

Unveiling the Landscape of Medical Affairs in the Benelux: A Collaborative Survey by Healixia and NVFG

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Abstract

This survey is, to our knowledge, the first of its kind to delve into the Medical Affairs function and profession in the Benelux, with 118 Medical Affairs professionals contributing their insights. The study underscores the pivotal role of Medical Affairs in pharmaceutical companies, highlighting its evolution from a supportive function in the past to a key strategic role today. It offers a detailed analysis of the demographic profiles, roles, responsibilities, and job satisfaction levels of Medical Affairs professionals in Belgium and The Netherlands in Q4, 2022.

Key findings demonstrate that Medical Affairs professionals have a wide range of experience levels, from junior functions to senior leaders, indicating the field's appeal across different career stages. The survey also identifies a shift in educational requirements, with advanced degrees becoming increasingly prevalent. Notably, the roles of Medical Affairs professionals show adaptability and diversity, with a significant focus on products in the pre-launch or launch phases.

The survey reveals a gap between the current practice in the Benelux region and the forward-looking role of Medical Affairs as outlined in strategic foresights like the vision for Medical Affairs 2030 as described by the Medical Affairs Professional Society (MAPS)¹ and supported by McKinsey². While high job satisfaction and appreciation from internal and external stakeholders are reported, there is an identified need for realignment in terms of field engagement expectations, particularly for MSLs. The survey suggests potential areas for further strategic evolution in Medical Affairs, including diversified stakeholder engagement, a shift in KPI focus, and the development of specialized educational programs, like the new specialty title for Medical Doctors Belgium (specialist in Pharmaceutical Medicine and Clinical Pharmacology)⁷.

In conclusion, the survey details significant opportunities for further evolution and modernization of Medical Affairs in the Benelux region, in line with global trends and expectations, and to ensure an optimal and successful go-to-market approach.

Introduction

Drug development and commercialization is evolving, and Medical Affairs has obtained a key role in every go-to-market approach within the pharmaceutical industry. Medical Affairs has matured from a supportive, reactive role into a strategic, proactive role, being an essential partner to both internal stakeholders and external stakeholders^{1,2}. Medical Affairs focuses on medical strategy and leadership, insights gathering, External Expert engagement and partnership (engaging with a variety of stakeholders ranging from HCPs to Patient Organisations and others), evidence generation and evidence dissemination (including medical education and medical information), all in the benefit of improving optimal care for patients³. Significant changes in healthcare and pharmaceutical industry will further evolve and transition this role. Today, we notice that the pace of this transition is different between companies, leading to differences in terms of the role and responsibilities of Medical Affairs departments, and therefore also the job content of Medical Affairs professionals.

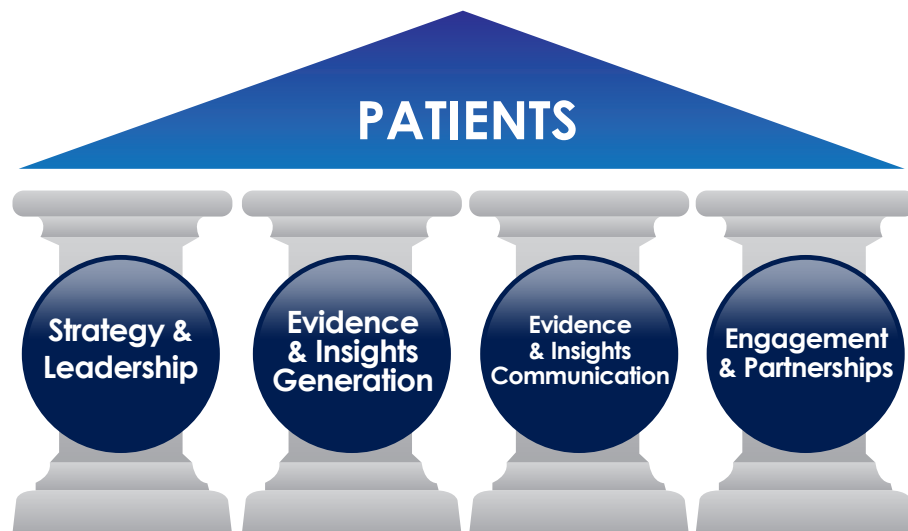


Figure A. The Pillars of Medical Affairs (MAPS)

At the same time, there is little information on the characteristics of the individual Medical Affairs professional. This survey aims to provide more insights into the role and responsibilities of Medical Affairs professionals in the Benelux within the pharmaceutical industry, as well as on the profile and demographics of the professionals holding these functions.

The Benelux consists of Belgium, The Netherlands and Luxembourg. As Luxembourg is grouped with Belgium by most companies, we will focus on Belgium and The Netherlands and look for similarities and differences between these countries in this survey.

Belgium and The Netherlands have different healthcare systems which can potentially lead to different go-to-market approaches and consequently different set-ups and organization of Medical Affairs departments and functions.

Methodology

Healixia and NVFG (Nederlandse Vereniging voor Farmaceutische Geneeskunde) created a survey exploring demographics, job content and job satisfaction amongst Medical Affairs Professionals. This survey was distributed amongst their members, (Medical Affairs employees in the Benelux) and was open between October 15th until December 31st, 2022.

