

Connect

ANNUAL NEWSLETTER OF THE MRII

Issue 10 - September 2019



2019

CONNECT & ENGAGE

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Author, Key Note Speaker

"Hitting targets of a different kind"

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report by Danielle Barron

"Building presence in stillness"

Karen Maloney, Wellness
Coach, Speaker, Workshop
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MRII National Conference,
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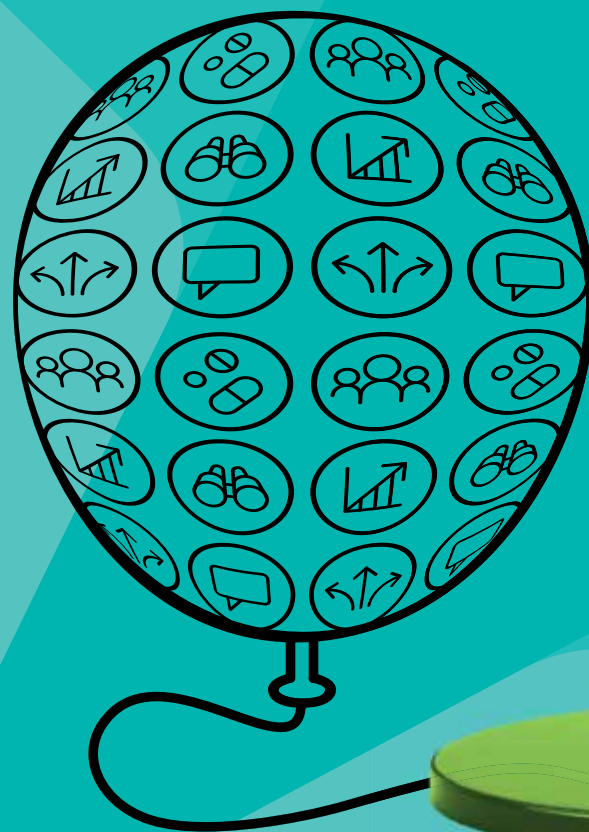
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The all-new ŠKODA SCALA is officially launched by ŠKODA Ireland with the all-new ŠKODA KAMIQ set to complete the brand's SUV trilogy



The ŠKODA SCALA officially launched in Ireland just in time for the coveted July "192" plate. The new ŠKODA compact hatchback is a spiritual successor to the ŠKODA Rapid that concluded production earlier this year. While the Rapid was offered in saloon and hatchback body styles, the SCALA is exclusively offered as a hatchback. The vehicles share very little in common with the SCALA showcasing some of the most advanced technologies available in the Volkswagen Group.

Some benefits include wireless Apple CarPlay and Android Auto as well as wireless phone charging capability and

the upcoming USB-C ports, making the SCALA is the most connected car ever launched by ŠKODA.

Meanwhile, ŠKODA's all new SUV will be called the ŠKODA KAMIQ and will complete the brand's SUV trilogy. Following on from the 7 seat KODIAQ and compact KAROQ, the KAMIQ is positioned as an urban crossover and was unveiled to the public for the first time at the Geneva Motor Show in March.

The ŠKODA KAMIQ combines the agility and handling of a compact car with the traditional advantages of an SUV – higher seating position, better visibility, easier entry, and higher ground clearance. The ŠKODA model offers new assistance systems, and as expected numerous 'Simply Clever' features which have become synonymous with the brand just as much as the generous space available. The ŠKODA KAMIQ makes its Irish debut later this year.

For more information on ŠKODA, please visit www.skoda.ie



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Healthcare Industry Representatives come from a variety of backgrounds. Some are science graduates and nurses and some have a business background. To standardise the background educational level of Healthcare Industry Representatives the examination is offered as a general standard. By sitting and passing it Healthcare Sales Professionals have shown an in-depth knowledge of Anatomy, Physiology, Clinical Medicine and Pharmacology. In addition they will have demonstrated an up to date understanding of the industry in which they work or propose to work.

WHO SHOULD APPLY

Healthcare Industry Representatives who have not yet completed the MRII Examination or those who propose to work as a Healthcare Industry Representative.

Those who were unsuccessful in one paper in the past, you can apply to repeat only this paper.

WHAT IS COVERED IN THE EXAMINATION?

Physiology, Disease States/Related Pharmacology, Surgical Techniques and Industry.

HOW MUCH DOES IT COST?

It costs €540 for your Examination Application to include Examination Syllabus.

HOW DO I APPLY

To apply and see full details including FAQs please visit www.mrii.ie

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Protein and the future of food

Have you heard about the new diet – the *planetary health diet*? It's designed to benefit both people and the planet.'

Paula Mee, Food and Nutrition Advisor, BSc Dip Diet MSc in Health Sciences MINDI



It is obvious that the way we produce food has a massive impact on the environment. Now scientists around the world are calling for a massive global shift towards healthier eating patterns, large reductions in food waste, and major improvements in food production practices.

Existing production methods result in highly refined food with extended shelf life, which is destroying the nutritional value of what we eat. Poor production methods also threaten ecosystems and the stability of the atmosphere, the earth, waters and the biosphere where living organisms exist, according to the recent Eat-Lancet report.

A new way to Eat

This new planetary health diet has been born on the back of our problems. It aims to improve the nutrition and health status of most people worldwide. Ambitious or what? The targets are for higher intakes of healthy unsaturated fats and for a reduction in trans fats and certain saturated fats. It also aims to increase essential nutrient intake, such as iron, zinc, folate, and vitamin A, along with calcium in low-income countries.

Under the microscope more so than any other macronutrient is protein..... what can be done about addressing the alarming rise in sarcopenia (loss of muscle mass through ageing) and the economic and environmental costs of existing protein sources, such as meat?

Protein will of course play a major role in the future of food. Research is looking at the timing of protein consumption with reference to weight management. We all know about the impact of protein on both satiety and reward mechanisms in the brain.

But meeting protein requirements for an ageing population where sarcopenic obesity and frailty are major health challenges, will challenge future food producers too. And the role of plant protein (peas, beans and legumes) which contain valuable fibres in protecting us from disease, especially gut related disease, will be key.

So, what can we the consumer do, if anything?

While a planetary health diet is not a vegan or vegetarian diet, it is largely a plant-based diet. How does that sit with you?

Are there opportunities for you to include more nuts and seeds in snack-foods? What about microalgae (sea vegetables or seaweeds), alongside existing vegetables that contain protein (such as soya, beans and grains)?

Protein is an essential component of muscle, skin, hair, and nails, as well as antibodies, hormones, and cell structures. And the future for protein seems bright. However, there are several myths still around.

Myth: Plant proteins are not complete and cannot be relied on to meet your requirements.

