



## Strategy for Increasing Competence of Medical Representatives

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### Abstract

Graduates of the marketing expertise competency at the SMK Pharmasi Semarang Foundation are not in accordance with the competencies required by the Business World and the Industrial World (DUDI) as a medical representative. The purpose of this study was to analyze the strategy for increasing medical representative competency in terms of learning, collaboration with DUDI, and human resource development (teachers). This research uses descriptive qualitative research with data collection techniques of observation, interviews, documentation, and triangulation then the data is reduced. The strategy to increase medical representative competence is carried out through practical learning by conducting simulation learning in the learning process inside and outside of school. Learning conducted in schools focuses on practical simulations to sharpen student competencies in communicating with doctors and understand products to be promoted through industry-based learning. Non-school learning is carried out through a collaboration program between school agencies and DUDI in the form of fieldwork practices by adjusting the implementation time of the apprenticeship with the allocation of concept time for pharmaceutical sales. Achievement of medical representative competencies for marketing students is supported by teacher competency. Teacher competence in the field of medical representative is obtained through the on the job training program.

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## INTRODUCTION

Eliminating the problem of meeting the needs of ready-to-use workers, the government through the Ministry of National Education issued a policy to optimize the strategic role of Vocational High Schools (SMK), namely the reproporization of SMA-SMK from 70:30 to 30:70. The fulfillment of competent workforce through vocational channels is demonstrated through the application of double system education as a pattern of learning in vocational schools. The implementation of Dual System Education (PSG) is expected to be able to deliver students to the mastery of certain work abilities, so that they can become graduates who have skills relevant to their area of expertise.

The preliminary study on the marketing expertise competency of the Pharmacist Foundation Vocational School has unique characteristics compared to the Vocational School in general. The marketing expertise competency of the Pharmacist Foundation Vocational School is the only Vocational School in Indonesia that produces graduates with special competence in the form of medical representative competencies. Pamungkas (2014) defines a medical representative as an ambassador of the company / someone who is trusted to represent the company in order to promote its products in a professional, credible, and integrity manner to doctors so that doctors are confident and prescribe their company's products to their patients. The problem is seen in the competence of pharmaceutical marketing graduates who have not been able to answer the fulfillment of the workforce as a medical representative. The special skills requirements that must be possessed by workers from DUDI cannot be matched by the competencies offered by educational institutions.

Preliminary observations made at the Pharmacist Vocational School show that graduate data from marketing expertise in the last three years recorded only 24% who decided to work in the medical representative field. This indicates a crisis of confidence owned by graduates related to their competence to be able to become workers in the medical representative field. As stated in the Decree of the Head of BPOM No. HK.00.05.3.02706 Th.2002 states that medical

representatives must have appropriate educational background and have been adequately trained and have medical and technical knowledge to be able to present information about drugs accurately, balanced, ethically, and responsibly. Applying the right education strategy can improve the competency of medical representatives for marketing students at the SMK Pharmasi Semarang Foundation.

Pujar and handa (2014) decreased the quality of medical representatives as a result of changes in the competition map of pharmaceutical companies and increased competition between medical representatives so that they needed to improve their behavioral and functional competencies. Medical representative competence plays a role in the knowledge of doctors in carrying out their work. Al-Areefi (2013), Inamdar (2013) and Srikanth (2016) explained that information about the development of health products from producers as well as the superiority of the products conveyed by medical representatives had an impact on increasing the doctor's knowledge about the feasibility of the products offered. The medical qualifications of a medical representative are Diploma or Bachelor of Pharmacy, but retail companies prefer MR who has a sincere attitude in terms of claims and are polite, and are not too fond of information through medical leaflets.