Belgium and The Netherlands have different healthcare reimbursement systems. In both countries, the contribution of Medical Affairs in the reimbursement process is crucial. It can range from facilitating interactions with external experts to supporting the drafting of reimbursement dossiers. In particular, Medical Affairs' strategic contribution is key when developing the value narrative around the therapeutic added value of a product. After obtaining regulatory approval via the European Medicines Agency (EMA), both Belgium and The Netherlands have distinct national reimbursement procedures, thanks to which patients can have access to innovative drugs (within the boundaries set at national level). Procedures vary greatly from one country to another. In Belgium, products follow in general a similar reimbursement procedure, at the national level, ultimately providing national access for patients. In The Netherlands, different routes exist for moderately priced medication and so-called "expensive drugs". In the latter case the reimbursement procedure starts with a national access route, but for a proportion of medicines final access is decided at local hospital level (hospital or buying group). This means reimbursement and pricing discussions occur at all levels. This difference may lead to a different role for Medical Affairs in both countries, including the MSL responsibilities.

Demographics

A total of 118 professionals participated in the survey, representing a balanced distribution between Belgium (53%) and The Netherlands (47%), with no participation from Luxembourg. The gender representation was predominantly female, with 64% of the respondents identifying as female and 36% as male. This substantial level of response is a signal that highlights a high interest in the domain of Medical Affairs in both countries. Currently, no data is available on the total number of Medical Affairs professionals active in the Benelux. However, a targeted LinkedIn search using relevant keywords indicated approximately 651 professionals in this field as of June 6th, 2023.

Most respondents (73%) reported being active in roles such as Medical Advisor, MSL, hybrid MSL&MA, or similar positions. Other roles frequently indicated included Medical Directors, Medical Leads, and Medical Affairs Directors, with a smaller representation in roles like Medical Information or Evidence Generation Manager. Given the diversity of these roles, our analysis primarily focused on MSLs, Medical Advisors and hybrid roles (Medical Advisors and MSL).

The age distribution of participants revealed a diverse pattern, with 8% under 30 years, 11% over 60 years, and the majority, 59%, falling within the 30-49 age range. This suggests that Medical Affairs roles are appealing to both early-career and seasoned professionals, offering sustainable career paths.

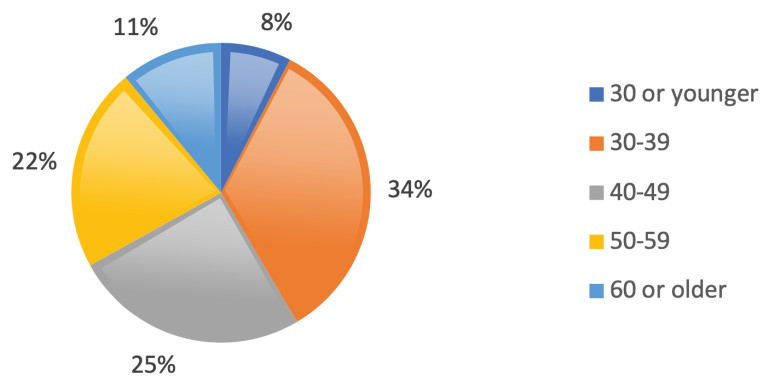


Figure 1 - Age distribution for Medical Affairs professionals in BNL (n= 118)

In terms of employment status, 84% of Belgian respondents were employed full-time, compared to 61% in The Netherlands. Among part-time workers, most reported working 80-90% of full-time hours, with only 3% at a 50% employment rate. This variance in working hours is crucial when considering the resourcing and scaling of Medical Affairs departments.

Our survey also revealed that 79% of respondents primarily focused on either Belgium or The Netherlands, with 15% having responsibilities for both countries (Benelux). The remaining 16% were responsible for multiple countries in Europe or globally. Interestingly, none of the MSLs reported having responsibilities across both Belgium and The Netherlands, due to the nature of their role, which emphasizes building strong networks and the challenges of managing field presence across different countries with varying healthcare systems and market strategies.

Education and Experience

Overall, almost all respondents have a Masters degree (97%), with 44% of respondents holding an additional PhD (3% Bachelor, 53% Masters along, and 44% Masters + PhD). We see a reverse correlation between years of experience and educational degree: respondents with a PhD degree have a mean experience of 9 years, whereas respondents with a Bachelor's degree as the highest degree have a mean experience of 23 years. This potentially indicates a shift in educational requirements over the past two decades, with current Medical Affairs roles increasingly requiring higher academic credentials, such as PhDs, compared to the past when a Bachelor's degree was often sufficient.

Most respondents hold a Master's degree in science. An interesting geographical distinction emerges in the type of degrees held: 27% of Belgian professionals are pharmacists, a significantly higher proportion compared to just 2% in the Netherlands. This discrepancy might be attributed to the presence of specific educational programs in Belgium, such as a Master's in Drug Development offered within the Pharmacy faculty, focusing on industry, academia, and healthcare sectors. This educational framework underscores the value of aligning university curricula with industry needs, a practice that could be beneficial for the Dutch educational system as well. Around 13% of respondents holds a Master's in Medicine.

Roughly 50% of respondents have 10 years of experience or less in a pharma/biotech company. We observe slightly higher levels of experience in Belgium as compared to the Netherlands. The level of experience corresponds with age distribution. Notably, over 50% of individuals with less than five years of experience held MSL positions, indicating that despite the role's maturation, it is still often considered an entry-level position in many companies.