We tend to classify proteins based on their amino acid profile (essential vs nonessential, complete vs incomplete) and their digestibility. This is flawed. The truth is there are certain plant-proteins such as

soya, buckwheat and quinoa that contain all 9 essential amino acids. You can also combine different plant proteins to ensure a full complement of all 20 amino acids.

Also, the amino acids in plants are just as bioavailable as the amino acids in animals. Plant proteins not only help maintain muscle mass, they keep your bones healthy too.

Research does suggest that plant proteins from whole plant foods are 10-20% less digestible than animal proteins. This is because whole plant foods come packaged with fibre, which interferes with absorption. Does this mean we should eat more animal proteins? No! Fibre is critical for our gut and immune system and nine out of ten Irish people need to increase their intake of fibre. Feed the good gut bacteria with enough fibre and you will improve your mental health.

Another potential concern is how much leucine (a branched-chain amino acid) is in protein foods. Leucine is critical for triggering new muscle protein synthesis, and animal proteins such as dairy, eggs, meat, and fish contain more leucine than plant-based proteins. What does this mean? It means we need to eat more plant-based protein to get adequate leucine. Of the plant-based proteins, soya foods (tofu and miso) contain the most leucine.

The trick is to eat a variety of protein-rich plant foods throughout the day. That way you will get enough protein and leucine and easily fill in any amino acid gaps. And let's not forget that plant-based protein has benefits for the environment, plus they contain other healthy polyunsaturated and monounsaturated fats, and phytochemicals.

Myth: Older people don't need as much protein as younger people.

Considering that adults lose about 3% to 8% of muscle mass per decade after age 30, a rate that increases after age 60, countering that loss through sufficient activity and optimal protein intake is

important to preserve muscle mass and prevent age-related declines in health and physical functioning, especially since older adults need more protein to stimulate muscle synthesis.

Many researchers say that 0.8 to 1.2 g/kg per body weight per day is a more optimal intake, with room to go higher. In meal terms, for many adults this means aiming for at least 25 to 30 g protein per meal. This maximizes your body's muscle repair.

Interestingly in research studies, an uneven distribution of protein (too low at some meals, higher than necessary at others) is associated with frailty, slower walking speed, and fatigue.

Protein as per the European Food Authority

Adults (including older adults)

0.83 g per kg of body weight per day

Infants, children and adolescents

0.83 g to 1.31 g per kg of body weight per day, depending on age

Pregnant women

additional intake of 9g per day during the first 6 months of lactation and 13g per day thereafter

Breastfeeding women

additional intake of 9g per day during the first 6 months of lactation and 13g per day thereafter

Athletes

1.2 to 2.0g per kg of body weight per day, depending on training and goals. (As per the Medicine & Science in Sports & Exercise Joint Position Statement)

Myth: If more protein is good, then much more is better.

While getting enough protein is important for growth and maintenance of muscle and other tissues, what may not be ideal for health and the environment is consuming excess animal protein.

There's evidence that a higher-protein diet can aid in weight loss and prevention of weight gain, especially when combined with exercise, by increasing satiety and thermogenesis after a meal, but high-protein isn't as high as many consumers may think.

Several studies use a high-protein-diet providing 25% - 30% of calories from protein, compared with a standard research diet of 12% protein.

Myth: It's difficult to get enough protein at breakfast.

Breakfast is the meal where protein tends to be lowest, because toast and tea are pretty low in protein. Our bodies break down and rebuild muscle throughout the day so spread out your protein foods and have some at each mealtime. If you find it challenging to meet protein needs at breakfast, it's certainly not impossible.

Tip boost your protein at breakfast time.

- Enjoy Shakshuka at weekends; eggs baked in a spicy tomato and pepper sauce.
- Add a helping of black or pinto beans to your morning eggs.
- Pour two egg whites into your porridge; it won't taste any different if you add a topping.
- Add cottage cheese to scrambled eggs; you won't taste it.
- Mix some natural or Greek yogurt into your favourite chia pots.
- Mix nut butters into porridge and top with seeds.
- Make pancakes with almond flour and top with chopped walnut.

Some common Plant and Animal Sources of Protein

(Ref Nutritics Software)

Food	Portion Size	Protein (g)	Kcal
Beef, fillet steak, grilled, lean	2 slices (105g)	31	197
Chicken breast, grilled meat only	1 breast (130g)	42	192
Turkey, light meat, roasted	2 slices (140g)	47	214
Cod, poached	1 fillet (120g)	25	113
Mackerel, grilled	1 fillet (150g)	31	359
Tuna, canned, in brine	1 small tin (100g)	24	99
Cheese, cheddar	1 thick slice (40g)	10	162
Cottage Cheese	1 small carton (112g)	14	113
Skim Milk	1 glass (200ml)	7	66
Low-fat yogurt, plain	1 carton (150g)	7	86
Low-fat yogurt, fruit	1 carton (150g)	6	122
Fromage frais, fruit	1 small carton (100g)	5	126
Eggs	1, size 2	8	90
Peanuts, roasted & salted	1 handful (50g)	13	310
Peanut butter	On 1 slice bread (20g)	5	125
Cashew nuts, roasted & salted	1 handful (50g)	10	306
Walnuts	1 handful (50g)	7	351
Sunflower seeds	2 tbsps (32g)	6	189
Sesame seeds	2 tbsps (24g)	4	149
Baked beans	1 small tin (205g)	10	187
Red lentils, boiled	3 tbsps (120g)	9	130
Red kidney beans, boiled	3 tbsps (120g)	10	112
Chickpeas, boiled	3 tbsps (140g)	10	175
Soya milk, plain	1 glass (200ml)	5	54
Soya mince	2 tbsp, dry (30g)	13	79
Tofu	Half pack (100g)	8	84



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Paula is a well renowned CORU registered dietitian. She provides an extensive range of services in nutrition, corporate wellness, marketing communications, recipe and menu analysis and product development.



Paula Mee, Food and Nutrition Advisor, BSc Dip Diet MSc in Health Sciences MINDI

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- › **Are you a company looking to network at our National Conference?**
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Full agenda and booking details to be announced at a later date



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Pictured at the MRII National Conference: Mr Oliver O'Connor, Chief Executive, Irish Pharmaceutical Healthcare Association presents Padhraic Speight with the IPHA Medal Award. Padhraic achieved the highest score in the 2019 MRII Examination. Padhraic is Pharmacy Business Manager dedicated to Sanofi from Star Medical Ireland. In addition to Padhraic's achievement of being the highest scoring candidate in 2019 he is also the 3rd highest scoring candidate since the MRII Examination began in 1987.

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Retirement, what's that!

Hitting targets of a different kind...

