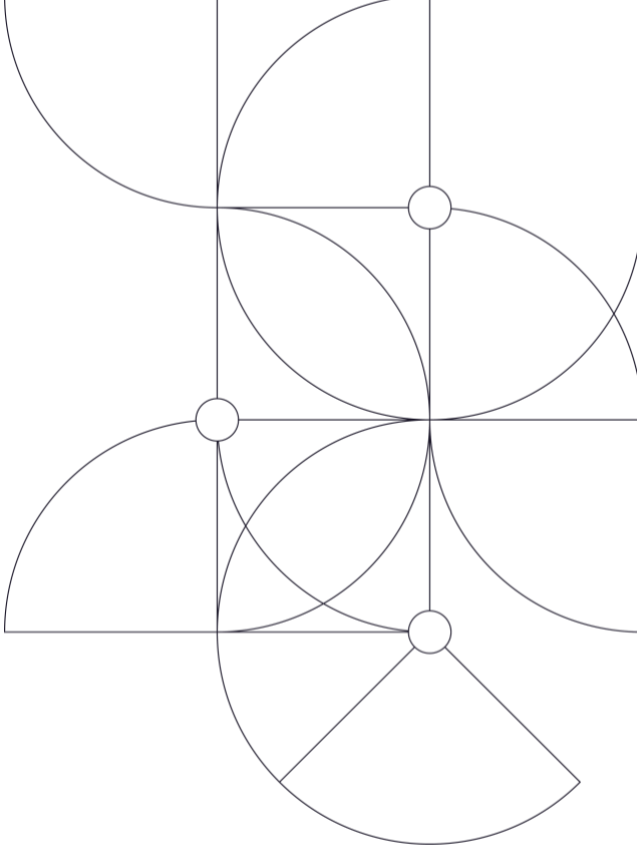

A Vision for Medical Communications 2035

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Artificial Intelligence (AI) was used in developing this whitepaper. Please see detailed prompts in the Appendix.

Impact where it matters.

Executive Summary

Medical Communications is entering a decisive era of change. Once defined primarily by publications planning and congress support, the function is assuming a broader role as the enterprise architect of integrated scientific exchange and medical education. This transformation does not replace foundational activities such as publication development; rather, it expands their impact by situating them at the nexus of a unified, integrated, end-to-end cross-functional communication strategy that can be scaled at the enterprise level.

The volume, speed, and complexity of scientific evidence have increased dramatically, while the number of channels through which stakeholders access that data has multiplied. In this environment, disconnected communication outputs—however rigorous individually—can fragment understanding, dilute impact, and erode trust. Ensuring that evidence is interpreted, communicated, and reinforced coherently, consistently, clearly, and concisely across touchpoints has become essential to supporting appropriate adoption in clinical practice.

These recommendations and best practices were conceived through a series of workshops convened by the authors who were members of the Medical Communications Focus-Area Working Group (FAWG) of the Medical Affairs Professional Society (MAPS) and partnership with ZS Associates. Discussions with over 25 leading global medical communications professionals helped in developing this White Paper on a shared vision for 2035.

This transformation is defined by eight interconnected themes: the shift toward Medical Communications as a strategic partner; the establishment of an Integrated Medical Communication Strategy (iMCS) including future-ready organizational structure; development of future-critical capabilities; clear ownership and accountability; responsible adoption of digital and AI technologies; evolution of publishing and content models; meaningful impact measurement; and the balance of global consistency with local relevance.

This white paper also addresses how to resolve different tensions while implementing iMC, pillars of success as well as recommendations and next steps.

1. Introduction: Why Medical Communications must change

Medical Communications is already operating in a fundamentally different environment, and the urgency to adapt has never been greater. Scientific evidence generation is expanding at unprecedented speed and complexity, increasing pressure to deliver timely, relevant, and trustworthy information to healthcare professionals (HCPs), payers, and policy leaders. At the same time, AI-enabled content development is transforming expectations for efficiency and prioritization while HCPs engage with content across a broader mix of digital and social platforms with increasingly diverse learning preferences. Together, these shifts raise the bar to deliver the right information to the right audience at the right time in the right channel & format.

Without a unified and integrated strategic approach, it weakens impact, erodes trust and creates duplicate work and resources.

Medical Communications must therefore lean into being a strategic lead to develop and execute the integrated medical communications strategy (iMCS). In collaboration with cross-functional teams, the function must help shape the overall medical affairs strategy. This necessary change reflects the recognition that the communication strategy cannot be developed in isolation from broader organizational objectives. However, leadership buy-in is critical for Medical Communications to function effectively in this role and should have a seat at the table to discuss both medical affairs and evidence generation strategies.