Achieving medical representative competencies through learning activities in formal schools requires an appropriate strategy in order to obtain an effective learning scheme in accordance with DUDI needs. As explained by Rangkuti (2015) that strategy is a tool to achieve goals. Besides Porter (1985) said that strategy is a very important tool to achieve competitive advantage. Determination of strategy selection refers to Certo's (1988) strategy management strategy. Certo explained that there were five stages in the formulation of strategy. It starts with conducting an environmental analysis, building organizational direction, formulating strategies, implementing strategies and evaluating strategies. Environmental analysis is carried out to monitor the organization's environment to identify opportunities and threats that include all factors inside and outside the organization.

The use of this strategic theory as a theoretical framework to determine the most appropriate strategy for achieving competence as a medical representative. The use of appropriate strategies in certain fields will accelerate a company to achieve competitive advantage including education. Learning strategy is a learning activity that must be done by teachers and students with the aim of learning can be carried out effectively and efficiently (Sanjaya 2010). The effectiveness and efficiency in vocational education or vocational education have been elaborated by Prosser through Prosser's sixteen theorems. The essence of this theory is the implementation of vocational education requires a learning environment that resembles DUDI and adequate equipment in accordance with the needs of the implementation of work in DUDI. Training and the formation of work habits as a necessity that must be owned by workers in the world of work by strengthening skills in ways of thinking and working efficiently.

Phenomena that can be studied at the Semarang Pharmacist Vocational School are the implementation of vocational education which has unique characteristics compared to other vocational schools. Implementation of subject matter into the world of work can be an additional knowledge about how the picture is in the world of work. A cooperative bond is needed between the school and DUDI for continuous learning to occur between theory and practice.

Industrial Work Practices are activities that are mandatory for vocational students who are part of the Dual System Education Program (PSG). In the technical guidelines for the implementation of PSG in Vocational Schools, it is stated that Industrial Work Practices (Prakerin) are productive expertise practices carried out in industries or companies in the form of activities undertaking production or service work. Murniati and Usman (2009) stated "Effective Internship is internship that is carried out if it meets the needs of schools and the needs of the industry. So that in the process of implementing the Internship program cooperation, academic synchronization (curriculum) is needed in order to realize the goals of cooperation. In addition, to determine the competency of vocational students, competency test is performed. The skills competency test

(UKK) is a national exam consisting of vocational theory exams and vocational practice exams. The organizing of this expertise competency test aims to measure the achievement of student competencies at a certain level in accordance with the expertise competencies pursued at SMK

The success of vocational high schools can be seen from how much the graduates have absorbed into the world of work. One form of cooperation between SMK and DUDI is a recruitment program for workers coming from vocational graduates. This program is an effort to improve the absorption of vocational graduates in the world of work that already has a cooperative relationship with the school. Siagian (2009) explains that recruitment is a process of finding, finding, and attracting capable applicants to be employed in and by an organization. Absorption of labor is directly proportional to the competencies of prospective workers. Spencer and Spencer (1993) state that competence is a basic characteristic of individual behavior that is related to effective reference criteria and or superior performance in work or situations.

This study examines the competencies of a medical representative from the point of view of vocational learning. Pamungkas (2014) describes the basic capabilities of a medical representative into several components, namely knowledge products, negotiation techniques, and territorial management. These three components serve as a reference for the formulation of a representative medical competency learning strategy in the Vocational School of the Semarang Foundation. The purpose of this study was to analyze the strategy for increasing medical representative competency in terms of learning, collaboration with DUDI, and human resource development (teachers).

## METHOD

This study uses a qualitative descriptive approach, which is a careful measurement of certain social phenomena relating to strategies for increasing the competency of medical representatives in vocational pharmacy foundations in Semarang. The research design used in this study uses a descriptive method with the type of case studies expected to find a

comprehensive and in-depth picture related to the research object, namely the strategy of increasing the competency of medical representatives at the Vocational School of Pharmacist Semarang.

This research was conducted to find a strategy formula to improve the competence of medical representatives in the Vocational School of the Semarang Pharmacy Foundation based on the elements of the strategy according to Certo (2010) in the form of analysis, planning, implementation, and evaluation. The elements of this strategy are then used as a framework theory to determine the research formulation in the form of learning at the Vocational School of the Semarang Pharmacy Foundation, the collaboration of schools with DUDI, and the development of human resources (teachers). The framework theory in this study was then applied to medical representative competencies in the form of product knowledge, negotiation techniques, and territory management.