Ciaran MacFadden, Past MROI President



Made It! Nordkapp, Norway, 2014

I was born in 1949 in the Rosgoill Gaeltacht of north west Donegal. Those of you who cover the West will probably have been very close to there when calling on doctors in Carrigart. I was the second of a family of ten and my mother only died in March 2017 aged 100 years and 6 months. My father died in 2002 age eighty-six. Rosgoill was a robust Gaeltacht back then and all our subjects in National School were taught through the medium of Irish.

After second level in St. Eunan's College Letterkenny, I did pre-med and first med in UCG (now NUI Galway) but while there, I spent more time in the gym involved in boxing than attending lectures. Boxing formed a very big part of my life in UCG and while there, I won the Junior Intervarsity, Senior Intervarsity and the British and Irish Universities Championship in 1970. I boxed both at light-heavyweight and heavyweight. Gloves used then at those weights were only 8 ounces and poorly padded with horse hair (unlike the foam padded larger gloves worn now by all). Three by three minutes rounds, no

headgear and you were lucky if you had a gumshield.

Holiday time from College was usually working 'on the buildings' in London or the States. As well as that, I had the privilege of working as a fisherman off the NW coast of Donegal, a hod-carrier, a bouncer, a landscape gardener and painter in the States and a Brewery worker in Sweden. All these experiences make you what you are.

In 1972, a new college opened in Ireland for the training of physical education teachers. This was the National College for Physical Education in Limerick, subsequently known as Thomond College and now integrated into the University of Limerick. I did four years concurrent teacher training there and afterwards taught P.E. until 1989. At that point, I was working in an inner city vocational school in Dublin with a young child ready to start primary school. I wanted to move back West for his schooling. Because PE was a relatively new profession in Ireland at that point, most PE Teachers were

quite young and vacancies did not start to occur due to retirement for quite a few years later. I took a career break and became a Medical Representative in the West of Ireland. When I told one young lad in the school that I was leaving and that I was going to be selling drugs in the West of Ireland, (I knew the term Medical Representative would mean nothing to him), he looked at me aghast and said, "Jeez you're not sir, my Da got fourteen years for that" and off up the corridor he ran telling everyone he met that Mr Mac Fadden was going to be selling drugs.

I started my life as a Medical Rep for Sanofi in May 1989, covering hospitals and GPs from Donegal to Galway and over to Louth and Meath. Covering this territory often felt like 'painting the Forth Bridge'. As with all of you, I have many stories about my experiences on the road about doctors, managers, hotels, hitch hikers, (yes, hitch hikers) but that's a story in itself!

I was 40 years of age making this career change and as you become older I find that you lose some of the feeling of invincibility of youth. I knew I was competing with many recently qualified graduates and others and when I did the MROI Examination in 1994 and achieved the highest mark that year and won, what was known then as the F.I.C.I Gold Medal, I knew that I'd hold my own in this new career. In 2005, I was honoured to serve as President of the MROI.

I remained with Sanofi in its many manifestations until 2009 when an attractive voluntary redundancy programme enticed me to take my chances at the age of 60. I subsequently worked as a contract rep for AstraZeneca, MSD, Bayer, Novo Nordisk and GSK. Over the course of my career I probably reported to about thirty different managers of one sort or another. At the age of 68, I decided to call a halt to this phase of my life although there was possibly still work there for me. If you look after your health and energy and have a professional approach and a determination to deliver for the people who entrust you with a job, my experience is that age is not the barrier.

You may note that I did not use the term retire: rather I said that "I decided to call a halt to this phase of my life". So, what did I do with the next phase of my life?

I've always been into doing as much for myself around the house as I can. I enjoy the challenge of mastering various skills. So, everything from chimney cleaning (from above), painting the exterior and interior of the house, plumbing, electrical work, gardening work keeps me busy. My two grandchildren who live nearby are a joy in our lives and spend much time with us which is hard work but so satisfying.

A few years ago, I acquired an air rifle and took up target shooting. This is my form of mindfulness and I can 'while away' some peaceful hours on my own. So, targets continued in my life but in another form.

In the winter, I spend a lot of time involved with genealogy and get countless hours of frustration and breakthroughs.

Winter and summer I keep up a lifelong interest in physical fitness. I started using

weights around 1967 at a time when the consensus was this would slow you up. I never believed this and look at athletes now. At the moment I use two 48kg kettlebells, known as 'the beasts' in the serious fitness trade, I do the farmers walk and other exercises with them. I also have a set of gymnastics rings hanging in the garden.

At the age of 62, I took up motorcycling for the first time and to celebrate turning 65, I did a solo trip on my motorbike from Sligo to Nordkapp, c. 670 kms north of the Arctic Circle in Norway. You can drive no further North in Europe than this point. This round trip took in 8,136 kms excluding the ferry crossing from UK to Denmark. I've also done trips to the French Alps and to Bavaria.

Throughout the year, I go to a different house each Tuesday night for two hours where approximately 14 people converse in Irish.

What about paid work? I have two irons in the fire at the moment. First of all, I have a driver's licence for every category of vehicle on the road. I've recently undergone five CPC modules for professional coach drivers, and I've acquired my CPC card and

a tachograph card which allows me to drive professionally. There's quite a lot of work for coach/tour drivers and many retired people work in this area. Secondly, I have re-registered with the Teaching Council and I could apply to do some substitution work. There's a huge shortage of Irish language teachers in schools, (Irish was my second subject in my Degree as a PE Teacher). I'm not interested in getting tied into full-time work but some hours here and there.

Bucket List

Having reached 70+ years in life, many good buddies of mine have passed away. I didn't exactly live my life in a cocoon and I'm lucky to be here. I'm aware of that and also, that you must realise you could go on for a long time more or not. Recently, I purchased a burial plot so that one item is off the list if I snuff it. This doesn't hold me back from living life. My attitude is to live life to the full and I still have many things I want to do including:

- Motor cycle through Montana.
- Return trip to Norddapp for my 75th Birthday.
- Dabble at some work.
- See my Grandchildren grow up.

My advice to you is "be involved in a wide range of activities. It enriches you as a person and makes you a more interesting person for your customers to talk to as well as keeping you grounded in life"




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In conversation with...

Mr Oliver O'Connor, Ceo, Irish Pharmaceutical Healthcare Association



Oliver O'Connor has been Chief Executive of the Irish Pharmaceutical Healthcare Association since 2015. His career has covered health finance and economics consultancy, policy formation, communications and media, international financial services and public service. He was a Special Advisor to the Minister for Health / Enterprise, Trade and Employment, Mary Harney, from 2001-10.

What is the biggest threat to pharmaceuticals companies operating in Ireland at the moment?