2. The Strategic Shift: Medical Communications as a Strategic Partner

For decades, publications have been the cornerstone of Medical Communications. Peer-reviewed manuscripts, abstracts, and related materials remain foundational and essential to scientific exchange. However, publications alone are no longer sufficient to meet the needs of today's external stakeholders or the strategic expectations placed on Medical Affairs functions.

Scientific evidence does not exist in isolation. Stakeholders encounter information across multiple venues and platforms, including publications, congress interactions, medical education programs, medical information inquiries, field discussions, and digital platforms. When these touchpoints are not intentionally and strategically connected, even high-quality evidence risks being misunderstood, underutilized, or overlooked.

"If you're not a strategic partner, then you're just doing operations."

— Workshop 1 Participant

Orchestration represents a deliberate shift away from medical communication being seen as a collection of discrete outputs and taking a lead in managing it as a unified, enterprise-level ecosystem. In this model, Medical Communications is accountable not only for the accuracy of the evidence, but for how it is framed, presented and leveraged across channels to support understanding and informed decision-making.

Importantly, orchestration is not a future aspiration. It is needed now. Elements of it already exist in many organizations, including modular content approaches, integrated evidence generation and communication, scientific narratives, and coordinated congress strategies. What is often missing is clear ownership and an explicit mandate to connect these elements into a unified strategy.

This shift strengthens scientific rigor but changes the scope of responsibility. Rather than asking if an individual data set is ready for publication, the focus expands to whether the body of evidence tells a coherent, credible scientific story over time across all channels.

3. The Integrated Medical Communication Strategy (iMCS)

The Integrated Medical Communication Strategy serves as the formal framework through which orchestration is strategically designed and subsequently operationalized. It is not a single document or deliverable, but an operating and organizational structure model that ensures consistent and clear communication across functions, channels, and stages of the product lifecycle.

At its core, the iMCS defines shared decisions: which scientific narratives matter most; which evidence supports them; which audiences require what information; and how that information should be sequenced to maximize relevance and understanding. It provides the strategic logic that connects scientific data to real-world engagement.

Crucially, the iMCS does not replace functional ownership. The iMCS ensures that execution across functions is aligned, complementary, leveraged, and grounded in a consistent scientific narrative.

Because of this integrative role, accountability for the iMCS must be clearly defined. Medical Communications is uniquely positioned to own and lead the iMCS, given its intersection of scientific rigor, narrative development, and cross-channel deployment. Ownership is not defined by unilateral control; instead, it is operationalized through structured collaboration, explicit decision rights, and clear governance mechanisms.

Figure 1 illustrates a proposed future-state organizational model designed to deliver the integrated strategy across therapeutic areas (TAs).