The types of data in this study are grouped into two, primary data and secondary data. Primary data is data obtained from the first source or directly through an interview process that is carried out directly with respondents in relation to the strategy of increasing medical representative competency at the Vocational School of Pharmacist Semarang. Secondary data is data obtained from not the first party, but from certain parties who support research data, such as Administration (TU) and special work exchanges (BKK). Data used in this study (1) Environmental analysis strategies data, strategies formulation, implementation, and evaluation of learning to improve medical representative competencies; (2) Data sources in the form of a school collaboration strategy with DUDI are applied to improve medical representative competencies in the form of product knowledge, negotiation techniques, and territorial management. Data collection techniques used observation, documentation and in-depth interviews to Vice Principal public relations and DUDI; (3) Data on environmental analysis strategies, strategy formulation, implementation, and evaluation of human resource development (teachers) to improve medical representative competencies.

This naturalistic study requires completeness of notes and accuracy from field

data obtained by researchers with data used from observation, interviews, documentation and triangulation. Test the validity of the data using a valid degree of trust that extends the time of conducting research by participating in and observing the process of achieving medical representative competence. This depends on the depth, scope, and certainty of the data to explore meaning that is not visible, member checking informants to get information, discussions with colleagues. the process of data analysis in the form of interactive analysis models includes four procedures namely: 1) data collection, 2) data reduction, 3) data presentation, and 4) drawing conclusions.

## **RESULTS AND DISCUSSION**

### **Learning Strategies to Increase Medical Representative Competence**

The results of the interview to find out the environmental analysis of learning needs to improve the competency of product knowledge as a medical representative at SMK include: (1) the addition of subjects that are adjusted to the competency of product knowledge in the form of pharmaceutical local content and the concept of pharmaceutical sales; (2) the implementation of learning about pharmacy to introduce knowledge about medicine to students of marketing expertise competencies; (3) product knowledge competencies have an important role as candidates for medical representatives; (4) product knowledge competencies support other abilities as a medical representative.

The formulation of a learning strategy formula to improve product knowledge competency in learning needs to be carried out: (1) practical learning using presentation media in the form of medicines that are presented in a structured learning mechanism in accordance with the learning tools that have been prepared; (2) Competence of medical representatives when conducting the presentation process requires product knowledge competence as the main material in the presentation process; (3) Equipment needed by medical representatives to carry out presentations can be in the form of brochures or leaflets as a description of the product knowledge to be conveyed; (4) various

brochures or leaflets from various companies are needed to improve product knowledge competency of pharmaceutical companies. While the implementation of the school strategy is in the form of; (1) the application of learning strategies in class to increase product knowledge competency is done by presenting various products from pharmaceutical companies that have been reviewed by each student related to information about the product to then be presented in front of the class. (2) Competence of student presentations is still below the standard of presentation because understanding of the product is still small. In the study of Harliana et.al (2018) that one of the efforts that can be done to improve student competency is to use learning media.

Product knowledge competency achieved by students to become medical representatives is still lacking. Therefore, the development strategy to improve the competency of product knowledge as a medical representative is needed by supporting facilities for medical representatives to carry out practical learning practices in the form of brochures and / or leaflets from several large pharmaceutical companies and need to practice and repeat presentations. Communication skills in medical representative learning emphasize communication to doctors. Negotiation techniques are considered successful if in the implementation of the detailing there is an agreement (closing). Closing ability needs to be possessed by a medical representative as an indicator of the success of 'selling' the company's products. The formula formulation strategy to improve negotiation competency can be viewed from the communication skills held in each productive subject of marketing. The detailing lessons are used as a vehicle for students to develop their potential to become medical representatives. Referring to research Marfuah (2017) explained that communication skills are one thing that must be possessed by students in the current era of globalization. This communication skill becomes a challenge for educational institutions to be able to produce generations who are sensitive and responsive to the conditions around them.

