40% women) were overweight. Currently 6 in 10 adults and 1 in 4 children are overweight or obese in Ireland (Department of health 2013; Layte and McCrory, 2009, 2011).

Introduction of “sugar tax” on fizzy drinks, was a move strongly supported by me. However, I believe that a 10% sugar tax imposed by the government on fizzy drinks is a measure far too little to control obesity. Government should consider introducing tax on fast food industries. Although there is staunch opposition for such moves in the government both by the representatives of fast-food and fizzy drinks industries and there is general belief by economists that bringing about such tax measures will harm our economy; the general predicted outcome over a period of one decade would still benefit the government and population in many ways.

## Food Industries

Agriculture and food industries, do play a key role in tackling obesity. Promoting healthy diet and eating habits in society will encourage children and adults to be aware of the food that they eat. In this respect, agriculture and food policy can play an important part especially in line with the recommendation made by the 2005 National Task Force on Obesity Report.

Encouraging our local farmers to produce fruits and vegetables and promoting local industries that come up with high nutrient and low-calorie food is one way to look forward. Efforts should be made to boost marketing and advertising for low-cost healthy food, especially in low income areas.

There are hundreds of fast food outlets at every corner of the country. McDonalds alone has almost 100 outlets throughout Ireland as compared to a handful of healthy mediterranean restaurants. An average burger of McDonalds makes up to 540Kcal, topping that with a sugar filled fizzy drink gives you more than quarter of your daily calorie requirement. Social media such as Facebook and Instagram can be used by agriculture and food industries to spread awareness amongst general population.



## Schools

According to the Growing up in Ireland survey in 2011, 1 in 4 children as young as 3 years of age are overweight or obese. These figures are similar to those found in Irish survey for the WHO Childhood Obesity Surveillance Initiative and the National Children's Food Consumption Survey. In addition, 1 in 5 teenagers is overweight or obese according to the National teens survey.

Addition of subjects such as Social, Personal and Health Education (SPHE) and physical education (PE) at primary level and Home Economics at secondary level have shown to improve awareness of healthy diet and exercise. In this era most school going children spend hours together on social media that it has become imperative for schools to develop health programs such as "Food Dudes". Such a program works on spreading awareness about healthy lifestyle from a very young age. Studies conducted with a 12 month follow up have proven the "food dude" program increases children's consumption of fruit and vegetables, thereby reducing the overall risk of developing adulthood obesity.

Although awareness of obesity and over weight is important, children and teenagers (more common in teenagers) can easily swing to the other extreme of weight loss that may result in bulimia and anorexia. It is often seen that overweight children and teenagers become victims of body shaming that may lead to fatal outcomes such as suicides. Therefore, maintaining a balance diet and exercise should be one of the top priority in schools across Ireland.

## Employer

There is a well-established association between long working hours, weight gain and obesity. This trend of weight gain is more common in shift workers; for example, doctors, nurses, police and transportation workers. On a positive note, there is a growing trend of providing and promoting healthy lifestyle including gym, organic food and low-calorie diet by numerous Irish and other multinational companies.

## Role of Health Care Professionals

The role of any health care professional, let it be doctors or nurses, in combating obesity is extremely crucial. Treatment of obesity doesn't necessarily rely on the use of medication or in some cases bariatric surgical intervention. A health care professional (e.g. General Practitioner) should identify patients who are at increased risk of developing and introduce early prophylactic measures. There are multifactorial causes including sedentary lifestyle along with diet that is high in calories being the most common predisposing factors for development of obesity. However, there are other risk factors such as genetic predisposition, endocrinopathies, lack of sleep, smoking, alcohol consumption, to name a few.

There has been recent advancement in the field of medications that are used for treatment of obesity. Once such medication is Liraglutide (Victoza) which is proving to show good results in selected

group of patients. There are specific criteria for commencing Liraglutide that include an initial body mass index (BMI) of 30kg/m<sup>2</sup> or greater (obesity) or 27kg/m<sup>2</sup> or greater (over weight) and presence of at least one weight related comorbid condition (e.g. Hypertension, type 2 Diabetes mellitus or dyslipidemia). When Liraglutide is used in such patients for 56 weeks in combination with strict diet, it shows to cause weight reduction of around 9.2%.

The most effective treatment of obesity in bariatric surgery such as laparoscopic adjustable gastric banding, Roux-en-Y gastric bypass, vertical sleeve gastrectomy and biliopancreatic diversion. One study found a weight loss of between 14% and 25% (depending upon the procedure performed) at 10 years and a 29% reduction in all causes of mortality when compared to standard weight loss measures.