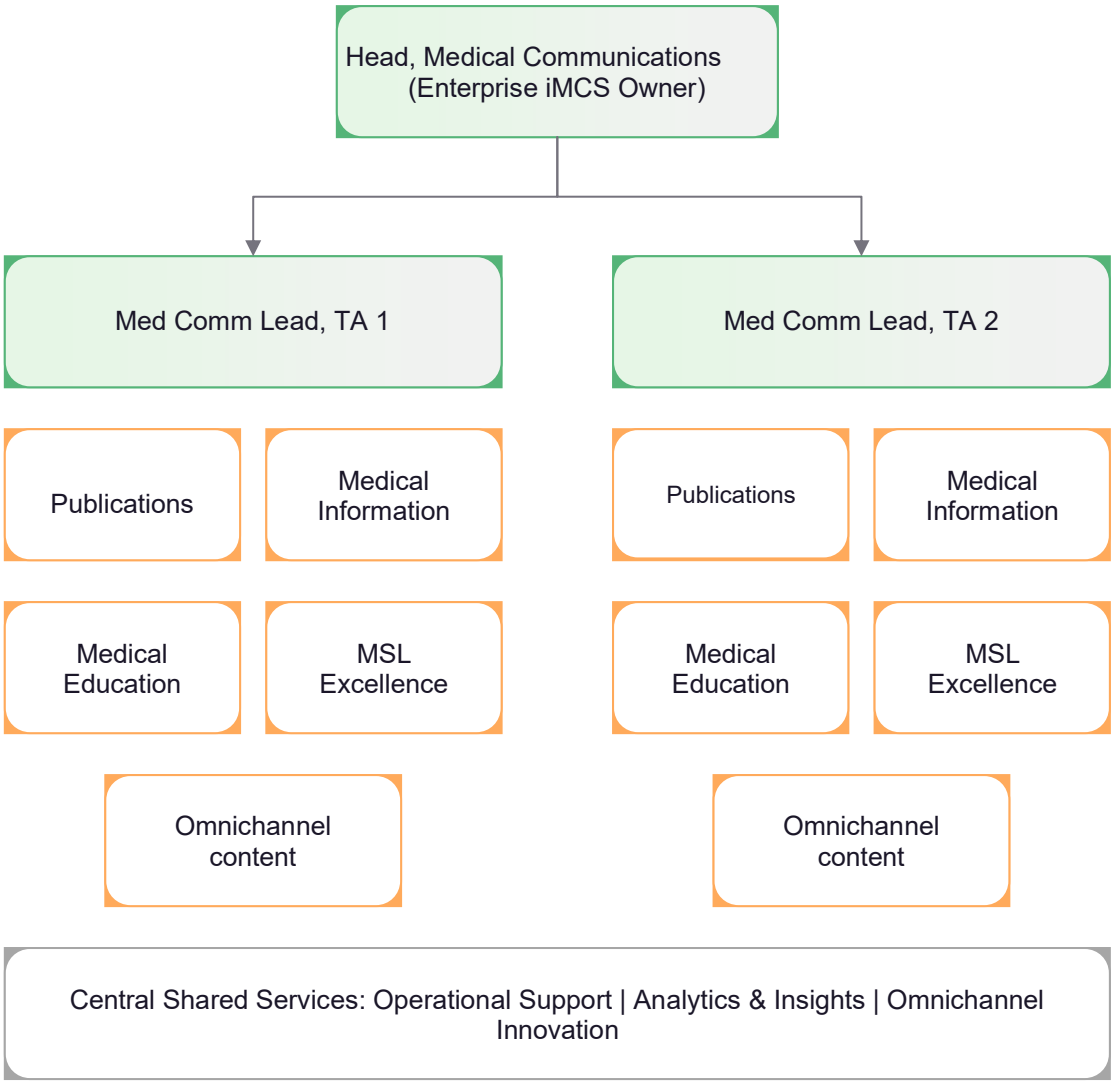

Figure 1. Future-state Medical Communications operating model for 2035. The model combines enterprise-level direction from the head of Medical Communications (Med Comm) with therapeutic area (TA) accountability for pull-through of all medical content and related work; central shared services support consistent ways of working while enabling scalable execution. Headcount needs would vary based on volume and is not necessarily a 1:1 ratio across sections.

Dedicated Medical Communications leads for each TA are responsible and accountable for setting these communication objectives across Scientific Narratives, Publications, Medical Information, Medical Education, Medical Science Liaison (MSL) Excellence and omnichannel (digital/social etc.) content. Central Shared Services support scale and consistency through operational expertise, analytics and insights, and omnichannel innovation.

This structure provides clear ownership, cross-functional alignment, and a foundation for consistent, credible scientific communication. Other functions contribute insights, expertise, and executional excellence within a shared strategic framework. This clarity of ownership is what enables integration at scale.

Success of this model is not determined by organization size. A lean, consolidated version of this model in a smaller organization that operates with clear accountability, strategic alignment, and continuous attention to quality and rigor can outperform a complex model at a larger organization that lacks clear decision or ownership clarity or strategic coherence.

Organizations vary in maturity, size, regulatory environment, etc., thus this model may not be feasible for all companies, however it is a scalable framework that companies at different stages can adapt based on their needs. That said, when designing an operating model, you need a structure that can:

- Anchor accountability
- Enable scale and consistency across TAs (if applicable)
- Clarify roles, handoffs, and ways of working
- Support current and emerging capabilities
- Promote alignment, consistency, and leveraging of content across all parts of iMC

Ultimately, the framework and capability build needs to support the now and the future and not be solely focused on immediate need.

4. Core competencies: Expanded skills

As Medical Communications transforms into the driver of integrated medical communications , the capabilities required to succeed will expand to include strategic thinking, storytelling, creativity, and digital and AI literacy. This expansion must not be misinterpreted as a shift away from science. Scientific acumen remains the non-negotiable core of the function.

The ability to critically evaluate data, understand clinical context, assess evidentiary strength, and anticipate scientific scrutiny underpins every credible communication decision. No degree of strategic, digital, or technological sophistication can compensate for insufficient scientific expertise.