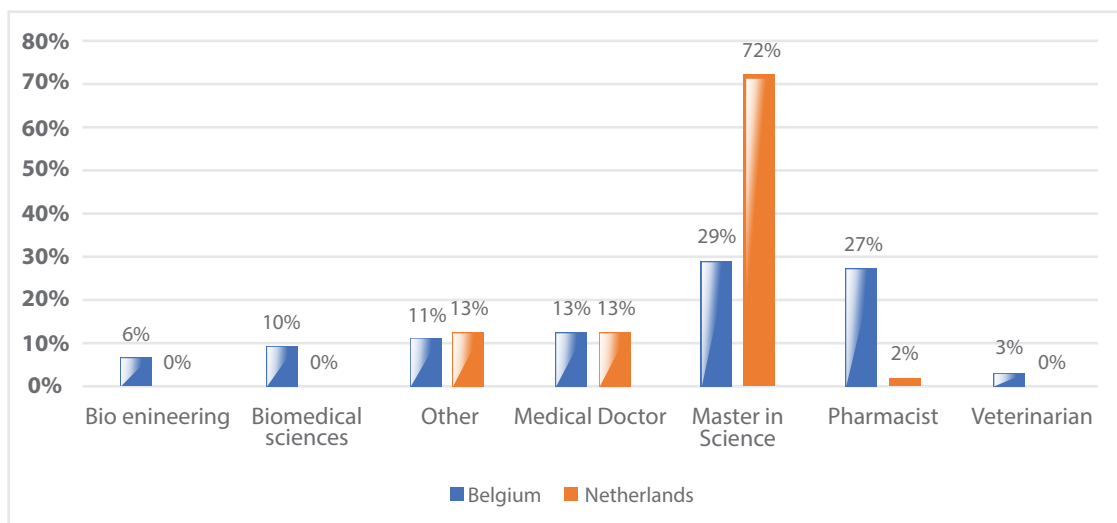


Figure 2 - Highest educational Master's degree obtained for Medical Affairs professionals in BNL (n=118)

Until recently, there was no specific specialization (Master of Advanced Studies) tailored to a career in the pharmaceutical industry for Medical Doctors in Belgium or The Netherlands. On Oct 31st 2023, the Ministerial

Decree was published regarding the creation of a new specialty for Medical Doctors in Belgium: physician-specialist in Pharmaceutical Medicine/Clinical Pharmacology. Belgium joins other countries in Europe to recognize Clinical Pharmacology as a specialty, but it is only the 4th country in Europe after the UK, Switzerland, and Ireland to recognize Pharmaceutical Medicine.

We expect this specialization will lead to a higher number of MDs entering the Medical Affairs Departments in Belgium but also in other Research and development functions⁶.

Twenty-seven percent of respondents have pursued additional university-level education, notably in business-related fields (MBA, Master's in Business/Management or equivalent), indicating a strong inclination for continuous professional development and improvement of business acumen in the Medical Affairs sector. A stark contrast between the two countries is evident here, with 42% of Belgian respondents having pursued additional education compared to just 12% in the Netherlands, highlighting differing educational pursuits in these regions.

Company Profile

Our survey revealed that the organizational landscape of Medical Affairs spans various company sizes. Half of the survey respondents are employed in larger affiliates, defined as having over 100 employees. In contrast, a quarter of the participants are part of mid-sized affiliates, with employee numbers ranging from 40 to 99. This distribution highlights the integral role of Medical Affairs across a broad spectrum of company sizes, from larger entities to more compact organizations.

Interestingly, the data indicated a higher presence of hybrid roles in smaller affiliates. This trend suggests a possible correlation between the size of the affiliate and the flexibility of role definitions within Medical Affairs. In organizations with fewer resources, there appears to be a greater need for adaptability and the combining of various responsibilities, leading to the emergence of these hybrid positions.

Roles & Responsibilities

The survey showed that most respondents are tasked with overseeing a maximum of four or even fewer products. Specifically, Medical Advisors often focus on just one product, dedicating themselves to in-depth knowledge and expertise on this product and respective therapeutic field. In contrast, MSAs and those in hybrid roles typically manage a broader scope, overseeing 2-3 products. This difference in product responsibility might stem from organizational structures, such as matrix models, or from the regional scope of roles, with MSAs often handling multiple products or indications within a geographical area.

Medical Affairs brings value across the life cycle of a drug from prelaunch until late life cycle management (fig B). Our data highlights this with a notable allocation of resources at different lifecycle stages. For instance, 62% of respondents are primarily involved with products in their pre-launch or launch phases (max 2 years after launch). Globally we see that Medical Affairs is getting involved earlier in the development (> 2 years before launch). In our Benelux region we do not see this reflected yet as only 8% of the respondents said their main product is in pre-launch phase. Multiple white papers on Medical Affairs suggest that earlier engagements of Medical Affairs are beneficial for later success (4), a trend which is not yet observed in Benelux.