I prefer to think about opportunities and a wholistic story as told in our new "Innovate for Life" campaign. Pharma companies in Ireland employ more than 30,000 people directly. The top ten pharma companies in the world manufacture here. Investment has topped over \$10bn in recent years. So the environment in Ireland has been and remains good, on the evidence – except for the disappointing feature that Ireland has been slow and late in bringing new medicines to patients relative to peer countries in western Europe. This is a problem which we want to address in partnership with Government. For the country, it would be a mistake to assume that the next ten years will be the same as the last 10-15 in terms of investment, jobs, innovation and growth from Ireland. Technology is changing rapidly. The best places for pharma as part of life sciences of the future will be where the conditions are right for all of discovery, manufacturing, and adoption of new therapies.

Is there a lack of Irish graduates to fill high quality pharmaceutical posts?

Recruitment is getting tighter for sure. The positions on offer in bioprocessing and pharma more widely are skilled and well-rewarded. Naturally the pool of talent extends beyond Irish shores. The National Institute for Bioprocessing Research and Training (www.nibrt.ie) makes a valuable

contribution to developing and upskilling people to work in bioprocessing; an initiative that the US Jefferson University is partnering with to learn from. There is a role for all in the industry to encourage more people to think of working in our industry. We can raise our profile and communicate the value and worth of working in an industry that has such an important impact on people's lives and health. As an industry we will make a specific input to the next iteration of the Government's Future Jobs strategy as part of our BioPharma Ambition 2020 event next March.

Does Ireland have a contingency plan in place for major medicine shortages?

Ireland has a well-developed medicines shortages framework implemented by the HPRA, which has been in place irrespective of the Brexit-related challenges. On average there are about 45 notices of medicines shortages per month which are then managed in this framework. In regard to Brexit, our industry has put a lot of investment into adjusting for any scenario and is working very closely with the HPRA, HSE and Department of Health to minimise risks to supply. Given those preparations, there is enough stock of medicines in the country to cope with a disorderly, cliff-edge Brexit. The Government's most recent publication on Brexit preparedness in July showed the readiness of the country, with the key message that we don't have shortages attributable to Brexit.

When is the current IPHA/DOH agreement due for renewal and what challenges do you anticipate?

Under the 2016-20 Agreement, negotiations on a possible successor are due to begin in February 2020. The key challenge will be to deal in a concrete way with Ireland lagging most of western Europe in access for patients to medicines under reimbursement. No-one is content with the situation; it has to be addressed, and this has to be done within the budget parameters of the State. We are advocating the creation of an explicit medicines budget; a real multi-annual funding commitment; and a policy that Ireland should be among the top seven EU member states in speed of access to new medicines. The summer economic statement of the Government shows that the economy is in a healthy state, enabling us to cope with the real challenges of a disorderly Brexit and also offering the ability to plan properly to adopt new medicines.

What is IPHA doing to accelerate access to new medicines for Irish patients?

We have brought forward the evidence of how Ireland performs relative to western Europe and highlighting with the Department of Health and HSE our willingness to engage in joint work to understand the causes of our lag in access time with a view to adopting measures to address it. We cannot address this alone. It needs dialogue and partnership focused on achieving a common goal, faster access for patients within a predictable and adequately-funded medicines budget.

What impact, if any, does current US government policy have on pharmaceutical products here in Ireland?

It is an interesting question, because US policy affects many aspects of the pharmaceutical industry in Ireland, from regulation to exporting and investment. From my perspective at IPHA I see more consistency than change across the whole spectrum.

What do IPHA member companies have to do more of in order to put Ireland more firmly on the clinical trial global footprint?

We have to make it easier for researchers, organisations and of course patients to participate in clinical trials. IPHA will support work of the Clinical Research Development Ireland and Cancer Trials Ireland to highlight this.

Is the Irish Biopharma industry on track to create 8,400 additional jobs by 2020?

I can't be sure about precise, measured progress towards this; but recent developments and investments are on the positive side. That will continue with hard work, policy support and understanding the changing needs of life science and biopharma development.

What is the most rewarding and most challenging aspects of your role as CEO of IPHA?

Most rewarding is to work with people in the industry and all our stakeholders on issues that lead to a positive impact on health and life of people in Ireland by the uptake of biopharmaceutical innovations. Most challenging: being resilient when the pace of change and the uptake of solutions are not as fast as one would wish.

What do you do to unwind?

I run, hill-walk, socialise with friends and family, play guitar(s).

Have you a favourite holiday destination?

Wexford beaches and country side. Anywhere near family. Anywhere with stronger sunlight in winter!

We look forward to welcoming you at an MRII event...



Thank you to the following who sponsored the 2019 National Conference Delegate Bags



Building Presence in Stillness

Karen Maloney, Wellness Coach, Speaker, Workshop Facilitator, Reiki Practitioner & Host of the Curiosity & Consciousness Podcast



What does it mean to be present? With the arrival of the smart phone, have we forgotten how to be a human 'being' as opposed to a human 'doing'? Are we afraid to be still?

I think it's safe to say that we're all guilty of reaching for our smart phone whenever we find ourselves with some 'in between time', i.e. early for an appointment, at a bus stop, in a queue, cooking dinner or whatever the case may be.

In the world of instant chats and messaging, it's like we have forgotten how to actually be still, how to take a breather or heaven forbid just focus on one thing at a time! We seem to have forgotten the time when we weren't always 'switched on' and expected to be 'doing' 24/7. Have we somehow lost our ability to quietly be with ourselves without the need to fidget or distract ourselves?

Now don't get me wrong. I'm no dinosaur and I'm not out to bash technology or the smart phone. It is one of the greatest inventions and I'm all about moving with the times. But where it does cause some concern, is how we have allowed this inert, inanimate object to consume our lives and turn us into a frenzied, scrolling nation.

And I do purposely say 'how we have allowed this' because the truth of the matter is, each of us individually, whether consciously or unconsciously, chooses to take this handheld device, unlock it and mindlessly waste our precious time scrolling from one platform to the next.

Now again, it's not all bad. If we're genuinely doing good when we pick up our phone,

that's great. Whether it's completing a work task, sharing an empowering message or learning a new skill, there are many benefits to be gained. Where it gets tricky, is when our mindless scrolling becomes a silent addiction and takes over! The onus is on us to consciously be aware every time we reach for our phone and ask ourselves, what am I using it for? What do I want to achieve? What is my purpose for picking it up?

Stillness nowadays is such a rare commodity. It's almost become so alien to us that we don't know what to do when 'a quiet moment' pops up. We're creatures of habit and we've trained ourselves to mindlessly reach for our phone in order to fill the gap. The good news is though, that we can also train ourselves not to do this!

How I hear you ask?

To start with, we need to become 'present', so we are aware of when we're reaching for our phone in the first place. Being present means coming off autopilot and switching into the here and now. Then we need to interrupt the habit and replace it with something new. It's sounds simple (and in one sense it is!), but that doesn't mean it's easy. We need to repeatedly do this, until we learn to override the old habit and install a new one. The way our brain is programmed, it will always go for the familiar (over something new) even if it is harmful to us. It is up to us to consciously step in and create new habits (literally firing and wiring new neuropsychological pathways in our brain) until eventually they become second nature to us.