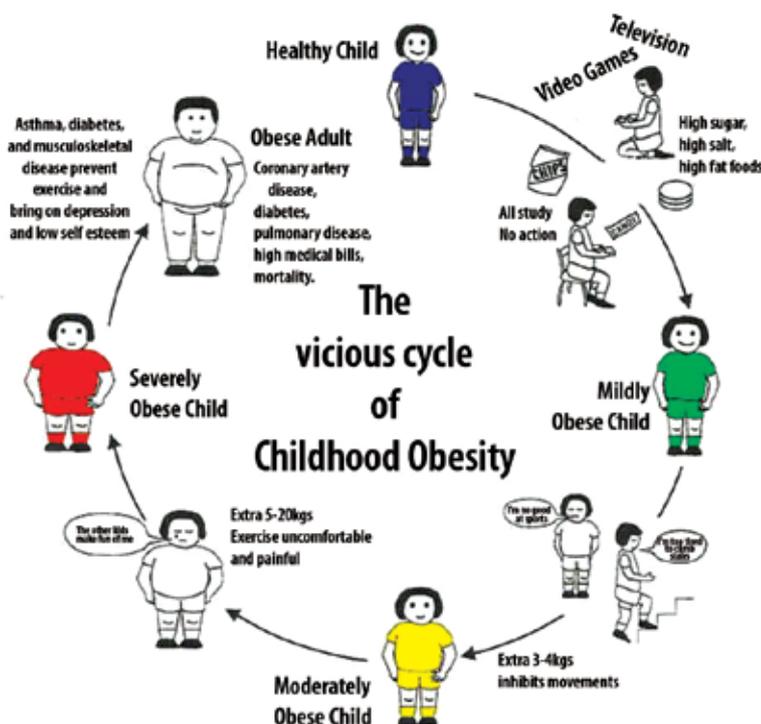
## Individual Responsibilities

Change in lifestyle such as a balanced low-fat diet along with exercise alone can prevent development of obesity, thereby reducing the risk of development of conditions such as Diabetes mellitus, insulin resistance and atherosclerotic disease of the heart. Obesity not only impacts physical health but mental health is also significantly affected. Children who are obese often become victims of bullying and body shaming. This results in development of depression and low self-esteem during the teenage years of life and in many cases, carries on to adulthood. Having low self-esteem and a lack of confidence in turn affect the academic performance in children and in adults it may result in social withdrawal and a disturbed personal life.

As it is rightly said that you can take the horse to water but you can't make it drink. Motivation towards maintaining a healthy life style and healthy weight should come from within as well.

## Conclusion

The increase in percentage of obesity is a real problem that should be appreciated by our government. Public health departments should work with the government as a task force to make sure that agriculture and food industries take significant measures to ensure that the food retail sector promotes healthy organic food products as opposed to unhealthy fast food and fizzy drinks. Working together we can make Ireland one of the healthiest nations in Europe and across the globe.



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## MEETINGS

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# National Conference 2017

Writes **Danielle Barron**



Professor John Crown, Consultant Medical Oncologist

In the ever-evolving field of pharma, new ideas and best practices should be shared regularly. Unsurprisingly, a diverse and mouth-watering programme meant the room was packed for the recent MRII National Conference. A busy lunchtime networking exhibition gave way to a series of fascinating talks, given by noted experts in each of their fields. Deftly chaired by Newstalk broadcaster Shane Coleman, there was a high level of audience engagement throughout the afternoon. The event also saw the presentation of the IPHA 2017 medal by IPHA Chief Executive Oliver O'Connor. It was accepted on behalf of the highest scoring candidate in the 2017 MRII Examination - David Malynn.

## The evolution and revolution of cancer treatment

Former Senator and leading medical oncologist Professor John Crown was in attendance, and he traced the evolution of cancer therapy from its blunderbuss beginnings to the targeted and highly individualised molecular and immunomodulatory treatments of today. "The more we understand about the mechanics of the cancer cell, the more we recognise that there are many, many potential targets... we are seeing an extraordinary change in the way we treat the disease."

Professor Crown referenced the "visionary" US oncologist Dennis Slamon, better known as the man whose work in identifying the HER-2 gene led to the development of the breast cancer therapy Herceptin (trastuzumab). This drug is now 12 years old, and the professor explained how it made a "colossal" difference to women with one of the worst types of cancer. "The impact has been huge... you now rarely see women with secondary HER-2 positive breast cancer. It is now an uncommon cause of death."

The next step for Herceptin has been the development of TDM1, a conjugate of trastuzumab and the chemotherapy agent emtansine. Professor Crown called this "one of the cleverest pieces of biotechnology", as it allows delivery of the chemotherapy directly to the cancer cells, limiting side effects, but with striking results; patients are experiencing better outcomes and longer survival.

Triple negative breast cancers remain particularly difficult to treat – those with no oestrogen receptor, no progesterone receptor, and no HER2 overexpression. Professor Crown highlighted the failure of the PARP inhibitors, a new class of drugs that held promise for triple negative breast cancer but had ultimately failed, and he emphasised the importance of prioritising translational science with the drug development pathway.

A new class of drugs with exciting potential is the cyclin-dependent kinase (CDK 4/6) inhibitors palbociclib and ribociclib; Professor Crown described how these have shown significant benefit for women with hormone-positive, HER-negative advanced breast cancer.

Malignant melanoma, the most lethal form of skin cancer, is another disease that has undergone a revolution in terms of its effective treatment, but Professor Crown pointed out that the incidence has also approximately tripled in the past 15 years. "We don't have the pigment protection to be in sunnier climes, in fact the highest rate of melanoma in the world is in Irish people who have gone to live in Australia." About one-third of melanomas in Ireland contain a mutation in the BRAF gene, and the recently developed BRAF antagonists work "extraordinarily well" in these tumours, he said. "If you've got the BRAF mutation, these drugs are lifesavers."

The advent of immunotherapy has transformed the treatment of many diseases, not least cancer, Professor Crown continued. The original monoclonal antibody was rituximab, which was first studied 20 years ago and is still used regularly. "It has transformed aggressive B cell lymphoma from being a disease that is not usually cured to one that is usually cured. It has stood the test of time."

The discovery that the immune system has "checkpoints", which are exploited by cancer and can be turned off, however has transformed the face of oncology, stated Professor Crown. This has led to the development of two new groups of drugs, the CTLA-4 inhibitors such as ipilimumab, and the PD1 inhibitors such as nivolumab; combinations of these are giving "new hope" to patients with malignant melanoma, he said.

In addition to new treatments, developments are also being made in the area of identifying patients who will benefit from treatment; the TailorX trial, in which there was significant Irish involvement, showed that the Oncotype X gene assay could accurately predict which patients would do better and would not require chemotherapy.

The new era of personalised medicine means one size no longer fits all, asserted Professor Crown; "It will now be about matching the drug to the specific molecular lesion, and that lesion may be different in different patients."