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Management territorial competence emphasizes the results on the achievement of management territorial competence in learning not using a practical approach; the location of a doctor's practice that is far apart makes a lot of time wasted when learning is carried out with practice. Thus, the strategy to improve management territorial competence is in accordance with the learning activities undertaken

#### **Institutional Cooperation Strategy with DUDI**

Implementation of dual system education in SMK requires SMKs to have learning companion partners drawn from DUDI. The collaborative strategy between schools and DUDI to improve the competence of medical representatives adopts Certo's strategy management theory. Organizing curriculum synchronization with DUDI on the marketing expertise competency of the Pharmacist Foundation Vocational School uses a resource that has a basis as a medical representative. Large pharmaceutical companies which were the speakers at the curriculum synchronization activity came from PT. Dipa Pharmedical medical representative department or often called Escolab. In addition, other speakers at this activity came from pharmacies in collaboration with SMKs who have qualified speakers as pharmacy owners who

have backgrounds as medical representatives. The pharmacy owner appointed as the resource person for curriculum synchronization activities came from the Healthy Enggal Pharmacy, Batusari, Mranggen sub-district, Demak Regency because he had work experience as a medical representative. According research of Ixtiaro and Sutrisno (2016) explained that school partnerships with the business world and the industrial world need to be improved so that the relevance of graduate competencies to the demands of the labor market increases.

The implementation of the internship for the marketing expertise competency at the Semarang Pharmacy Foundation Vocational School was held for two months in class XI in the even semester at the pharmacy. The selection and determination of DUDI for the implementation of the internship program is based on the competency requirements that must be possessed by students. Graduates' projections of this marketing expertise competency that will be directed to become a medical representative. The results of research conducted at the Semarang Pharmacist Vocational School show the results that competencies that must be mastered by students during internship, do not seem to refer to competencies that must be mastered by a medical representative.

Achievement of medical representative competencies of students during the implementation of internship if based on assessment competencies as a professional medical representative does indeed still have differences. However, the competency assessment standards to be achieved by schools are in accordance with the minimum competency standards that must be owned by vocational students as prospective medical representatives. The three points of the competency evaluation standard for medical representatives cannot be carried out in full in the vocational student internship program. This is aimed at the third assessment competency standard, which is knowledge competency, which focuses on the technical competence of implementing detailing to doctors who have a wide area coverage, allocation of non-permanent work hours, to reporting reports on sales of company products.

Efforts to achieve medical representative competence are carried out through collaboration with DUDI when conducting internship with various requirements: (1) allocation of time for the implementation of internship adjusts to the subject matter of learning the concept of pharmaceutical sales at school. Adjustments to the implementation can be done by changing the prakerin implementation schedule which was originally at level XI to level XII with the assumption that pharmaceutical sales concept subjects will be implemented starting at level XI. Another alternative option is to change the time allocation for the implementation of pharmaceutical sales concept subjects, which initially started at level XI to level X, so that the implementation of the internship continues at the XI level. (2) The selection of machineries is adjusted to the availability of practicing doctors who have collaborated with pharmacies. It is intended that students have direct knowledge and experience as medical representatives by conducting a detaileding process with the doctor where they are practiced. On the other hand students have product knowledge skills through product sales practices at pharmacies and the ability to negotiate with doctors.

The implementation of competency test of marketing expertise at the Vocational Pharmacist Foundation uses the LSP-P1 online and marketing business competency test. The use of the expertise competency test scheme is based on the appeal of the Marketing MGMP which suggests that Business and Marketing Vocational Schools use LSP-P1 in the expertise competency test in their schools. The increasing number of assessors from educators has also become one of the reasons for the appeal for the use of LSP-P1. In addition, the use of LSP-P1 for competency testing benefits Vocational Marketing students because by taking the exam, if students are declared to have competencies, they are entitled to get a certificate bearing the eagle-logo from LSP-P1, so that the use of certificates as supporting documents for competence in the work world can be recognized throughout Indonesia. The implementation of medical representative competency test by following the LSP scheme cannot be carried out because for the medical representative field does not yet have a professional certification body.