Medical Affairs along the lifecycle of drugs

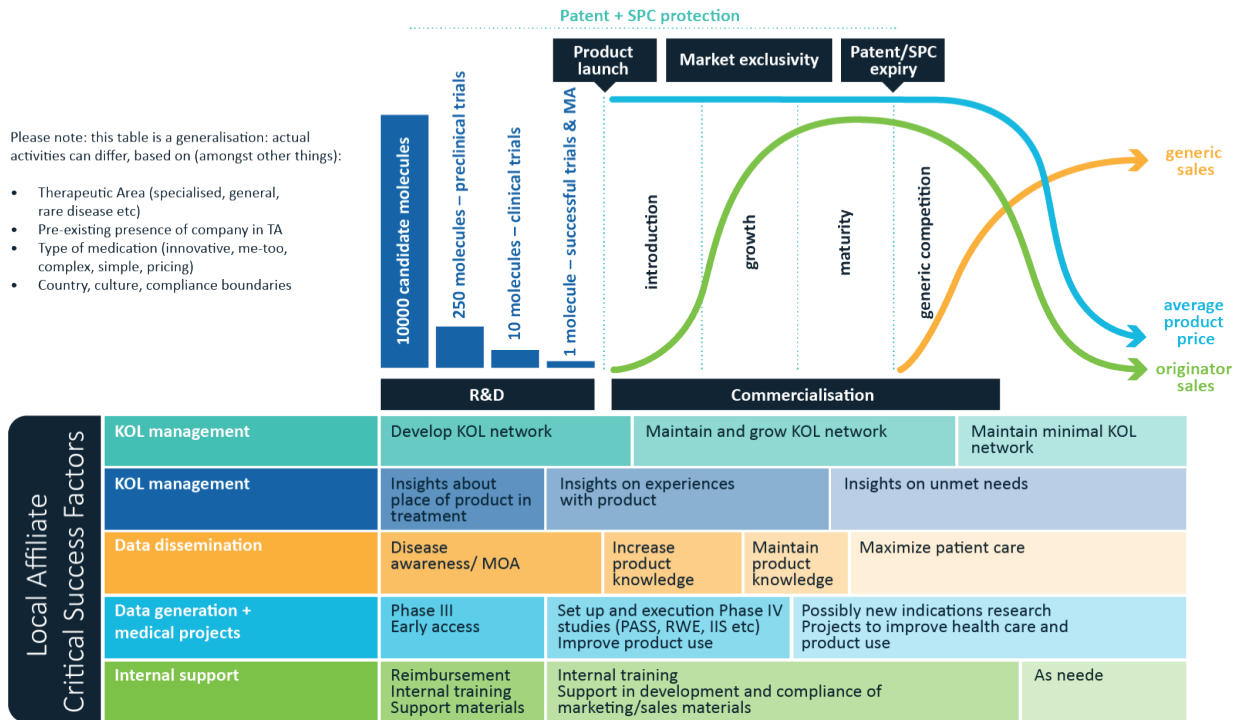


Fig B: Medical Affairs along the lifecycle of drugs

Value Creation - How We Spend Time

In general, there is a management expectation for a substantial external focus on Medical Affairs, as interaction with KOLs is the main aspect of the role. However, when we compare the actual number of external visits vs. the expected number of external visits by management, almost half of the respondents spend less time than expected on external tasks and meetings; this is especially the case for MSLs and Hybrid functions (figure 3).

For all Medical Advisors, MSLs & hybrid functions (86 responders):

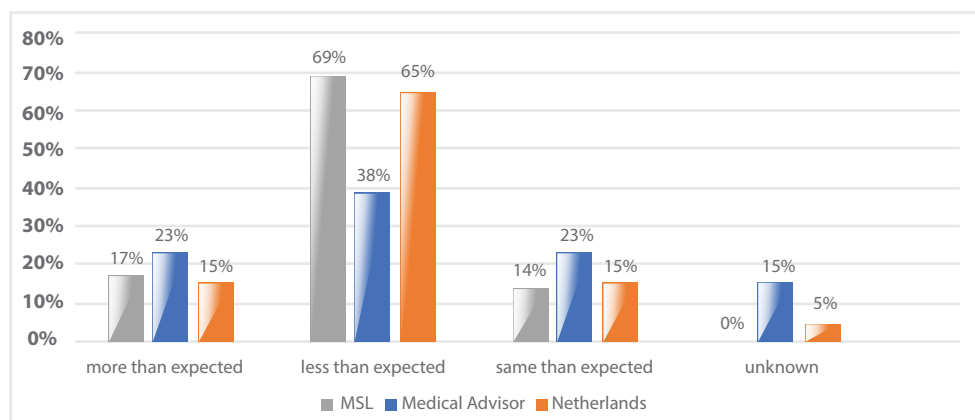


Figure 3 - Actual versus expected time spent on external tasks and meetings (n = 86)

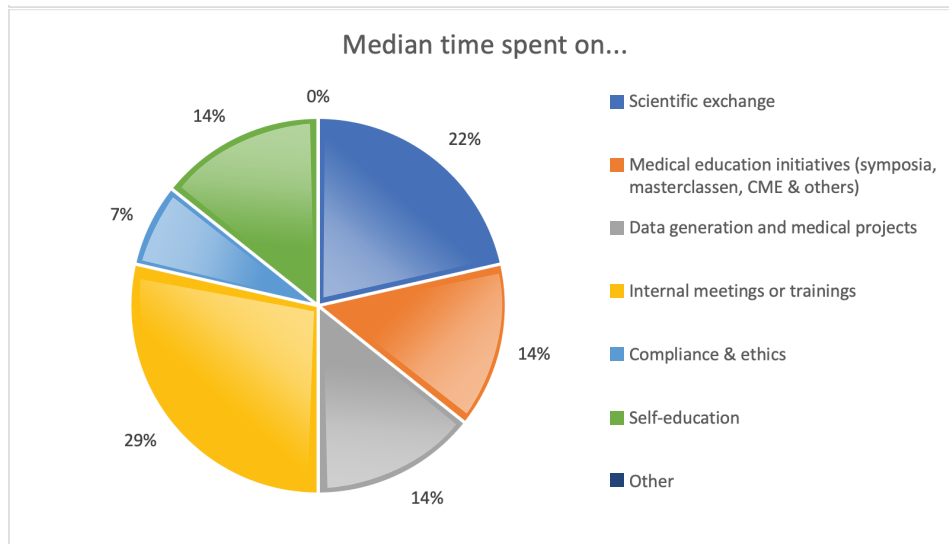


Figure 4 - Overview of Medical Affairs activities and time spent.