The professor concluded by saying it is an extraordinarily exciting time in oncology. "The challenge for us is finding the drugs that work, and giving them to the right patients."

## Tomorrow's world

A dynamic and interactive panel discussion also took place during the Conference, which focused on the topic of "The Road Ahead for Healthcare". Panellists included Fran Thompson, Programme Director for the Strategic e-Health Programme, Dr Tom O'Callaghan, CEO & Founder of iheed, Shane O'Sullivan, pharmacist and CEO of Healthwave, and also Mr Lee Wales, vice president of Strategy at Ashfield.

According to Wales, the big trend in health is the focus on the "customer experience", whether it is the health professional or the patient, and advances in technology will enable this.

"The problem for pharma is that in order to achieve this, we need good data, with good availability across different channels. That means using good customer relations management (CRM) programmes." This ties in with the emergence of technology as essential in the healthcare industry as it moves forward, he added.



Mr Lee Wales, VP Strategy, Ashfield, Mr Fran Thompson, Programme Director for the Strategic e-Health Programme, Mr Shane O'Sullivan, Pharmacist, and CEO, Healthwave, Dr Tom O'Callaghan, CEO & Founder, iheed

O'Sullivan agreed, saying that technology is underpinning almost all aspects of healthcare. He explained that his company Healthwave has taken a CRM and applied it to a retail pharmacy; by collecting prescriptions and delivering medications, they have turned the model of the traditional pharmacy on its head. "This is allowing us to ensure really good adherence for our patients and technology is allowing us to free up the key people on the team," he explained.

According to Thompson, while there are examples of the effective use of digital solutions within the health service, these tend to be isolated, and he admitted that getting data across the totality of the health system remains difficult. "There isn't one technology that is going to deliver everything for us, we need to bring together lots of different technologies that are already out there to give us a composite view." A major advance is the introduction of electronic health records, he added; "The integration and of the HSE cannot be achieved with paper records, and this is ultimately linked to patient safety."

The participants agreed that the use of multimedia content will become increasingly popular and indeed necessary within health; O'Callaghan explained that millennials or next generation go to YouTube for instruction, and don't want paper leaflets or manuals. This opens up opportunities for healthcare professionals to make patients part of the educational experience. "Patients have access to more and more information – their first port of call is often 'Dr Google' and they want to take control of their own illness and their own treatment." Access to medical information online had unfortunately created a generation of "cyberchondriacs", he added.

The panel also noted that health economics will also play a more significant role as health systems evolve; the paucity of healthcare economics skills within health is a problem, but decisions must be made at a population level how money will be spent on drugs.

## The lonely road



Dr Justin Brophy, Consultant Psychiatrist

Consultant psychiatrist Dr Justin Brophy gave an engaging talk on "Working in Isolation - You and Your Mental Health". A topic particularly relevant to the audience, Dr Brophy explained that it is an occupation that requires "a high degree of emotional labour" and requires managing a myriad of relationships.

This is particularly relevant as the industry has changed significantly in recent years, with a shift in attitudes, enhanced regulatory scrutiny, and a wider loss of trust in pharma, he explained.

While reps can benefit from autonomy and time away from the office, the psychiatrist spoke of the "sense of duty" and obligation on a salesperson to generate revenue for their company. "This creates a situation of separation from a professional support system," he said, adding that this can add to an already heavy load of stress and isolation, while also leading to wavering job satisfaction.

This pressure can result in bad lifestyle habits, such as poor diet, and the risk of abusing substances to stay "alert, awake and gregarious", continued Dr Brophy. Feeling the need to always be cheerful can lead to not just mental health problems, such as depression and anxiety, but also serious health problems, such as heart disease, diabetes and obesity. Employee burnout is a significant problem among sales representatives, which can include emotional exhaustion, depersonalisation,

and a sense of low personal accomplishment. Dr Brophy advocated the use of wellness lifestyle or fitness programmes by companies to combat stress and fatigue among employees, but he cautioned that these do not address the root of the problem. Companies must create a "culture of support".

Dr Brophy also shared techniques on how to cope with rejection, which can be a regular occurrence for someone in a medical representative role. He outlined how reps should seek to maintain their confidence, by speaking assertively and thinking and acting positively, and urged them to avoid "negative self-talk". "Take action – face the hard thing first and often. Be prepared."

Dr Brophy concluded by urging medical representatives to engage in self-care, by detoxing, exercising, and obtaining sufficient sleep, while not being afraid to seek additional help in the form of counselling, coaching, or simply confiding in someone.

## The merits of meditation



Mr Sandy C. Newbigging

The day concluded with an offbeat but fascinating presentation from Sandy C Newbigging, a best-selling author and meditation expert entitled "Mind Calm for More Success with Less Stress". Newbigging shared his personal insights of feeling unfulfilled and worn down by his circumstances, and how meditation helped him take control back.

He told the audience that the average person is "lost in the thinking mind" for half of every day, a state of being that is conducive to stress and impacts negatively on our ability to live our lives. "There is a massive benefit to learning to think less," he told the audience.

According to Newbigging, the "attach catch" is believing that a particular thing needs to happen in order to feel good and be successful. The mind gets busy thinking about what needs to happen next, then next, then next for this to happen. Newbigging also urged the delegates to avoid the "time trap" by thinking less about the past and future, and more about the present. "Achieving mind calm is a huge liberation," he concluded.



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# Performance and health management for corporate professionals in sales and field based environments

**Lee Compton**, Founder & Managing Director Nadura | Nutritionist | Functional Sports Performance Nutritionist

**B**usy, career orientated type A executives are known for burning the candle on both ends. They thrive despite irregular sleep patterns, time-zone hopping, target driven stress, overconsumption of alcohol, caffeine, sugary foods and poor ad-hoc eating habits.