And the easiest way to drop into the present moment and start to build awareness is by connecting to our breath!

When we consciously connect to our breath, it shifts our focus from being up in our head (where most of us live!), to being in our body. When we notice and feel the sensations of the air drawing in and out of our nostrils, or sense the rise and fall of our chest/abdomen, we are completely present in that moment. If you can close your eyes, even better, as it further reduces the stimulus of the external environment and brings you within.

Once we connect to our breath for a few cycles, then we can start to build mindfulness through our senses and become more aware of where we are and

what we're doing, right here and now. Notice any sounds you hear around you or in the distance – a conversation in another room, music on the radio, birds singing outside the window, traffic in the distance etc. What can you see around you – a table, chairs, nature, plants, a view out the window, magazines etc. Can you smell anything in the air – coffee brewing, food cooking, flowers in a vase, an air freshener etc. What can you feel – the chair beneath you, your feet on the ground, your back supported, a door handle, your bag in your hand, your heart beating etc. What can you taste (if you're eating/drinking) – what textures do you feel, what flavours can you identify or what temperatures do you note. The aim is to remain consciously present and aware at all times and not let the mind wander into other tasks, memories of the past or thinking about what you'll have for dinner that evening! If your mind wanders, simply notice it and bring it back to the present moment. We need to repeat this time and time again, until it becomes a new habit.

I know these notions of connecting to our breath and mindfulness may seem tedious, boring and a waste of time but with practice, these moments of stillness and quietude become like little golden nuggets of pure bliss, that you will look for more of throughout your day. Now more than ever, cultivating our mind and being still are the building blocks we need to attend to in order to lead more balanced, fulfilled, creative, inspired and happy lives.

When we take time to be still and present, we connect to our true essence, to that sense of inner peace that resides deep within us all. We take ourselves out of the 'fight or flight' response and open ourselves up to new possibilities, new ideas and new opportunities arising. We change our energy and allow more ease and flow into our lives. Our creativity is heightened and where we may have felt stuck with a project or task, suddenly we can see new perspectives or find new solutions coming our way.

So I invite you to get curious and the next time you feel tempted to reach for your phone, stop yourself, take a few deep breaths, drop into the present moment and practice mindfulness (present awareness). And in order for this state of being to become second nature, remember it must be practiced consistently until the new habit is formed. Stick with it and in time, you will find yourself less stressed, agitated, frustrated and reactive, and more at ease, calm, uplifted, creative and balanced to deal with the curveballs that come our way. There is magic to be found in stillness!

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Accelerating Irish innovation into Healthcare

Dave Shanahan, CEO of Adagio Ventures, supporting innovative companies develop healthcare solutions.



Whether working as medical representatives, as healthcare professionals, or any part of the health system, healthcare today is being impacted by seismic changes in affordability, demographics and technical innovation. The pace of innovation is dizzying, just as the economics in providing safe, quality-based care, are challenged by an ageing population and the rise of chronic illness.

U.S. per capita healthcare spend is already 18%. Across Europe, its 7%-10%, both growing ahead of inflation. Health spend devours budgetary space for other societal benefits e.g. education, welfare, infrastructure. Whilst pharma argues that drug costs are a fraction of total healthcare spend and that access should improve, drug spend is rising and a target for political action.

At time of writing, President Trump is threatening to import drugs from Canada. Such a move in Pharma's citadel, the home of free pricing, DTC advertising and Washington's biggest lobby group, would be shocking. It's also politically expedient.

Mr Trump opines, the US market should enjoy prices Pharma happily agrees to elsewhere. At first glance, perhaps not unreasonable? Such a move, however, would perilously impact the US stock market, the global pharmaceutical industry (predominantly American) and damage US investment at a time, when a trade war with China is ongoing and the President seeks re-election. The rhetoric,

however, is a warning shot that one should not assume the future must mirror the past.

Perhaps it's time for national "group think". As Government is Pharma's biggest customer everywhere, should some government priorities not be Pharma's too?

Pharma could work to deliver more productivity from the drugs we already have. Real world evidence is not new. It needs to be systemic within our health system, not just quoted as elements in pharmacoeconomic modelling.

Adherence by patients (how people consume medicine) is known to be as low as 50%, to oral or injected therapies prescribed to prevent or treat ongoing illness.

Patients change dosage, skip treatment, forget, stop, restart, ignore. We are human, leading busy lives, prone to emotional,



financial and social concerns. We may experience side-effects; decide we are cured, choose to stop taking our medicine ourselves.

Could pharma provide better solutions to maximise the value of the spend we already make? Examples could be patient-centric collaborations ensuring medicines are used as prescribed, non-responders are identified faster, older cheaper alternatives are prioritised first and data gathered for real world analysis to support what works well and address what does not.

I'm delighted to support **HealthBeacon**. The company develops smart tools to manage medication. Such solutions help patients adhere properly to their biologic. The smart sharps platform records the moment of injection disposal, creating a real-world picture of injection adherence, which patient and doctor can use to derive the best outcome from treatment. Such real-world evidence improves the potential for biologics in clinical practice and makes the budget go further. Pharma has been the first to support this approach.

This week, two new treatments were announced as curing Ebola in infected patients. This is the culmination of extraordinary collaboration by governments, industry, NGO's and healthcare professionals. There are other abundant opportunities requiring such shared pursuit - microbial resistance, obesity, illicit drug use, modern lifestyles driving chronic disease and ageing.

Ireland's pharma, medtech and food industries are world leaders. But many of the people working in these sectors are siloed, unaware of their counterparts, in other companies addressing the same problems, but from a different perspective.

In considering future innovation models, **Health Innovation Hub Ireland (HIH)** is a start. It's getting industry and the health system to work together in fostering innovation "in" and "out". HIH

supports smaller companies assess products and services for use in healthcare. The HIH ambition can be replicated by those working across industries in health, aligning, around shared goals for better care and better value.

As citizens, improving local healthcare delivery and quality is in our national interests. It is a major export opportunity, a driver of innovation and a direct investment in our competitiveness.

Everyone working in Pharma should ask themselves, "how many people do I know who could collaborate for better health from the food, digital and medical technology sectors?" Have you considered how to make aspects of health you are familiar with better, more available and cheaper? How could the medicines you support be rationally used, to best effect and at lowest cost? Are you a catalyst to support new collaborations across industrial sectors? How can you help?

Probably worth considering and acting upon if you're keen to make a difference?