When examining the distribution of time across various Medical Affairs activities, it becomes evident that the allocation across different tasks is well-balanced (figure 4). According to our data, nearly 30% of the time is dedicated to internal meetings. Interestingly, the difference in time spent on internal meetings is minimal between Medical Advisors and Medical Science Liaisons (MSLs), suggesting a certain fluidity in roles that might not be immediately apparent from the respective job descriptions. The data further shows that over half of the MSLs spend less than 50% of their work time on external activities, indicating a substantial commitment to in-office responsibilities. This contrasts with the general perception of MSLs being predominantly field-based.

Our detailed analysis of the various tasks within Medical Affairs revealed minimal differences between the roles of Medical Advisors and MSLs (figure 5). One notable exception is that Medical Advisors tend to allocate more time to Compliance and Ethics-related tasks. This likely reflects their involvement in the review and approval processes for promotional and educational materials, which are key components of their job responsibilities.

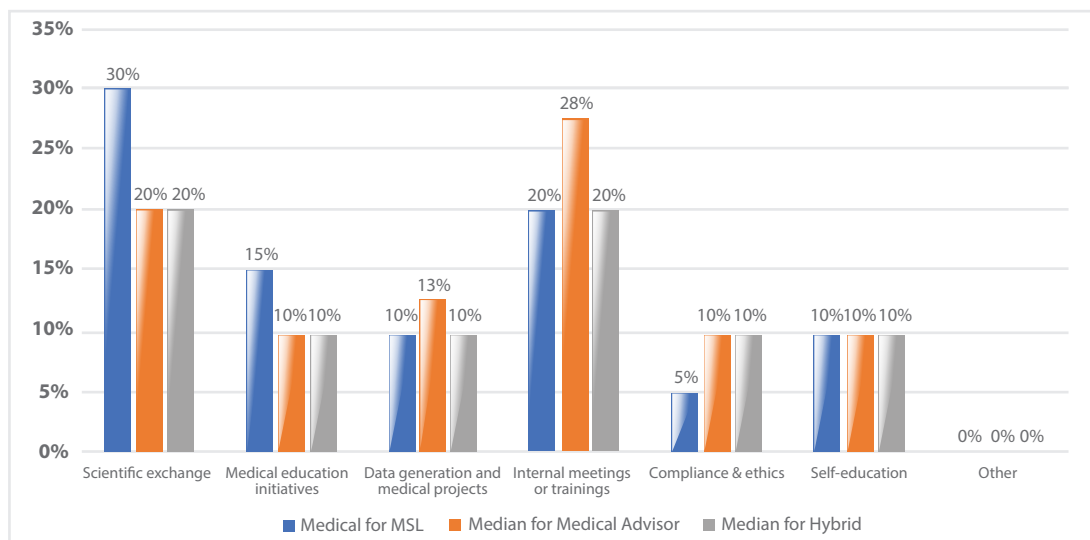


Figure 5 – Percentage of time spent on different tasks.

Internal Stakeholders

When we look at the difference between time spent on medical activities and support to other functions, we see that Medical Advisors spend 48% of their time supporting internal stakeholders. For MSAs and Hybrids this is 41% and 44% respectively. We see a trend that in Belgium respondents spend more time on supporting other functions compared to the Netherlands. This is probably because in Belgium the market is still more a classical share of the voice market model. Consequently, commercial functions are still driving business, and this can force Medical Affairs into a more supporting role, leading to suboptimal use of resources and competencies.

Support provided by Medical Affairs predominantly aids sales/marketing initiatives, followed by local Medical Affairs and Market Access. The remaining time is distributed among various areas, including compliance and ethics, Pharmacovigilance, Clinical Operations, Regulatory Affairs, and global Medical Affairs. This close collaboration with other functions reinforces the pivotal role of Medical Affairs as a bridge builder within the company. We observe a relatively low amount of time spent with patient-related functions and clinical operations. Further development of collaboration with these functions presents an opportunity to further strengthen the role of Medical Affairs and create additional value. (fig C)