It is no surprise that “wellness” is a key investment area for leading companies worldwide. Corporate giants have identified that this unsustainable approach hurts both their bottom line and productivity. We now see a major shift in how companies invest in the health of their corporate executives and workforce. There is sense to this approach... if our bodies and minds are fuelled properly, then people will perform at a higher level. Excessive refined sugar, lack of movement and chronic stress” contribute to many health complications, ranging from poor productivity to “Metabolic Disease” such as T2DM. Long term, elevated stress leads to unstable blood glucose levels. The knock-on effect is likely frequent sugar cravings, blood sugar imbalances and yo-yo energy throughout the day, particularly mid-morning and mid-afternoon. These are the times you are most likely to require a “pick me up”.

When blood sugar levels are chronically high they start to disrupt healthy metabolic function. This high intake of highly refined sugar along with excessive calories can lead to storing more adipose tissue centrally.

In the short term, stress can blunt appetite via an organ in the brain called the hypothalamus. This produces corticotrophin-releasing hormone, which

suppresses appetite. The brain also sends messages to the adrenal glands, situated at the top of the kidneys to release Epinephrine. Epinephrine helps trigger the body’s fight-or-flight response, a protective physiological state that temporarily puts eating and many other bodily functions on hold. This process in the short term can lead to increased productivity, but when stress is elevated over a longer period, it’s a different scenario.

The adrenal glands release another hormone called cortisol (stress hormone), which increases energy and motivation along with appetite. Once a stressful episode is over, cortisol levels should fall, but in many “type A” individuals it gets stuck in the “on” position, therefore cortisol can stay elevated chronically, thus negatively effecting the HPA axis (Hypothalamus, Pituitary, Adrenal axis). Unfortunately, the body is unable to decipher if it is under threat or just chronically stressed due to work or even excessive exercise. What is clear is that the bodies acute response to stress is protective in nature, but damaging under long term chronic exposure.

Long term stress can increase cravings for processed high sugar foods increasing the intake of foods high in refined sugar and stimulants. This negatively impacts insulin sensitivity and receptors become de-sensitised leading to sub-optimal regulation of blood sugar levels.

The literature indicates that elevated stress hormones negatively affects Circadian Rhythm. This can throw a healthy sleep cycle off point, also inducing cravings for sugary foods and stimulants.

The health complications can be central adiposity deposition, poor productivity, low energy, poor immunity, irritability and increased risk of metabolic disease.

Here are some useful tips, proven to reduce the urges to load up on sugary foods when the heat is on!

- Begin the day with protein & healthy fats. Think eggs, turkey rashers, avocado, spinach, tomato, mushrooms and berries. Lean less on high carb foods at this time to reduce morning insulin spikes.
- Eat protein, vegetables or greens with every main meal. This will fill you up and help you avoid eating as much “junk” food.
- Easy protein. Think nuts and low sugar yoghurt, or nut butter with low sugary fruits such as berries for your snacks. Protein is key for fullness.
- Be prepared or prepare to fail.
- Bulk shop, bulk cook, bulk chop and prep all your vegetables, fruit, protein, nuts, dressings etc. for three days. When you are ready, then you’re more likely to succeed.
- Invest in your sleep cycle to promote rest and recovery. Avoid Stimulants after 3pm. This could mean switching to de-caff teas and coffees.
- Movement and daylight exposure is crucial. Get up every 30 minutes, walk up the steps, push ups against the wall etc. Get outside if possible every few hours, especially to a park or somewhere green.
- Be aware when “treats” are eaten. Can you decrease the amount or change for a healthier option?
- Avoid watching T.V. after work every day. Get outside, join a gym or class or club. Try it all until you like one.
- Relax. Use Apps for example “Headspace”. Mindfulness is powerful tool in reducing stress and increases mental performance.
- Drink water as you are most likely dehydrated at some point in the day



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# Could your job be getting you down?

**Dr Justin Brophy**, Consultant Psychiatrist



The mobile workforce has several key roles essential to the success of the organisation. These include establishing, developing, and maintaining professional working relationships with a wide range of personalities (both internally and externally). This is an occupation which requires a high degree of emotional 'labour' a notion that confirms the nature and burden of the commitment. A good representative makes this look easy but it is anything but. A salesperson must be successful in order to keep his or her organisation operating and its other employees employed.

Their own unique personal factors are the single greatest determinant of their future success. The company representative tends to be outwardly gregarious, good team players, and very good at socialising. It is crucial for the success of any organisation employing salespeople that they perform to the best of their ability. The company representative sees that it is not just their job but their duty to generate revenue for the company. But it is hard to perform this duty day in and day out, over cycles of targets and over much longer career and product cycles. Accomplishing this requires managing a myriad of relationships – externally with both existing and prospective customers, plus third-party suppliers as well as internally with their team colleagues,

departmental management, company management, and other company employees.

The job entails spending much time away from direct managerial supervision. There is a significant portion of their time travelling on the road, to meet with prospective, new and established customers, away from professional and personal support bases, obtaining as much market intelligence as possible. There can be a heavy load of stress and isolation. This separation from a professional support system can easily create a sense of isolationism and a feeling that success or failure is ultimately up to the salesperson and no one else.

Different work styles come into play to achieve the goals of the job and these can range from survivor/commando to affable charmer. During the course of a working day several roles are usually required. We all have strong roles and use these to perform at work. However we tend to avoid the roles we are less familiar or comfortable with, and the encounters and 'pitches' suffer accordingly. Amateur dramatics or role play in training is a good antidote. The ability to repeatedly

**“Representatives may face a daily stream of rejection, invalidation and isolation on top of their performance demands”.**

experience rejection from prospects, clients, suppliers, etc. yet be willing to endure more is historically one of the foremost qualifications to be a successful salesperson. Unflinching cheery dogged enthusiasm works for Cupid, and can work elsewhere too! However we need to remember that continual exposure to refusals, denials, rebuffs, cannot help but to wear down a person's personal defences. If you can't find the strength,

do not worry a little rest and self-care are overdue.