A day in the life of a Clinical Sales Specialist



As a Clinical Sales Specialist, you'll advise, train and support professional and industrial healthcare customers who are using our client's wide range of healthcare products. The main responsibilities of a Clinical Sales Specialist lie in building beneficial contacts with the clinician so that it results in closing a sale of a medical product. The responsibility is not then finalised with only the sale, but it continues in expanding long-term relationships with the medical staff, which may again generate future sales.

Skills & Experience

As well as sales and customer relationship skills, strong communication and presentation skills are important so that the Clinical Sales Specialist can effectively communicate about the superiority and benefits of a product or brand to Doctors, Nurses and other medical staff. Following the guidelines and standards of marketing strategies and presenting the product in a professional manner is essential. They must be able to meet the demands of a client and by addressing those demands, generate sales.

Similarly, analytical and planning skills are mandatory for a CSS. Having a flexible approach to work is essential for adapting to everyday change, for example, cancelling appointments, and constant

planning will also help set someone apart from the rest of the sales team. Account and territory management are appropriate skills for ensuring a high level of satisfaction is achieved across your allocated geographical territory. All CSS serve as experts, in other words, they need to have a high level of understanding about products, competitors on the market, and the concerns of providers. Simply staying up to date on the news and issues affecting the healthcare industry is necessary to better understand the needs of doctors and nurses.

What does a day as a Clinical Sales Specialist look like?

Our very own Clinical Sales Specialists have talked through their day-to-day agendas below -

8:00am

The day starts by ensuring you are well prepared with plenty of stock, samples and leaflets, as well as a clear plan of what the day ahead entails. Leave plenty of time for travel and traffic - turning up late does not make the best impression!

10.00 am:

Arrive for a pre-arranged meeting. All meetings have been organised at least 2 weeks in advance. Customers can

vary daily from Tissue Viability Nurses - Staff Nurses in both the community and hospital - Vascular Consultants - Vascular Outpatients - A&E - Wound Care Clinics - Oncology Wards and Hospices - Directors of Nursing - Procurement - Stores - Pharmacies - Podiatry and Infection Control. There is no shortage of people to meet, which is very beneficial.

11.00 am:

Leave account to travel to the next venue for a Lunchtime training session

12.00 pm:

Arrive at the session early to set up and to meet contact. Lunchtime meetings can vary from 5 to 50 Health Care Professionals (HCP). During this time the HCP has time to try out / learn and ask questions about new or current products. This is a great opportunity to work with Key Opinion Leaders and provide the invaluable service of Clinical Education in the field.

3.00 pm:

As well as achieving new business, you will also need to look after existing accounts. This takes regular courtesy calls to ensure customer satisfaction with the service and products, but also to book and arrange any future meeting and education sessions. Relationship building is essential: you are the familiar face of the product. Each customer will have different needs, so you will have to work efficiently to ensure all customer requests are met. This can take time, resilience and patience!

4.00 pm:

Usually the CSS finishes any calls they might have at this time. 4:00pm would be a great time to link in with colleagues and managers. Regular contact with team members works as a motivating factor and would help you to be more focused for the day ahead.

5.00 pm:

Administration and notes from the day's visits - excellent record-keeping is essential! Check order history and sales reports and ensure plan for the day ahead is organised to the best of your ability. This can be difficult at present with staff shortages and last-minute cancellations.

Want to be considered for a role?

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Meet David Fitzpatrick

Territory Sales Manager, Pfizer



Tell us a little bit about your career background?

My first qualification was in accountancy from Galway Mayo Institute of Technology, specialising in Financial Accounting. I then went on to complete a Bachelor of Commerce degree at NUIG, specialising in Marketing.

Before joining the world of Pharmaceuticals I worked with AIB in the Anti-Money Laundering Unit. Here I was responsible for the extensive investigation of suspicious account transactions, liaising with the Gardai, The Criminal Assets Bureau (CAB), Revenue Commissioners and Branch Management.

How long have you been working in healthcare sales?

My first role in the industry began in 2007 with Helsinn Birex, starting out

in a dual role covering both GP's and pharmacies on a Dublin based territory selling multiple generic medicines. In mid-2008 I transferred back home to Galway, continuing to work in the West of Ireland with Helsinn Birex until I joined Pfizer in 2014.

What does your current role entail?

In my current role I am responsible for all Pfizer OTC pharmacy sales into independent pharmacies and pharmacy groups across the West of Ireland. My main responsibility is to create awareness of our brands and educate OTC staff of their benefits so that they will recommend them to patients. Acquiring appropriate shelf space at pharmacy level and maintaining wholesale stock levels is key to driving our patient centric business.

Why do you do the job that you do?

I love working with people. For me, it is all about the relationships, the experiences, memories and ideas that I've shared with so many colleagues, customers and friends over the years. It's that feeling of purpose, the ability to identify problems and deliver solutions. I really enjoy what I do every day....almost every day!

Have you always been involved with the MRII?

Yes. Since joining the industry I have always been a member. I have found the Institute a great source of support, education and interaction with industry colleagues. I completed the MRII exam in 2009 and would recommend it to all in

the industry. Not coming from a science background, I found it difficult but it armed me with a thorough knowledge base that I have found a great asset ever since. I remain an active member and joined council in 2015.

What advice would you offer to any new entrants to pharma sales?

When I started in sales 12 years ago, I remember some advice offered to me by a then retiring rep. I think that it has stood me well. Always polish your shoes and wear good socks. Neither will ever be noticed unless you don't want them to be. Carry your suitcase in your left hand and always smile. It leaves your right hand free to greet customers who will always buy from a happy sales person. Sales is a form of theatrics, enjoy the show. Needless to say, that rep has still not retired. Thank you for the advice. I hope you read this and smile.

Also – join the MRII!!

What are your interests and hobbies?

In my spare time I enjoy running, cycling, playing horridly bad golf and seeking out Ireland's finest pint of Stout! I am also a vintage car enthusiast and love passing a Saturday afternoon tinkering with my old rust bucket – a classic Rover Mini Cooper.

Do you have a favourite place to stay in Ireland?

While working in Donegal, I often stay in Rathmullan House overlooking Lough Swilly in North Donegal. It's a spectacular Georgian House run by the Wheeler family. There's a beautiful beach where I run, just on the doorstep and the restaurant is unrivalled. Add it to your list, it's top class.

What is your motto or personal mantra?

Every day should start with coffee and finish with wine.

Have you joined your industry colleagues to Learn@Lunch with the MRII yet?



The Jar - a story about setting priorities in life

Richard Burke, Managing Director, Resilience Matters



Richard Burke is the Managing Director of Resilience Matters, winner of the IITD training awards and Ireland's leading specialists in reducing personal and organisational stress. He is available for full day workshops or as a conference speaker. You can contact him at richard@resiliencematters.ie

Richard shares a nice reminder with our CONNECT readers:

I got this story in an email from a friend of mine over 13 years ago. Sadly he has since passed away. I don't know its origin but I hope it helps you like it did me.