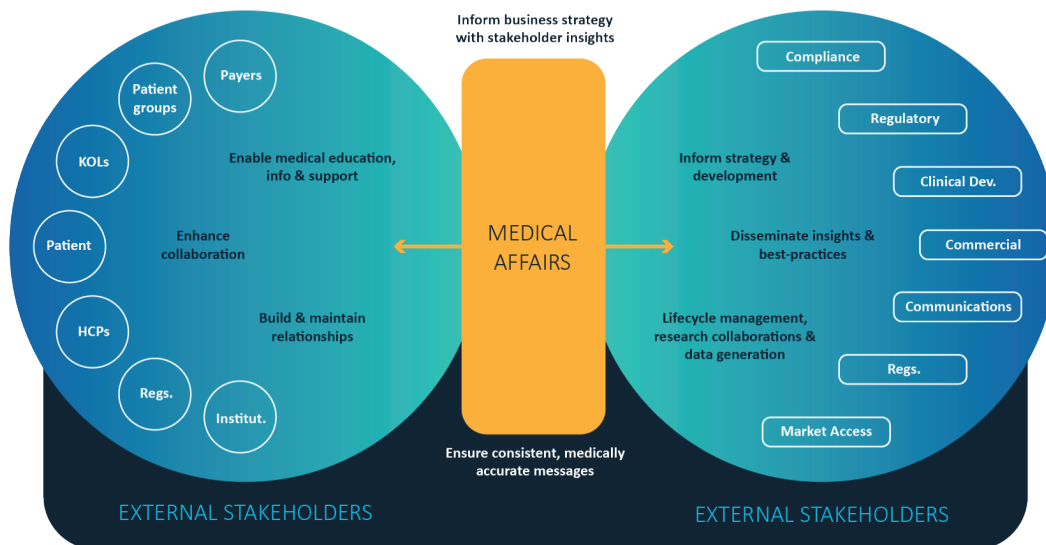


Fig C: Overview of internal and external stakeholders for Medical Affairs

External Stakeholders

Globally, there is a recognized shift in Medical Affairs extending their engagement beyond physicians to include a variety of stakeholders like payers and hospital boards. The importance of this is also reflected in several vision documents on Medical Affairs^{1,2}. However, in the Benelux region, our survey reveals a somewhat different scenario.

The predominant focus of external interactions remains heavily on physicians, with an overwhelming 94% of the contact time dedicated to them.

In the Netherlands, there's a slight deviation from this pattern, with more frequent interactions with nurses and pharmacists, possibly influenced by the significant role played by Dutch nurse specialists who can be engaged with as an HCP from a compliance point of view. This situation presents a notable opportunity for growth within the Medical Affairs sector in these countries. By expanding their role to include more strategic partnerships both internally, with patient-related functions and Clinical Operations, and externally, with non-clinical stakeholders like health authorities, hospital boards, and patient organizations, Medical Affairs can greatly enhance their impact and value in the healthcare system (fig D).

Medical Affairs: from supportive to strategic partner

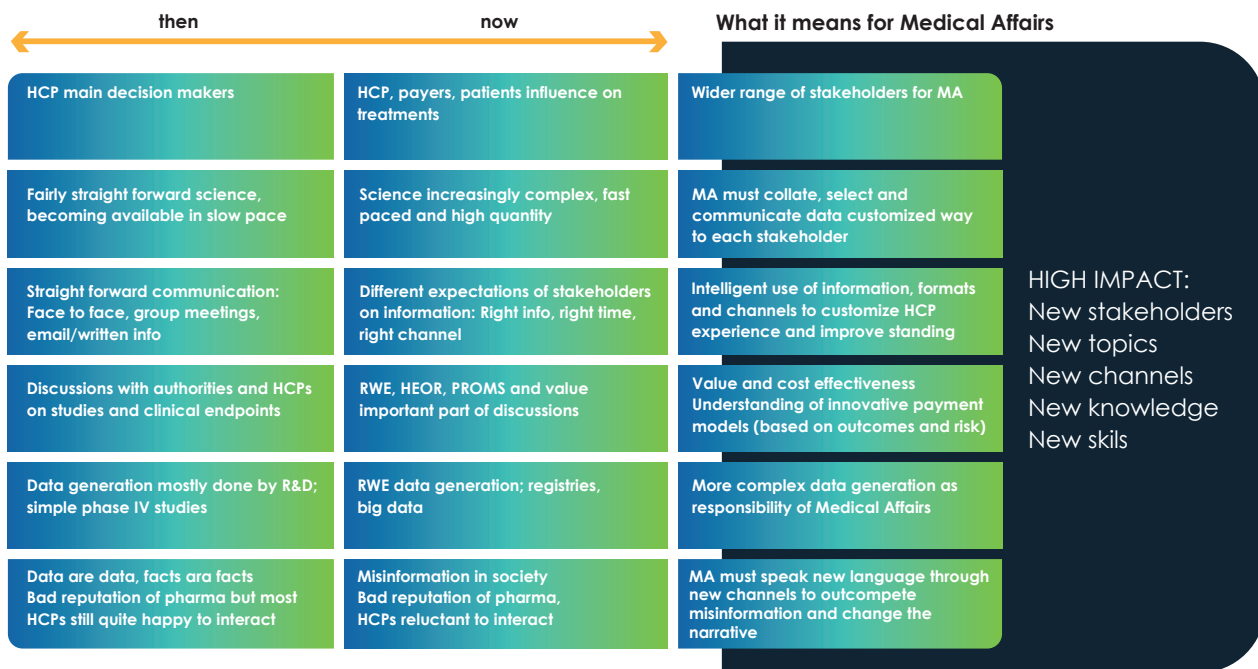


Fig D: Evolving role of Medical Affairs

Job Satisfaction and Appreciation

It is encouraging to note a high level of job satisfaction and appreciation among Medical Affairs Professionals in both the Netherlands and Belgium. Particularly noteworthy is the strong sense of value and recognition they receive from their closest colleagues, such as those in commercial roles and direct supervisors, with an average rating of 8 or higher on a scale of 10. While the perception of their value by senior management and R&D departments is also positive, it registers slightly lower, with median ratings of 7 and 6, respectively.