Scheme of school collaboration with partner institutions in marketing expertise competencies is still in the process of preparing proposals for submission of cooperation with PT. Dipa Pharmedialab Escolab's medical representative division. The competency test with this partner institution can be carried out if the partnership with Escolab has been more than one year. The effort of the collaboration program with Escolab is not limited to the implementation of competency tests to determine the achievement of students' skills in the field of medical representatives, but rather ongoing collaboration starting from the making of Escolab class to recruitment of workers by Escolab.

Collaboration to find other skills, namely the problem of needs in the form of medical representative candidate skills that are more important than the educational background becomes a problem for medical representative candidates who come from the competence of marketing expertise. This problem needs to be resolved by improving the quality of students' skills in marketing competence through integrated learning mechanisms ranging from teacher qualifications, material, to the learning process. Diartono and Amin (2017) mentioned that the importance of improving the quality of marketing teachers in order to support the quality of learning so that students' marketing skills will increase.

### **Teacher Human Resource Development Strategy**

Teacher competence in carrying out learning to students emphasizes the competence of teachers regarding product knowledge while the teacher's foundation in implementing learning must be based on real experiences that have been carried out by teachers so that other competency scopes are obtained in the form of negotiation techniques and territorial management. Human resource development (teacher) required apprenticeship program as a medical representative through a collaboration program between schools and DUDI.

Collaboration with DUDI to improve teacher competency to deepen product knowledge competence is carried out through a curriculum synchronization program with DUDI. This is done to provide an understanding of the products that will be presented to the doctor, as well as the

range of material that can be delivered to students during the learning process. Armed with material delivered by the speakers, teachers are expected to be able to master the material about one of the pharmaceutical company's products in detail.

The existing competency development program for marketing teachers is in the form of sales programs, so the productive marketing teacher development program as an effort to increase medical representative competencies can be said to be non-existent. Therefore, the strategy of human resource development models to have medical representative competencies in the form of product knowledge, negotiation techniques, and management territories offered in the form of on the job training programs for a certain period of time in pharmaceutical companies. The apprenticeship program carried out by productive marketing teachers can be done outside of effective teaching and learning days, which is done during the school holidays both end of the year and at the end of the semester.

The implementation of this apprenticeship program teachers receive assistance from professional medical representatives. The teacher's activities during the apprenticeship program are all the activities carried out by professional medreps ranging from administrative activities to doctor visits. The internship program is conducted outside of workdays based on medrep working hours which do not have a definite reference because it is adjusted to the doctor's practice hours or the agreement between medrep and the doctor. In addition, the place of the meeting between Medrep and the doctor is not always in the place of practice or hospital, but rather the will of the doctor himself. The existence of an internship program for teachers will provide wider experience and insight to teachers so that they will have a competitive advantage in teaching material to students (Usep, 2017)

### **CONCLUSION**

The strategy for increasing medical representative competency includes three aspects, namely learning, collaboration with DUDI, and HR development. The learning strategy used to improve medical representative competence is carried out by learning inside and outside of

school. Learning in schools is done by the mock detailing method with the equipment provided such as brochures and leaflets. Non-school learning is carried out to deepen the ability of negotiating practices and product knowledge through the internship program implemented. The implementation agenda of the internship program must be adjusted to the basic competencies that must be mastered by students through the concept of pharmaceutical sales.

The development of human resource competencies (teachers) is done by synchronizing the curriculum to deepen the teacher's knowledge about pharmaceutical products. The deepening of the competence of teachers in the field of medical representatives is done through the on the job training program which is carried out during school holidays by participating in activities carried out by professional medical representatives. Strengthening the three aspects of this study, namely learning, collaboration with DUDI, and human resource development (teachers) can be used as an alternative step to improve student competencies as medical representatives.

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