A professor stood before his philosophy class and he had some items in front of him. When the class began wordlessly he picked up a very large and empty mayonnaise jar and proceeded to fill it with golf balls. He asked the students if the jar was full and they all played along and agreed that it was.

The professor then picked up a box of pebbles and poured them into the jar and shook the jar slightly. The pebbles rolled into the open areas between the golf

balls. He asked the students if the jar was full and they all agreed that it was.

The professor then picked up a box of sand and poured it into the jar. Of course the sand filled up everything else. He asked once more if the jar was full and the students responded with an infamous yes.

The professor then produced two bottles of Guinness from under the table and poured them into the jar, effectively filling the empty spaces between the sand and all the students laughed.

"Now," said the professor as the laughter subsided, I want you to imagine that this jar represents your life.

The golf balls are the important things. Your family, your children, your faith, your health, your friends and your favourite passions. Things that if everything was lost and only they remained your life would still be full.

The pebbles are the other things that matter. Your job, your house and your car. The sand is everything else, all the small stuff.

"If you put the sand in the jar first" he continued, "there is no room for the pebbles or the golf balls. The same goes for life. If you spend all your energy and time on the small stuff you will never have room for the things that are important to you. Pay attention to the things that are critical to your happiness. Play with your kids. Take time to get your medical check-ups. Take your partner out to dinner. Play another 18 holes. There will always be time to wash the car, clean the house and take out the bins. Take care of the golf balls first, the things that actually matter. Set your priorities, the rest is just sand.

One of the students raised her hand and inquired what the Guinness represented.

The professor smiled. "I am glad you asked. It just goes to show you no matter how full your life may seem, there's always room for a drink with a friend!"

I know lots of good, hard working people with busy lives who are unhappy. Their jar is full of pebbles and sand and very few or no golf balls. What are the golf balls in your life? Make sure you spend your time on them, and don't worry, the rest of the jar will fill itself up.

Sometimes I see the process of therapy as emptying the jar and picking through it. Sometimes people go into therapy because they can feel the cracks in their jar or it's starting to fall apart. "My life is falling apart", "I'm cracking up" are common terms. As long as you are in a safe environment it's okay for the jar to crack open and let everything spill out. Sometimes you have to stop putting band aids on the jar and let it break open. Much like a Nintendo game you instantly get a brand new empty jar. Sadly, most of us want to pile all the old stuff back in. But that's what got you into this bad place in the first place. The golf balls are the things that you must put most of your energy into. Give them your time. If you love the work you do it can be a golf ball. If you don't love it then it's a pebble, that's okay. As a guide for you to list your own golf

balls I will share some of mine. Five of my golf balls are, my wife, my kids, surfing, trying to paint art and my work (my work wasn't always a golf ball). I know life is busy, but you have to plan time for these.

"If you put the sand in your jar first there is no room for pebbles or golf balls".

Remember: You can't have everything you want, you have to choose. Make a list of at least 5 of your golf balls and decide to spend time on them. The time won't be given to you, you have to take it.



Mortgages for Contract Workers

Mary Phelan, Financial Advisor, Moore Financial Consultants



As a contract employee are you worried about how to get a mortgage?

With some forward planning and good advice, you can make your mortgage journey a much more pleasant experience with hopefully a greater chance of a positive outcome.



The problem you face

The truth is that lenders may treat you differently. The typical criteria is that you have to be in full time permanent employment in order to get a mortgage. If you work on a contract basis working from one contract to the next it might be a little more difficult to get your mortgage approval. Hopefully with a little advice and forward planning you may avoid some of the typical obstacles that people encounter.

The key things you need to know if you work on a contract basis and are looking for a mortgage

- As a contract employee you may work on a recurring 6 or 12 month contract basis.
- The fact that you are a contract worker should not be an issue but you do need to have the following:
- Ideally your contracts should be for a minimum of 12 months in duration and you need to have proof that it is a recurring contract. This means that if the current job finishes that you are easily employable again.
- Copy of your current contract
- Details of any other lending you have and statements for same.
- CV style work history – noting qualifications, skills.
- Prove that there is a demand for your skill and area of expertise.
- Evidencing sustainability of income, examples of salaries within industry.
- Demand for skills within industry, comparable incomes/ vacancies currently on offer.

Mortgage Tips for Contractors

Don't worry if you don't have a full time permanent position, this isn't possible if you are working on a contract basis. What is important however is to have a contract for at least 12 months in duration and have some history in getting recurring contracts. There shouldn't be big gaps in your employment history.

Be organised. You will need copies of bank statements, contracts, accounts, payslips, passport, proof of address, etc.

Start saving and organising the documents you will need: it will save you a lot of time come application time.

Don't give up. If you don't have the right documentation in place, then just bide your time for 6 or 12 months. Buying a house is a slow process. By the time you find the right house you will probably have all the documentation you need.

Check out your credit rating with the Irish Credit Bureau (www.icb.ie). If you spot a mistake you can have it amended before applying for your mortgage.

Reduce your personal debt and borrowings where possible. The less debt you have, the more you can borrow.

You will need a deposit, but if you can show you have additional savings to cover your salary in quieter months this will help.

By giving yourself a very valuable five minutes and calling us at Moore Financial Consultants we can guide you in the right direction. We have many years of experience and when it comes to contractors getting mortgages it is our experience that will make your journey a pleasant one.

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We are very experienced in helping people work through the red tape and get the result they want. We will work on a one to one basis with you and work out a roadmap for you to achieve your goal. You will have a dedicated member of our team committed to helping you get your mortgage. There are many providers, terms and rates available. We will work to ensure you get the solution that is right for you. That is the benefit of working with an experience Financial Adviser, we can give you unbiased advice on what is the right for you.



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Glenroyal Hotel, Maynooth: Clair Barbour and Ted Robinson were in attendance



Skoda: Barry Curran, Fergus McGrath



The iNua Collection: Mark Moynihan



Pharmaforce: Bethann Doherty, Shirley Kiernan



The Johnstown Estate: Cassandra Conway



Maryborough Hotel & Spa: Mary Bernard



Sligo Park Hotel: Lisa Horgan



Emergency First Aid: Niamh Gaffney



PREM Hospitality: Catherine Bunn, Niamh Ahern, Patricia Mulligan



Sweet Cicely: Clodagh Walsh, Siobhan Monaghan



Portmarnock Hotel & Golf Links: Sandra Russell



Clayton Hotels: Bronagh McKee, Samantha Hooper



Barberstown Castle: Denise Flynn



Gourmet Food Parlour: Ella, Eanair Reilly



Salthill Hotel : Caroline Spollen



Dunboyne Castle Hotel & Spa: Josh Finegan, Sarah Dallas



Clonmel Park Hotel: Laura Jones, Emma Walsh



Select Hotels of Ireland: Chanel Malone, Ashley Conroy and Sinead Dolan



Star Medical Ireland: Emily Wright, Paula Finlay



Talbot Collection: Michelle Campion



Radisson Blu St Helen's Hotel: Marko Alsha



Ashfield Healthcare: Jane Murphy, Helen Donnelly



PWGroup: Alan Macken



The Croke Park: Peter O'Curry



hmR Ireland: Rachel O'Beirne, Filipe Infante

MRII Annual National Conference 2019

Writes **Danielle Barron**

The MRII National conference is known for its quirky mix of informative, entertaining, and inspirational speakers, and this year's event was no different. Moderated by Newstalk's Shane Coleman, who noted the consistent quality of the agenda year on year, the meeting played host to over 100 healthcare representatives who came to learn as they networked.