Job satisfaction rates are commendably high in both countries, with over 60% of professionals rating their job satisfaction higher than 8. Interestingly, Medical Advisors and those in hybrid roles report slightly higher satisfaction levels compared to Medical Science Liaisons (MSLs). This could be attributed to the challenging expectations often faced by MSLs, which may sometimes lead to feelings of being undervalued, particularly when performance is measured against quantitative KPIs like call rates. Such metrics, especially with the cultural differences and compliance boundaries in Europe, can be difficult to standardize and may inadvertently contribute to unrealistic expectations.

Furthermore, the survey indicates that external stakeholders, including healthcare professionals, acknowledge and value the contributions of Medical Affairs, further underscoring the quality of their field interactions. This positive external perception is a testament to the effective role played by Medical Affairs in the healthcare sector. Future field research gathering direct feedback from these external stakeholders on the impact and value of Medical Affairs could provide even deeper insights.

Overall, our survey showed that most respondents rate their training and development opportunities, both in their current role and in potential future roles, as 7 or above (scale of 1 to 10, with 1 being the lowest and 10 the highest). The survey highlights slightly regional differences in professional development opportunities, with training and growth options within companies being rated higher in the Netherlands compared to Belgium.

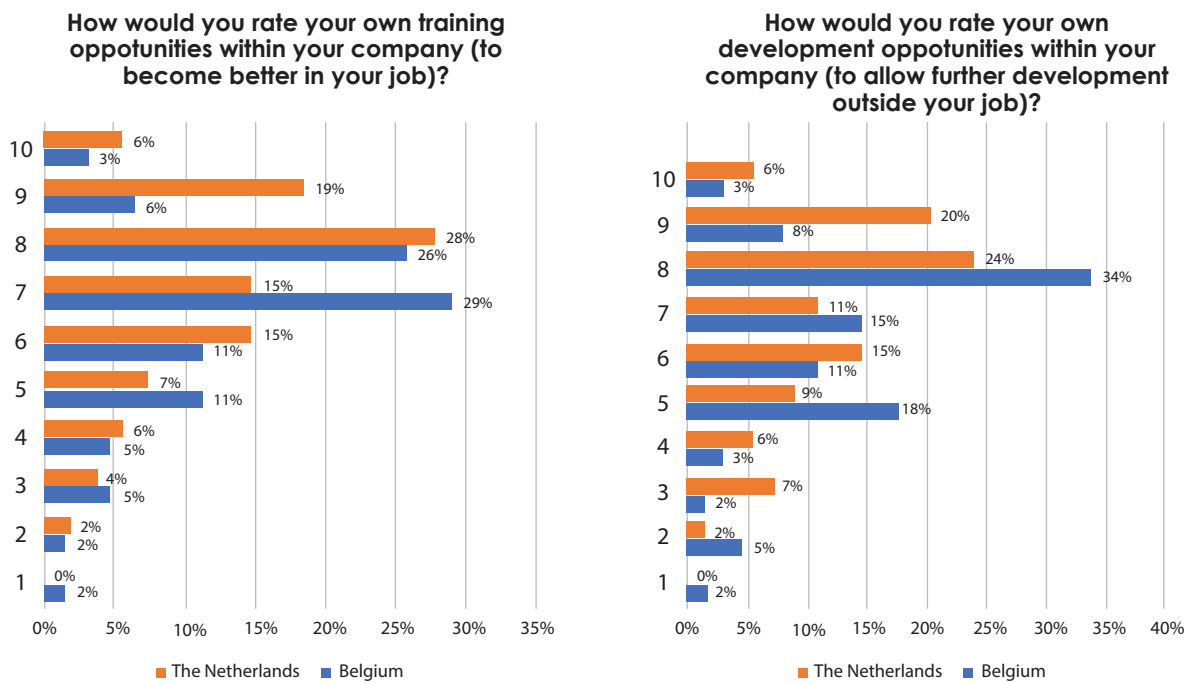


Figure 6. Rating of training (in the job) and/or development opportunities (outside the job), on scale 1-10 (1=lowest and 10=highest)

Cross-Functional Collaboration

Cross-functional collaboration across different departments is key to being successful as an organization. As indicated above, Medical Affairs collaborates with many other departments in an organization. To ensure this cross-functional collaboration, we need strong functional departments with alignment toward a joined objective. In our survey, we also evaluated the quality of internal collaborations, and the processes and structures in place to support cross-functional teamwork.

For the quality of the cross-functional collaboration, 80% of the responders scored a 7 or higher (10-point scale). Medical Affairs collaborates mostly with the Sales & Marketing department and the Market Access department. There is a higher satisfaction among Medical Advisors than among MSLS regarding cross-functional collaboration, potentially related to a stronger in-office presence of Medical Advisors in general and meeting attendance, where stronger cross-functional collaboration and communication structures are in place. Shared Brand Planning and regular Brand Team meetings are mentioned as examples of such structures.

In general, cross-functional collaboration is supported by joined meetings and tactics, a joined brand plan, and joined projects. Notably, about half of the MSLS and those in hybrid roles find joint visits to be a valuable collaborative tool, despite such activities sometimes conflicting with compliance guidelines in many companies, as per the guidelines of various professional associations like APPA, IFAPP, MAPS, and MSLS⁵.

The survey also reveals that MSLS face certain challenges in cross-functional collaboration, primarily due to unclear roles and responsibilities and a lack of transparency in communication and alignment with other field functions.