What is less obvious is representatives may face a daily stream of rejection, invalidation and isolation on top of their performance demands. We know functional magnetic resonance imaging clearly demonstrates the same part of the human brain that becomes stimulated in response to pain is also activated by the experience of being rejected by another person. Sustained over time, this can lead to role-oriented behavioural issues, wavering job satisfaction, emotional exhaustion, burnout, increased absenteeism, and a higher than average rate of turnover. We all know working under pressure can result in poor diet and health habits, rushing to meetings, and the risk of abusing substances such as alcohol, drugs, or tobacco to stay awake, alert, and gregarious. Unsurprisingly, but not as well understood, is this can lead to stress, anxiety and depression and contribute to serious health problems such as heart disease, diabetes, obesity, and more. Many field salespeople might meet the criteria for being clinically depressed or chronically lonely. This can lead to damage, not only to the salesperson, but consequently to the overall organisation. Interestingly, and of special value to managers to note is the subjective sense of loneliness – not a lack of objective social support. Reaching out in that understanding rather than letting the person get on with it is likely to therefore improve performance.

Turning to employee burnout we look for emotional exhaustion, a pervasive sense of disconnection and a sense of low personal accomplishment. There is usually a display of negative attitudes toward customers or co-workers and diminished job performance. There are general health problems, perhaps feeling unaccountably tired or smoking and drinking more than usual. Feeling these persistently mean both manager and employee should recognise that time and help are required to get the ship back on course. Otherwise it can and does land on the rocks. A capacity to show and manage vulnerability well in its workforce is the sign of a healthy but also effective organisation.

We know “wellness lifestyle” or fitness programs can help combat stress and fatigue. These are not sufficient and with the passing of time and increasing experience, successful salespeople learn to control (self-regulate) their emotions and surf the waves of fortune better. Learning to master rejection, staying connected, avoiding addictions and attending to times of bigger difficulty with support from the organisation, friends or professionals are the ultimate career development investment. Good managers know this and signal it to their organisation on behalf of the frontline 'troops' who after all are the real key to the company success.

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### **'The Journey of a Breast Cancer Patient Through the Lens of a Medical Oncologist'**

**Dr Janice Walshe, Consultant Medical Oncologist, St Vincent's Hospital and Adelaide and Meath Hospital.**

Dr Walshe's work focuses on chemo prevention and the treatment of breast cancer.

- In addition to her clinical work, she is a senior lecturer at University College Dublin and Trinity College Dublin.
- She is an active member of the European Society of Medical Oncology (ESMO), American Society of Clinical Oncology (ASCO) and ICORG (the all-Ireland Co-Operative Oncology Research group) ensuring the availability of novel research opportunities for Irish cancer patients.
- She is also a member of the ASCO Scientific Committee in triple negative breast cancer from 2013-2015.
- Dr Walshe's research has been presented at numerous international meetings and published in peer-reviewed journals.



### **'Living Life to the Full with a Cancer Diagnosis'**

**Rhona Nally, volunteer with the Irish Cancer Society, patient advocate, and a peer to peer supporter for those diagnosed with metastatic (secondary) cancer.**

- Diagnosed with Primary Breast Cancer in September 2003 Rhona was diagnosed with metastatic breast cancer in September 2004 and is on ongoing treatment.
- Rhona is married with three adult children, she worked as a Primary school teacher until her metastatic diagnosis, she now does some part time work as an interviewer in a 3rd level college.
- Rhona was instrumental in devising and implementing the Irish Cancer Society's Living Life programme – an education, support and coping strategies programme for those recently diagnosed with secondary cancer.
- Rhona is also a volunteer with Arc Cancer Support Centre in Dublin.
- Rhona is a member of the Plurabelle Paddlers - a breast cancer dragon boat team – the first dragon boat team in Ireland. Rhona has competed on winning teams in regattas internationally in the UK, Spain, Italy, Florida and Malaysia



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# Ireland is a world leader in pharmaceutical production but not yet in patient access to new medicines: this must be fixed.

**Oliver O'Connor**, IPHA Chief Executive



Over the past 40 years, Ireland has established itself as a centre of excellence for the pharmaceutical industry. For a country of just over 4.5 million people, we punch well above our weight in the dynamic world of international pharmaceutical production and development. For many years, successive Governments have fostered a supportive environment which has allowed the industry to prosper and to thrive. A low and stable corporation tax rate, supportive regulatory environment, as well as a highly educated workforce, have created the conditions where 9 of the top 10 global biopharmaceutical companies are located here. According to IDA Ireland, over €10bn has been invested in the sector in the last ten years – an impressive, continuing vote of confidence from international biopharma companies in Ireland as a manufacturing base.

As well as being a very significant contributor to the exchequer through taxation, the pharmaceutical industry employs almost 29,000 people directly and perhaps as many again indirectly. Along with medical devices, the industry is responsible for over 50% of Ireland's

manufacturing exports. And the strong export performance continues. The Central Statistics Office recently reported that exports of Medical and pharmaceutical products increased by 28% in May 2017 compared with May 2016.

One would presume that for a country with such a dynamic sector, access to innovative medicines would be effective and efficient. Unfortunately this is not the case, as the process of reimbursement has ceased to operate effectively.