However, the future Medical Communications professionals must own scientific acumen and expertise for their therapeutic area alongside a strategic mindset: translating evidence into clear choices about narrative prioritization, channel selection, and sequencing across the communication lifecycle. This mindset is critical to the role today; what changes under the iMCS is the need to build capability breadth, developing these capabilities across the role rather than limiting them to specific functional positions. Storytelling and information design are other valuable competencies, enabling the synthesis of complex evidence into coherent, accessible narratives without compromising accuracy.

A significant increase in number of publications and digital engagement patterns also require analytical proficiency, including the ability to mine data for insights, interpret behavioral analytics, and use findings to tailor communication strategies. Digital and AI-enabled capabilities—from channel orchestration and prioritizing information based on stakeholder preferences and needs, to responsible use of AI tools for drafting, analysis, and scale—serve as enablers that enhance operational efficiency but never as substitutes for scientific judgement

"If we are looking to 2035, digital mindset, social media mindset, Gen AI mindset—all of those are going to be very, very important."

— Workshop 2 Participant

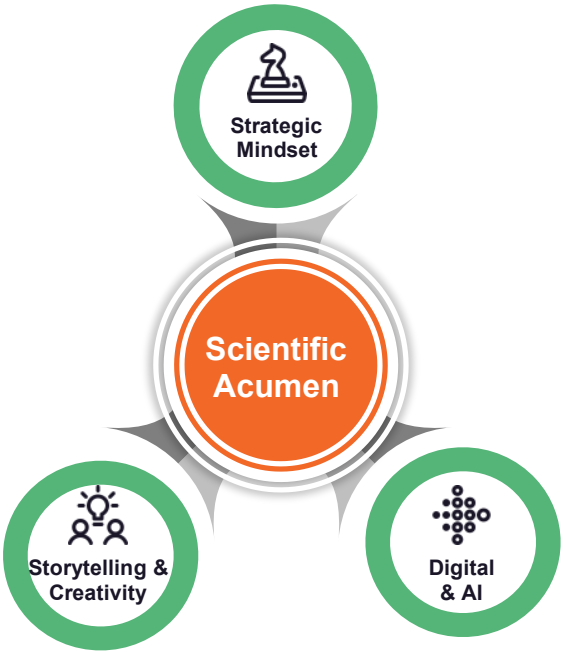

Figure 2. Core competencies for future Medical Communications professionals: Scientific acumen remains the non-negotiable foundation, complemented by Strategic Mindset, Storytelling, Creativity, and Digital and AI capabilities to enable integrated scientific exchange.

5. Ownership and Accountability

A persistent barrier to realizing the iMCS is the lack of clear ownership. Without it, even well-intentioned collaboration leads to duplication, delays, and inconsistent scientific narrative. Today, multiple teams influence communication decisions, but no single function owns the integrated strategy to ensure clear, concise and consistent scientific communications.

"Sometimes the medical director feels they own it, sometimes development thinks they own it… You end up with three people all thinking they have the D(ecision)."

— Workshop 1 Participant

Integration requires accountability. Within Medical Affairs, Medical Communications must own the iMCS and the governance of scientific communication platforms. This includes defining the scientific narrative, setting priorities, and governing how evidence is translated and deployed across channels over time.

Accountability does not imply isolation. Effective governance depends on clear communication and structured collaboration with Clinical Development, Medical Directors/TA heads, Field Medical, Digital, Legal, Compliance, Corporate communications and investor relations. Clear decision rights, escalation pathways, and RACI frameworks ensure that collaboration accelerates progress rather than fragmenting effort.

Table 1: Proposed roles and responsibilities for the iMCS and Plan.

Activity	VP Medical Affairs	Medical Director	Head of Medical Communication	Clinical Development	Commercial /marketing
Evidence gap analysis	**R**	**A**	**R**	C	C/I
Evidence generation planning	C	**A**	C	**R**	I
Develop and approve annual medical communication strategy and plan*	**R**	C	**A**	C	C

R, responsible; A, accountable; C, consulted; I, informed.

*Includes development of core scientific narrative/lexicon and platform.

6. Digital, AI, and Technology Transformation

Digital platforms, advanced analytics, and AI are essential enablers of the Medical Communications operating model. Their value lies not in automation alone, but in their ability to support intentional orchestration of scientific exchange at scale.

Digital competency means understanding how HCPs discover information online, which channels and search terms they use, what resonates with them on different social media platforms, and how to optimize digital materials for different devices and consumption patterns. To ensure the organization's content surfaces in such searches, Medical Communications professionals must understand search engine algorithms, keyword strategy, and digital content optimization.