Key Performance Indicators (KPIs)

The survey reveals that a significant majority (85%) of Medical Affairs professionals have Key Performance Indicators (KPIs) associated with their roles, encompassing both qualitative and quantitative measures. Among these, Medical Science Liaisons (MSLS) typically have a greater emphasis on quantitative KPIs, whereas Medical Advisors and those in hybrid roles are more often evaluated based on qualitative objectives.

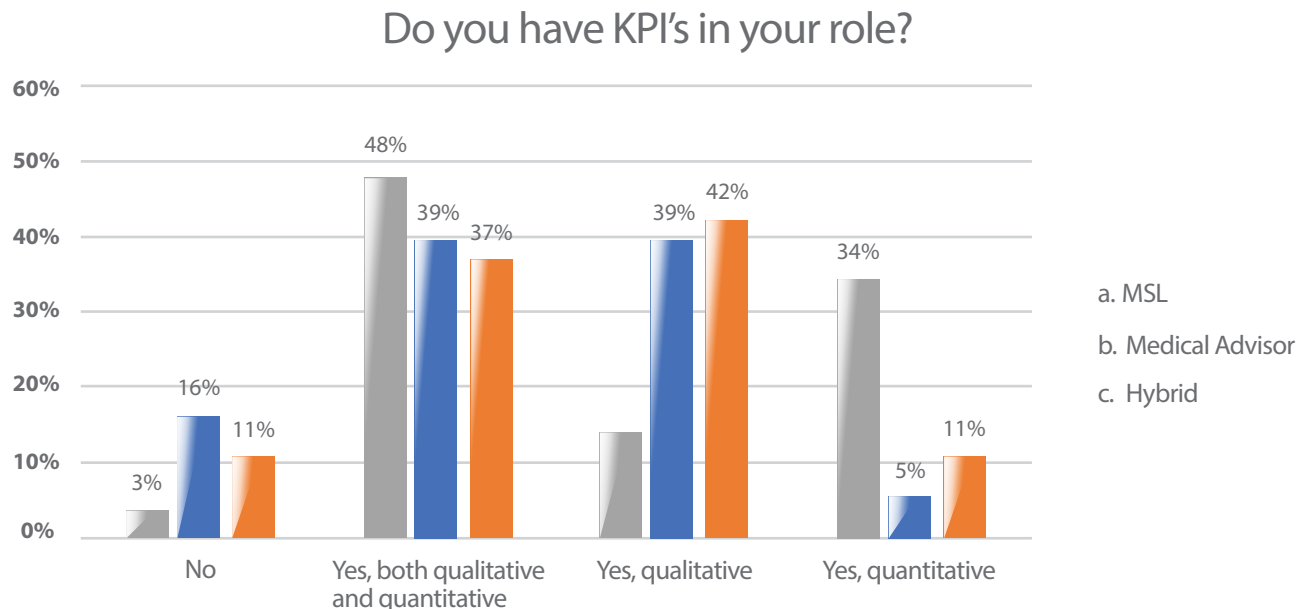


Figure 7. Do you have KPI's in your role.

The most quoted expected call rate amongst MSLs was 5 calls per week. The expectation for the hybrid and the Medical Advisor was decidedly lower, with 100% of hybrids and 60% of Medical Advisors reporting an expectation of 2 calls or less per week.

Interestingly, the survey indicates a disparity in meeting these call rate expectations. While 64% of MSLs reported not meeting their expected call rates, none of the hybrids or Medical Advisors failed to meet their targets, and a substantial number even exceeded them. This discrepancy, particularly among MSLs, warrants further investigation. Factors such as the frequency of in-house meetings and a focused external engagement primarily with physicians with limited availability, rather than a broader range of stakeholders, might be contributing to this challenge.

Considering these findings, we suggest a reevaluation of KPIs within Medical Affairs, shifting towards more project-based and qualitative goals to measure impact. We strongly support the suggestions for better impact measurements done in a recent paper on this topic: "Field medical impact measurement: a biopharma consensus" (6). Such an approach aligns with the trends observed in our survey and could potentially enhance the efficacy and satisfaction of professionals in this field.

Conclusion

This survey is the first to explore the Medical Affairs function and professional in The Benelux and had 118 respondents. The findings underscore the vital role of Medical Affairs within pharmaceutical companies, highlighting its appeal as a career path with substantial opportunities for growth and development.

The vision of Medical Affairs as a strategic leader, having a maximum impact across a broad range of stakeholders, as painted by expert organizations such as MAPS and McKinsey 2030, is not yet reflected in real life in the Benelux. We still seem to apply a classic model of Medical Affairs, with high potential to further evolve.

Key takeaways from the survey include:

- Medical Affairs Professionals in Benelux report high levels of job satisfaction and opportunities for professional development.
- Medical Affairs Professionals in Benelux report positive recognition and appreciation from both internal and external stakeholders.
- This survey highlights a gap between management expectations and reality in terms of field engagement, particularly affecting Medical Science Liaisons (MSLs), which could lead to misalignment and under-appreciation.
- A recommendation to recalibrate the focus of Medical Affairs, suggesting less time in internal meetings and more on impactful external activities.
- There is an opportunity to diversify the role of Medical Affairs beyond physician interactions, incorporating a broader stakeholder engagement and shifting towards more qualitative and project based KPIs.
- The potential benefit of introducing specialized educational programs in pharmaceutical medicine to attract high-caliber professionals to the industry and Medical Affairs specifically.

These insights pave the way for strategic adjustments and enhancements in the Medical Affairs domain within the Benelux region, aligning it more closely with global trends and expectations.

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