One year ago IPHA made a Framework Agreement with the State on the Pricing and Supply of Medicines. The agreement had two purposes: to save money and to enable timely access to innovative medicines in the Irish health services. The first purpose is being achieved, with over €140 million in savings delivered in the first year. Unfortunately, the second is still far off. Patient access to new medicines is not being given enough priority. There are no performance measures or policies aimed at ensuring it happens.

For spring through summer this year, thousands of patients in Ireland, with serious conditions ranging from heart disease, cancer and skin conditions, had to wait for word about access to nine new medicines that are routinely available across Europe.

This was after the medicines going through all HSE assessment processes and very considerable savings having been provided by member companies of the IPHA under its agreement with Government.

At the end of July, it was finally confirmed in the media that the Department of Health and the HSE agreed that the nine medicines could be reimbursed this year from within HSE resources and that

sufficient clarity was given about funding for 2018 onwards. While this was welcome, at the time of writing, confirmation is still waited for all nine that they can now be prescribed by clinicians within the public health services and will be paid for.

And lessons must be learned from this delay this year. It cannot simply be allowed to recur for the next series of new medicines.

When the Government and IPHA concluded a new Agreement one year ago, the Minister for Health welcomed a new Agreement and indicated that *"the Government wants to ensure that Irish patients continue to have access to new and innovative medicines and that Ireland remains at the forefront of its European peers in terms of early access ....."*

These are fine words but they must be made real. Continuing on just as we have been up to now will not achieve this policy goal. Something has to change.

The first thing is to recognise where we are. Ireland is not at the forefront of European peers – instead we are lagging. Ireland is 16th out of 26 countries in use of newly authorised medicines, with Portugal, Spain, Slovenia, Belgium, France, Finland, Italy, Switzerland, Norway, Sweden, Germany, Netherlands, Austria, Denmark, UK all ahead of Ireland in terms of access to newly authorised medicines. In several European countries, new medicines are made available to patients within 6-12 months of authorisation by the European Medicines Agency.

The issue is not about pricing. The maximum prices in Ireland are the average of 14 other EU countries. Other countries in Europe have similar pricing and budget controls and yet they provide medicines much faster.

Ireland can do better: patients can and should have faster access to new medicines. We are playing our part and will continue to do so, but that has to be reciprocated by new Government initiatives on process and budgets. The Government must play its part and provide for a reasonable level of growth in the HSE's funding for medicines. If the Government again freezes budget growth, new medicines for patients will be frozen out too.

There are no good reasons why Ireland should not provide medicines that are available to millions of Europeans already. We are the fastest growing economy in Europe and the Government wants to benchmark us against the best –so it's time to make this happen for patients awaiting new medicines.

*Any queries in relation to this article should be directed to Mr Philip Hannon, Communications and Public Affairs Manager, Irish Pharmaceutical Healthcare Association (IPHA), Tel: (+353) 1 6344390*

# Negotiation is an Essential Business Skill

Margaret Considine, CEO, Equita Consulting



Negotiation is a skill that will benefit you in all areas of life, when buying a car, a house or simply negotiating with your children, but in business it is an essential skill for the following reasons:

## Negotiation is an Everyday Part of Business life

We negotiate more than we know. Everyone negotiates something every day whether you are asking for extra resources from your manager, buying from suppliers, selling to clients or trying to convince your colleagues that helping you out is a good idea.

### Business is Increasingly Competitive

To survive in business today companies must be experts at negotiating their position in the competitive environment. The commercial world today is a giant negotiation table and how well you do at the table can have succinct results for the commercial viability of your business.

### Creates Win-Win Scenarios

Contrary to what a lot of people think, negotiation is not about beating the other party, nor about getting the most from the deal. Successful negotiations involve win-win scenarios, a situation where everyone walks away happy. When you achieve this, you leave with your interests and needs met and so do the other side because the process of negotiation surfaced issues that you valued differently. However, most

important is that a positive established relationship that may benefit you in the future. People do business with people and careers are built in industries.

### Successful Negotiation Builds Respect

When you walk into a negotiation, you bring your reputation with you and when you walk away you leave an impression behind you. Make sure that impression is positive and the impact you make fosters respect and not anger. The reputation you gain as a negotiator is a function of what is left behind when you leave the room and the evidence of the commerciality that is produced is the final contract.

In all negotiations parties must divide the resources but that doesn't necessarily mean split them. I want it and you want it. So, we negotiate. If we argue on one issue then we have to split that issue or as it is often termed divide the [fixed] pie, but the pie is not always the only thing on the menu when you enter into negotiation. This depends on what type of negotiation you are entering into. There are two types of negotiation:

### Distributive negotiation

If a negotiation involves only one issue i.e. price, then the resource they are negotiating for is fixed and the negotiation is purely distributive. This is the type of negotiation that requires high degrees of assertiveness and/or power in the negotiation.

### Integrative Negotiations

Integrative negotiations are often win-win negotiations. They create value for both parties by extending the pool of value by identifying or incorporating issues which the two sides value differently. Price will probably always be important to both sides. However, speed of payment may be more important to the seller as would the credit worthiness of the buyer. When each party understands what the other values it puts them in a more powerful position to be able to make concessions on what they value less in exchange for concessions they value more. For this reason, understanding your negotiation partner is of great value but it is not always clear what is on the table before you enter into a negotiation. Sometimes you have to create it, by asking questions, gathering data, exploring options and possibilities to swell the size of the pie for both sides.

## At the Negotiation Table

### Prepare Yourself

The level of preparation you put in usually determines your success.

Do your homework in advance. Prepare for both sides, not just yours. Estimate and seek to understand the positions, interests and needs on all the major potential negotiation points. Get as much information about the company, the person or the product you are negotiating with. Set your goal, know your alternatives [BATNA and WATNA] – best and worst alternatives to a negotiated agreement. Build your case, always be open to learning more at any stage in the negotiation. Listening can be your most powerful tool while negotiating, listen to what is being said and not said. Don't make assumptions, get your assumptions clarified.