Another component of digital competency is social media strategy. Medical Communications must understand which platforms HCPs use, the type of content that performs well on each platform, what compliance and disclosure rules apply, and how to build engaged communities. This requires learning platform-specific norms, content formats, and engagement patterns. Engaging and understanding role and influence of Digital Opinion Leaders (DOLs) is a critical part of digital strategy now and anticipating growing capabilities and roles including AI will be needed today and tomorrow.

AI is and will continue to enhance efficiency through applications such as content creation, literature summarization, insights detection, and workflow automation. When applied appropriately, it can surface patterns and prioritize focus areas that would otherwise remain obscured.

However, AI does not—and must not—replace scientific judgment. Despite the productivity gains, AI can generate content that is false, fails to comply with regulatory requirements. This poses particular risks in medical communications where accuracy is non-negotiable and especially because it is so widely accessible to HCPs and patients. Medical Communications professionals must become AI literate, possibly including correcting system biases that may be embedded in training data. Human oversight remains essential to ensure AI-generated content avoids bias and maintains scientific accuracy and regulatory appropriateness. Clear guardrails, including quality review by experienced technical/scientific staff of AI output.

Human in-charge and not just human in the loop. Workshop 2 Participant

To translate those guardrails into practice, Medical Communications should formalize ongoing collaboration with Legal, Compliance, and Regulatory for digital and AI use cases. Closed AI systems (enterprise or agency-controlled deployments) should be the default for Medical Communications workflows—drafting, summarization, literature synopses, and content QC—because they reduce third-party data exposure, simplify HIPAA/GxP controls, and make it easier to prove model versioning, data lineage, human review, and approval trails. Practically, this means keeping AI agents inside validated platforms (e.g., PromoMats AI operating within Vault)[1], enforcing human oversight of external content, and retaining immutable prompt/source/approval logs.

As digital and AI capabilities expand, ethical use becomes the differentiator between responsible innovation and fragmented experimentation. Technology enables scale and precision; scientific leadership determines intent, meaning, and accuracy.

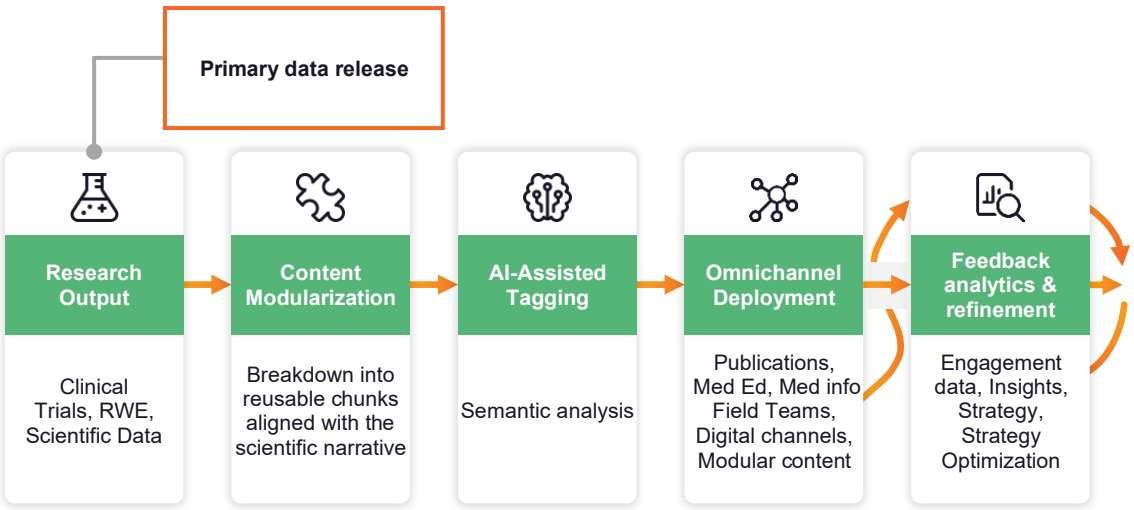

Figure 3. After content is modularized, AI-assisted tagging uses semantic analysis to automatically label each module based on meaning, enabling fast retrieval, consistent reuse, and efficient omnichannel deployment. Engagement analytics refine strategy over time.

7. The Evolution of Publishing and Content Models

Traditional publishing timelines are too slow for the current pace of science advancement. A six-to-nine-month review and publication cycle can delay access to clinically relevant findings, leaving stakeholders working from outdated evidence. Accelerating peer-review publishing is therefore essential, but speed alone is insufficient. Faster pathways—preprints, rapid-review tracks, early online releases, and current formats such as infographics, video abstracts, and plain-language summaries—must evolve alongside journals to support timely, accessible evidence sharing

Publishers need to change. Six to nine months is too long. If they don't adapt, they'll go the way of Blockbuster."