Opening proceedings was the witty and erudite Professor Luke O'Neill. The chair of biochemistry at Trinity College Dublin has recently published his first book, "Humanology: A scientist's guide to our amazing existence", and he gave attendees a whistle-stop tour of our origins right through to our eventual extinction. "Life has no meaning," was the professor's blunt opening line as he set the scene of the big bang and our atomic beginnings. What makes us human is an array of different characteristics, such as humour, attraction/love, and religion and Prof O'Neill offered an array of fascinating vignettes to illustrate how these contribute to the human existence.

Unsurprisingly, his talk focused on the role of science and medicine in keeping us alive; "science has been fantastic for our species and the future is bright for us," he said. The professor noted that there is great optimism in relation to improved outcomes for cancer patients, particularly from the use of checkpoint inhibitors, and he highlighted CRISPR gene editing technology as an example of precision medicine. "There is no question we are making great progress in our understanding of diseases like Alzheimers and dementia too, which should lead to new therapies," he said, adding that artificial intelligence and robots look set to dominate in the not-too-distant future. "As we evolve, we will lose muscle mass as more of our work is carried out by robots."

One fascinating nugget on our longevity; a child born today can reasonably expect to live to 100 years old, imparted Prof O'Neill. Extinction may seem far away, but the professor says it is inevitable, and if climate change continues at its current

rate, it could be much sooner than anyone anticipates.

An interactive session followed, given by inspirational coach Dee Hutchinson, who advised the audience on how to "do more with less". Ms Hutchinson blasted some myths about productivity, saying multi-tasking actually makes people about 40% less productive. "Being productive isn't about being busy – it is about focused attention on doing what is most important." The workshop session saw attendees discuss in groups what they tend to procrastinate about, how they can stay organised, and what they need to prioritise, delegate or outsource.

She urged attendees to think of the "bigger picture", and whether what they are doing right now is getting them closer

'Known for its quirky mix of informative, entertaining, and inspirational speakers, this year's event was no different'

to that big picture, or further away. "What is your number one goal, and what is the one thing you do each day to ensure you reach that goal? What do you need to stop doing to achieve your goal?"

Dr Colin Doherty, consultant neurologist and Honorary Senior lecturer in neurology at St James's Hospital Dublin, gave a comprehensive and enlightening presentation on the future of epilepsy research in Ireland. Indeed, Irish epilepsy research is "at the cutting edge" and sees itself at the intersection of precision medicine and personalised care, he told the audience. "We have really upped our game since I returned from Harvard some 15 years ago," he said.

At the core of this is the use of eHealth and "big health data" allowing for increasingly personalised care. One major success

story is the HSE-funded Lighthouse project, aka "Providing Individualised Services and Care in Epilepsy (PISCES)" which was carried out in association with the Royal College of Surgeons Ireland. This was an opportunity to integrate technology into epilepsy care, and sought to combine cutting edge science with genetic analysis, and involved the development of a patient portal, which allowed patients access to their records. This population data will then be able to give insights into disease progression and treatment response, and thus allow for the provision of personalised treatment plans. Dr Doherty highlighted the case of one child with epilepsy; having determined the genetic basis of the condition, his mother spoke of her relief at realising she wasn't to blame. "This simple piece of information had a profound effect on the family."

Future Neuro is another exciting project, which is aiming to discover novel epilepsy genes and incorporate genetic data into the epilepsy electronic patient record. Dr Doherty explained that around 25 per cent of the patient cohort have had a diagnosis since the project began, but again it has been "transformative" for people's lives. "It changes the patient journey. Ireland is the only place in the world that has a dedicated electronic record for patients with epilepsy. We have 8,000 people on the record now... data has never been shared like this."

Dr Doherty also outlined the success of virtual clinics, enabled by eHealth, which has allowed many more patients be treated in a manner that is efficient and satisfactory – patient feedback has been overwhelmingly positive. "People don't want to drive or get a taxi to hospital. We are transforming the way in which we deliver care, and the business case for this is undeniable. In 10 years' time, we will be delivering most of our care by video technology."

This is particularly pertinent in an era of constrained resources. Dr Doherty admitted that he is solely responsible for the care of all the epilepsy presentations in the Dublin Mid Leinster region annually; the ENIGMA study has shown that this is in the region of 2,240 in a population of 800,000. "That's a five-year programme for one person, or a one-year programme for five people. That's why we need this type of information, to allow us to plan care for the future."

The often-isolating nature of the medical representative role and the need to maintain good mental health is always addressed at the national conference and former Irish athlete David Gillick delivered a searingly honest presentation about his own struggles in this regard. He echoed Ms Hutchinson's advice around planning, even showing his own plan from 2006 that would eventually lead him to his

personal best and sixth place in the World Championships. "A goal without a plan is just a wish."

Yet even as a successful athlete, he told the audience that he lacked confidence and was envious of other athletes with more money and titles.

When his athletic career was cut short, he fell into a cycle of self-loathing and self-pity, using food as a crutch. "I took the first job I was offered and I was in the car driving all over the country and 'dashboard

dining' in petrol station forecourts. My diet suffered and it had a significant effect on my mental health... I couldn't switch off the negative voice in my head." The latest data on stress shows that 21 per cent of Irish adults report feeling extremely or very stressed, and 43 per cent say their stress has caused them to lie awake at night, he noted.

Having beaten his demons, Gillick outlined his six strategies for dealing with stress and anxiety: sleep and recovery;

healthy food and exercise; planning and prioritising; success list; advice/support; and the "3D technique" – distraction, distance, dispute. He explained the latter, saying the negative voice in our head is not us; therefore, we should work to disagree with it and try to ignore it.

"Put the hand up for help and be nice to yourself," were his parting words.

2020 Event Date: April 23rd, Glenroyal Hotel



Delegates in conversation at the 2019 National Conference



Dr Colin Doherty



Delegates in conversation at the 2019 National Conference



Mr David Gillick



Ms Dee Hutchinson



Professor Luke O'Neill

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