### The Power of Anchors

This anchor is one of the single most important indicators one party sends to the other in negotiations. The anchor is the opening position on any issue. Buyer 70 days credit. Seller 30 days credit. An anchor from each side of the table [Buyer and seller] sets the line of different – 40 days credit– the gap between the parties on this issue– the conflict to be negotiated. If party one stated 350m and party two states 410m. It is evident that what they are in dispute over is 60m. It is also evident that the 350 is the buyer and the 410 is the seller as both seek to optimize their position. Anchoring refers to the tendency to rely too heavily on the first piece of information offered when trying to make a decision in a negotiation. When the anchor is set the parties involved begin to make judgments by adjusting away from the anchor. There is no rule of thumb as to who should anchor first but ideally sellers like to anchor first to set their price. However, in the world of global procurement and RFP and RFQ's – request for price/request for quote – the buyer often sets their anchor and the seller has to try to meet that criteria in a competitive process. Anchoring first as an approach can strongly influence the future discussion. What is most important after you set your anchor is to determine your range of trade from that anchor, i.e. ideally, I would like to get 350m but if I had to I would pay 394m – this is known as their range and they need authorization to trade to that level at the table. The seller might have a range of 410m to 374m – giving a potential ZOPA on this issue.

### Understand the ZOPA

The ZOPA is the zone of possible agreement or where the bargaining range on both sides overlap – in this case between 374m and 394m. This is the zone between two parties when agreement can be met or split in some proportionality. Within the ZOPA agreement is possible, outside this zone no amount of discussion and negotiation will produce an agreement. A seller will always want to get the maximum amount

possible for their goods or services but generally will have a reservation price, the lowest price they are prepared to sell at. The buyer on the other hand wants to pay the least amount possible but will also have a reservation price, the maximum price they are prepared to pay. The difference between these respective lows and highs is the ZOPA. Ideally you want to find out your partners reservation price while never revealing your own.

**Never Accept the Initial Offer**

If you accept the first offer, there is no negotiation – this is simply a sale. People expect you to counter – to trade. A counter offer is in response to that first offer and even if you think the first offer was a reasonable one, most people will walk away feeling that the negotiation was not completely successful – i.e. they settled too early or left value on the table. Remember to think about integrative negotiations to allow you more items to trade on and more issues to integrate to create value for each side and an acceptable win - win outcome.

**Evaluate the Cost of No Agreement**

What is the cost of not reaching an agreement? Maybe it's better to concede in places you didn't want to concede if it looks like you aren't going to reach agreement. When going into a negotiation it is important to have your alternate

plan. BATNA is a term coined by Roger Fisher and William Ury in their 1981 book "Getting to Yes, negotiating without giving in" BATNA stands for Best alternative to a negotiated agreement. This is the most advantageous alternative if negotiations fail, a fall back. Fisher and Ury advise to prepare yourself with a BATNA by doing the following: Develop a list of actions to take if no agreement is reached, convert the more promising ideas into practical options and tentatively select the option that seems best.

**Address your Opponents Concerns**

Be sure to address the concerns of your negotiating partner. Don't be tempted to try and avoid or hide a difficult situation, confront it honestly.

One of the redeeming features about negotiations is that the results are evident. You make a profit you don't make a profit the results are evident and therefore a measurable. Interestingly when negotiations are over and both sides realise the value that was actually on the table, the extent to which they could have benefited, often people are disappointed.

To avoid this happening to you, do your preparation and planning and sit down at the negotiation table, strong, confident and in control of your emotions, tools, techniques and tactics at each stage of the negotiation – while always being

focused on both sides. Remember to open and anchor well and confidently, trade like a chess player, know the value of each issue to you and your counterpart and always be open to the possibility of creating value through the bargaining stage and remember to close well by clearing the table of all the issues especially the important ones, managing the relationship and where possible control the outputs by offering to write up the agreement or contract.



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# The Growth Mindset

By **Philip Matthews**, an IMI associate faculty member in leadership development and is an active executive coach and team coach.



Every now and then I come across a piece of writing that articulates something so profound and with such truth and impact that it affects my way of thinking, seeing and understanding. Stanford Psychologist, Carol Dweck's *Mindset, The New Psychology of Success* is just such a piece of work; more accurately, it's a seminal piece of work. Dweck's research identifies two distinct mindsets in people, and she has been able to identify these mindsets in pre-school children, adolescents and adults.

The two mindsets are a Growth Mindset and a Fixed Mindset. People who currently see the world through a Fixed Mindset believe that they and others' talent, intelligence, skill and mental capacity are innate gifts that are 'fixed' or defined almost at birth; and that there is little they can do to develop or improve these abilities. People with a Growth Mindset however believe that their talent can be developed through hard work, practice and help from others.

So how do people with either of these mindsets act and sound? Well a good

example comes from Dweck's own research. Dweck and her team brought a group of adults into Columbia's Brain Wave Lab and measured their neural activity while they were being asked difficult questions, and then while they were being given feedback. She identified two distinct groups during the feedback session. The first group tuned out when they were getting information about the questions they got wrong, showing no interest in hearing about where they had 'failed'. The second distinct group did the opposite, they tuned in when they were getting the same information because they saw it as an opportunity to learn and improve.

Put simply people who see things through a Fixed Mindset see failure as something to be avoided at all costs, however people with a Growth Mindset see failure as a valuable opportunity to learn and improve. What's more Dweck has shown that both mindsets can be nurtured in early childhood. An over-emphasis on and praise for success can encourage a Fixed Mindset; but praise for effort and learning encourages a Growth Mindset.