— Workshop 1 Participant

Acceleration, however, risks further information overload, making it harder for HCPs to find clinically relevant data, by 2035, a "publication" will represent a continuum of evidence sharing rather than a single static endpoint. Medical Communications must advocate for reform in partnership with publishers and academic institutions, normalizing new content formats, accelerating review processes, and expanding access while preserving scientific rigor.

Publishing reform is not a rejection of peer review, but an evolution of how evidence is shared responsibly in a digital, interconnected, and fast-paced environment.

8. Navigating the Inevitable Tensions

The transformation of Medical Communications into the architect of integrated scientific exchange introduces a set of inherent tensions. These tensions are not signs of failure or misalignment; they are the natural consequence of operating at the intersection of science, strategy, regulation, and real-world decision-making. The defining capability of future Medical Communications leaders will not be the elimination of these tensions, but the ability to manage them deliberately and transparently.

One of the most persistent tensions is speed versus rigor. External stakeholders increasingly expect timely access to scientific information, particularly in fast-moving therapeutic areas. At the same time, Medical Communications remains accountable for accuracy, balance, and compliance. Accelerating communication cannot come at the expense of scientific integrity. Leadership in this space requires establishing processes, governance models that enable speed through preparation, upskilling—such as modular content, new digital and AI capabilities pre-aligned narratives, and clear decision pathways—rather than through shortcuts.

Table 2. A summary of the key tensions, their descriptions, and the proposed resolution paths

Tension	Description	Resolution Path
Speed vs. Rigor	The pressure for rapid communication of data versus the need to maintain scientific accuracy and rigorous validation	Enable timely delivery through pre-aligned narratives, modular content, and parallel reviews. Use AI to streamline synthesis and retrieval, with full human oversight to ensure rigor.
Managing role transitions and organizational culture	Leadership changes can disrupt RACI clarity, creating ambiguity in accountability and decision rights, particularly in cultures that rely on informal or hierarchical decision-making.	Clear documentation, structured knowledge transfer, defined transition periods, and explicit RACI orientation are essential to sustain continuity and build trust.
Innovation vs. Governance	The pace of technological innovation, particularly with AI, is rapidly outpacing the development of corporate and industry-wide policy	Establish proactive industry guidance and internal AI governance board & ethics councils to create guardrails for new technologies
Global vs. Local	The efficiency of uniform, global strategies versus the need for culturally and clinically relevant local nuance	Design modular content frameworks with predefined adaptive layers to allow for local relevance without sacrificing core consistency

A second tension lies between innovation and governance. Emerging technologies, including advanced analytics and artificial intelligence, offer powerful opportunities to personalize engagement, extract insights, and improve efficiency. However, the adoption of these tools must be balanced with appropriate oversight, validation, and compliance safeguards. Medical Communications leaders must be able to evaluate when innovation enhances scientific exchange and when it introduces unacceptable risk. This requires close partnership with Legal, Compliance, IT, and Data and Analytics teams, as well as a clear articulation of acceptable use cases.

Global consistency versus local relevance represents another enduring challenge. Scientific evidence is global, but healthcare systems, clinical practice patterns, and stakeholder needs vary significantly across regions. An integrated communication strategy must provide a consistent scientific foundation while allowing for contextual adaptation. This balance is achieved not through rigid standardization, but through clearly defined core narratives and evidence sets that local teams can responsibly tailor within agreed parameters.

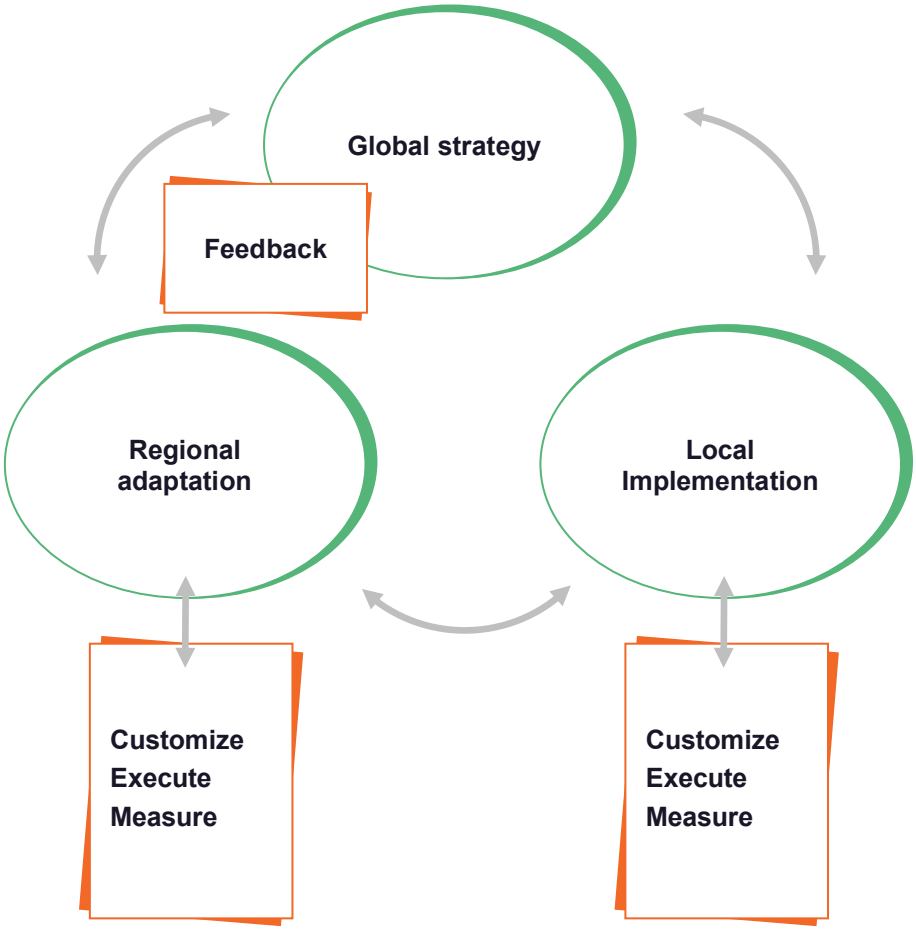

Figure 4. The Global-to-Local strategy and feedback loop. This model illustrates the modern communications imperative: Global Strategy provides the core alignment and assets which are then cascaded downward for Regional Adaptation and Local Implementation. Crucially, the resulting local insights (from data and HCP engagement) are captured and fed back to the top to perpetually refine and evolve Global Strategy, creating a dynamic, continuous loop.

There is also a tension between centralized strategy and distributed execution**.** Orchestration requires a unified strategic framework, yet execution occurs across multiple functions and geographies. Medical Communications must lead the strategy while enabling autonomy where appropriate. This demands clarity around ownership and decision rights, escalation pathways, and feedback loops, ensuring that integration does not become a bottleneck.

Finally, as Medical Communications assumes greater ownership of integration, it must navigate the tension between collaboration and independence**,** particularly with Commercial partners. Cross-functional coordination is essential to delivering coherent stakeholder experiences, but it must be structured in a way that preserves the independence and credibility of scientific communication with a focus on meeting the HCP customer needs for content and understanding. Clear governance, documentation, and role definition are critical to maintaining this balance.

Successfully managing these tensions requires more than technical skill; it requires situational and flexible leadership. By acknowledging trade-offs openly and designing systems to address them, Medical Communications can move beyond reactive problem-solving toward intentional stewardship of scientific exchange. This capability will distinguish organizations that merely adopt new tools from those that truly transform how science is communicated and applied.

9. Measuring What Matters: From Activity to Impact

As Medical Communications assumes responsibility for orchestrating scientific exchange, traditional activity-based metrics become insufficient. While useful for operational management, they do not demonstrate value or guide strategic decision-making.

Measurement must pair reach with impact. Reach tracks volume and breadth across channels (e.g. audience size, channel coverage, content utilization, completion rates) while impact validates accountability for informed decision-making (e.g., comprehension/knowledge lift, guideline-concordant intent, evidence adoption, inclusion in guidelines, clinical pathways, CME programs, quick surveys with digital persona target audience by AI, adoption of new regimen/algorithm in claims databases and appropriate application in practice). Viewed together, these metrics turn analytics into a closed-loop system that continuously informs strategy refinement—what to prioritize, where to deploy, and how to sequence content over time—so the operating model can be optimized in a complex, multi-channel environment.

Importantly, measurement must align with the function's scientific and regulatory context. Medical Communications does not own commercial outcomes and should not adopt metrics that imply promotional intent. Instead, impact should be assessed through indicators that reflect scientific understanding, clarity of interpretation, and appropriate use of evidence.

"Clicks don't cut it—we need to show impact beyond activity metrics."