People with a Fixed Mindset can go to extreme lengths to avoid looking silly, failing, or exposing their perceived limits; and Dweck has shown that this can include playing safe, staying within their comfort zone, and in extreme cases misrepresenting the facts (lying).

The Growth Mindset however is very comfortable going beyond their current limits because of the opportunity to learn and grow, and they see no threat in not succeeding first time round.

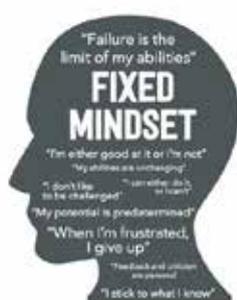
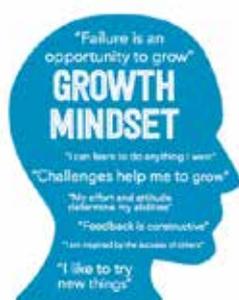
Whilst no individual is entirely one or the other, this has profound consequences for people and organisations.

If an organisation genuinely wants to encourage creativity and innovation then the language of its leaders must be "So what are we learning from this?" and not "Why did you fail?" If an organisation wants to encourage resilient thinking then its leaders must help their people to see the opportunity for learning and growth that comes from challenging and difficult times.

There are many other aspects of life both professional and personal life where a Growth Mindset has so much to contribute. I've been drawn into thinking about sport and my own personal journey and I'm seeing it in others; most recently Paul O'Connell referenced Dweck's work in his autobiography.

It has so much resonance with the rapidly changing ambiguous world in which we live that surely it's got to be a survival mindset; and organisations are starting to see it the same way. Research conducted by Egon Zender and published in Harvard Business Review in 2015 found that (when hiring) people with a Growth Mindset were more likely to outperform new recruits whose hiring decisions were based on academic qualifications and past performance alone. We cannot afford to allow people to stay in this Fixed Mindset because we don't know what new skills they will need for the future so we need them to learn constantly. The good news is we can help people to learn the Growth Mindset.

Neuroscience is telling us that our brains can continually develop throughout their life, this is neuroplasticity. Our mental capacity and our capacity for learning is unknown and limited only by the limits we place on ourselves and on others.



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# Updated e-Learning version of IPHA Code of Practice

## Available online, FREE, to MRII Members

**This resource has been developed on behalf of IPHA and the MRII for the purpose of member training on the current edition of the IPHA Code of Practice.**

**“You can access this course via [www.mrii.ie](http://www.mrii.ie), it will require that you register, if you have not yet done so”.**

completion users may then complete either the IPHA Code of Practice course (1 hour 30 minutes), the IPHA Code of Standards course (30 minutes), or both, depending on the requirements of the individual. However, at a minimum the legislation and one of the Code modules must be complete for the training to be considered valid. The lessons for the IPHA Codes should be used in tandem with the Codes themselves.

To facilitate specific roles within organisations, the ‘IPHA Code of Practice for the Pharmaceutical Industry’ course is available in a version that includes the annexes and also a version without the annexes. You may choose which course suits your needs; however, IPHA recommends that the version including annexes should be chosen. The course certificate will provide the exact detail of the course completed (i.e. with annexes or without annexes).



The purpose of this course is to support IPHA and MRII members in adhering to the principles of this Code of Practice and in maintaining regular updates and certification of this.

This resource contains three eLearning courses developed by IPHA and the MRII; one on the advertising legislation, one on the Code of Practice and one on the Code of Standards. Completion of the eLearning course on the advertising legislation (30 minutes) is mandatory. Following its

## Are you incorporating your MRII Membership into your appraisal?



- Have you completed the MRII Examination?
- Are you eligible for an MRII Council/Ambassador role?
- Have you won an MRII Award?
- Have you attended MRII meetings, webinars or other events?
- Did you attend the MRII National Conference in 2017?

Above should be verified using an official ‘MRII Activities Record’ available to download from [www.mrii.ie](http://www.mrii.ie)

# We are indebted to our loyal group of exhibitors. Members should remember these companies when doing business, where possible.

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<b>Barberstown Castle</b> 	Clare Davitt; Gretchen Ridgeway	<a href="http://www.barberstowncastle.ie">www.barberstowncastle.ie</a>
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# Message from Galway Ancient Members

We are still alive and kicking and continue to meet for lunch on the first Friday of the month to keep in contact with each other. Frank Noone (085 8352061 / frank.noone92@gmail.com), is our coordinator for this event, so if you are around Galway on a first Friday and want to meet up, please contact Frank for full details. **So again, an open invitation to all of you to hook up with us anytime you are around Galway on a first Friday.**

We recently had a very enjoyable joint lunch meeting with our retired colleagues in the East, when we all gathered in Athlone for a great afternoon of renewal of friendships. Please see photograph for all who were there (and no comments about how old we look!).

We intend to repeat this event, and are working on a similar venture with our colleagues in Limerick.

We feel that it is important to keep up contact with each other as we have long soldiered together and have (mostly) happy memories.

The sad part of our age group is that we lose people, and unfortunately, we lost Des Joyce last year, and only recently Eamon Torpey who died suddenly. Most of us were at the fifteenth anniversary for Tom Collins (RIP) a few months ago.

Enough of the sad news. The rest of us are going well and enjoying our leisure time and appreciating life.



Pictured in Athlone recently for a reunion of retired MRII members were (from back, left to right): Peter Sheedy, Pearse O'Doherty, Peter Whitty, Brendan O'Brien, Kevin Kelly, John Carr, Pat Quigley, Tom Ryan, Paddy Dyar, Frank Noone, Bart Tannian, David Fair, Brian Murphy, Peter McGarry Tony Glynn, Gerry Fanning, Ciaran MacFadden.



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