— Workshop 2 Participant

Qualitative Impact Metrics

- Comprehension/knowledge lift
- Guideline-concordant intent
- Evidence adoption
- Inclusion in guidelines, clinical pathways, and CME programs
- Rapid surveys with digital persona target audiences (AI-assisted)
- Adoption of new regimens/algorithms in claims databases
- Appropriate application in practice

10. A Framework for Medical Communications 2035: The Pillars of Success

Synthesizing the insights from all the three the workshops, a unifying framework emerges. The future Medical Communications function is built on these integrated pillars:

- **Strategic orchestration**
- **Cross-functional collaboration across medical and commercial functions**
- **Scientific integrity**
- **Ownership and accountability**
- **Digital leadership**
- **Demonstrating impact**
- **Trust and transparency**

11. Recommendations and Next Steps

Achieving this vision requires a concerted effort from all stakeholders. The following actions provide a roadmap for transformation.

For Organizations:

- **Clarify governance:** Establish clear RACI charts that formally assign Medical Communications accountable ownership of the iMCS
- **Invest in technology**: Invest in emerging technology, including compliant and secure access to the latest & validated content-generating AI tools
- **Invest in competencies**: Create formal training and development pathways focused on AI literacy, digital fluency, data ethics, and visual storytelling
- **Standardize integration:** Implement shared taxonomies and modular content templates to ensure consistency and efficiency across all communication-focused functions

For Industry Bodies (e.g., MAPS, International Society for Medical Publication Professionals, ISMPP):

- **Codify AI guidance:** Develop and issue clear guidance on the ethical boundaries between acceptable AI-driven automation and scientific authorship
- **Champion publishing reform:** Partner with publishers and academic institutions to pilot and advocate for accelerated review cycles and novel content formats
- **Define outcome benchmarks:** Establish common metrics and benchmarks for measuring the impact of communications on clinical practice and patient outcomes

For Medical Communications Leaders:

- **Measure what matters:** Shift focus from tracking activity (outputs) to demonstrating value through practice adoption and behavior change (outcomes)
- **Value proposition of the Function:** Proactively and continuously articulate the strategic value of Medical Communications internally to secure buy-in and resources
- **Foster a learning culture:** Promote continuous learning and experimentation, treating every technological and strategic innovation as an opportunity to evolve

12. Conclusion: Orchestrating the Future of Scientific Communications and Exchange

By 2035, the Medical Communications function will have been fully transformed. The successful professional will be a strategic orchestrator of the entire scientific narrative—a storyteller, data communicator, and digital strategist grounded in deep scientific acumen. While technology will automate many tactical tasks, the human skills of strategy, creativity, and ethical oversight will become more valuable than ever.

The future is one of augmentation, where technology empowers professionals to deliver greater impact. As one workshop participant summarized, the path forward requires a new mindset:

"To realize the promise of 2035, it will no longer be enough to know how to publish. We must know how to translate — across channels, cultures, and technologies."

— Workshop 3 Participant

The path requires courage, investment, and collaboration. By embracing governance reform, investing in new competencies, and leading with trust, Medical Communications is poised to fulfill its ultimate potential as the orchestrator of meaningful, measurable, and patient-centered strategic scientific exchange.

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Contributors:

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Disclaimer on AI Assistance

The first draft of this paper was created with the aid of ZS's AI-enabled writing tools (AlterIgo using OpenAI's GPT 5 and Google Gemini) under human expert supervision. All content was [fact-checked, edited, and approved] by the authors.

Methodology

This whitepaper was developed through a structured, collaborative research process designed to capture diverse perspectives from across the medical communications landscape.

To inform the research, we engaged Medical Communications professionals from pharmaceutical companies ranging from emerging biotechs to large global organizations. Participants brought a breadth of experience spanning medical affairs, publication planning, content strategy, and communications leadership.

Insights were gathered through a series of three facilitated workshops, each designed to explore a distinct dimension of the field: defining the role and evolving scope of medical communications; identifying key competencies and the strategic value of an integrated medical communications strategy; and examining the capabilities, technologies, omnichannel approaches, AI applications, and metrics that will define the function by 2035. Sessions were recorded, and transcripts served as the primary source material for analysis.

To synthesize findings at scale, workshop transcripts and pre-read materials were processed using ZS's enterprise AI model. A structured prompting approach was used to extract themes, surface representative quotes, and generate an initial draft grounded in participants' own language and insights. This draft was subsequently reviewed and refined by the authoring team, then shared with workshop contributors for review. Participant feedback was incorporated before the whitepaper was finalized.

Reference: 1. Systems V. Fastest Path to Approved Content with AI. 2025. https://www.veeva.com/products/veeva-ai-for-promomats/.

