

RETURNING TO FACE-TO-FACE INTERACTIONS WITH HEALTHCARE PROFESSIONALS

KEY PRINCIPLES

- › Be agile and flexible to the needs of our healthcare professional colleagues
- › Initial outreach should be responding to a defined request or with explicit permission
- › Respect and compliance with clinic or institution infection control protocols is paramount
- › Use of appropriate PPE should be available if required

As restrictions begin to ease with the number of new COVID-19 cases falling across Australia, companies are beginning to prepare for the Road Out. Returning to face-to-face interactions with your healthcare professional colleagues is an important step in returning to normal. It is a company decision as how and when to hit the road, and this document outlines some considerations to take into account.

THE ROAD IN

In the early stages of the COVID-19 crisis, companies were quick to respond, assessing the ability of sales forces to move from face-to-face interactions to virtual meetings. The industry was quick to set up virtual connections. Clinicians highlighted a preference to receive COVID-19 specific information with lower inclination for usual interactions. However, anecdotal evidence suggests that the majority of healthcare professionals transitioned enthusiastically to virtual interactions – from 1:1 rep visits all the way to virtual dinner meetings.

A PHASED APPROACH OUT

Companies should consider a phased approach to retuning to on the road field force activities and consider what impact an immediate return to face-to-face interactions, may have on your healthcare professional colleagues.

- › Responding to a request for face-to-face meetings and visits is appropriate. Some institutions and clinics did not cease seeing reps or seeking support for events.
- › Contacting clinics and institutions offering face-to-face meetings or interactions is appropriate. Be sure to book appointments in advance, allowing the clinic to plan for rep attendance. This allows the clinic to manage patient numbers in waiting rooms and ensuring the healthcare professional is best placed to take the meeting. Ask about PPE requirements.
- › Confirm visits before attending the practice and confirm their expectations around PPE and hygiene protocols. This shows our partners that we respect their requirements and understand that their needs can often change quickly.
- › Respect our partners and our employees social distancing requirements – this might be more challenging in the typical small lunchroom setting than a 1:1 meeting with an HCP in their office.

Transitioning to the Road Out will not automatically allow industry to return immediately to traditional field force activities. Companies should not expect that clinics and institutions will allow or want walk-in interactions. We need to ensure that industry works with clients to maintain the safety of clinics and institutions while still meeting their information needs.

MEETING SAFELY

As outlined, field force personnel should attend meetings by appointment, or invitation and not presenting to a clinic or institution unannounced. It is important that any face-to-face meeting does not interfere with the usual work conducted in the clinic or institution, impact patient care, or jeopardise the health and safety of staff and patients.



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Some ways to minimise impact, and maximise the interaction are:

- › Be prepared: have a COVID-19 preparedness plan and share it willingly. This plan will outline what you are doing to keep your customers, their patients, and yourself safe.
- › We encourage you to download the COVIDSafe App to your phone and keep it connected.
- › If necessary, wear your own PPE and make sure that is in place before you enter the clinic or institution.
- › Ask about and follow any hygiene protocols implemented by the clinic or institution.
- › Try to limit your contact with others in the clinic waiting room by arriving exactly on time for your meeting. Work with the clinic staff to manage your entry to the premises – for example asking staff to text you when your clinician is available. This is especially helpful when you have an HCP who often runs over schedule.
- › Be clear of your intent in meeting face-to-face: What will you be discussing, the length of the appointment, any equipment, resources, or food being supplied. Make sure that these align with the clinic or institution's policies.

Companies should actively monitor cases of COVID-19 to avoid entering hot-spots and putting staff at risk. It is also important to collect details of people reps come in contact with during these face-to-face interactions, to facilitate effective tracing in the event of exposure to COVID-19.

PROVISION OF HOSPITALITY DURING A FACE-TO-FACE VISIT

It is still appropriate to provide food and beverages during a face-to-face meeting however you need to align with clinic or institution policies. Companies should consider using contactless delivery for any hospitality provided by a third-party vendor. Food handling should be limited and sharing of meals should be discouraged. Consideration and respect should also be given to the social distancing protocols and the physical environment of any meeting space to ensure the safety of customers and reps.

RETURNING TO 'NORMAL'

As noted above, companies should not expect that clinics and institutions will welcome walk-in cold call visits in person. Reputationally, showing up like nothing has changed may be misunderstood at best and insensitive at worst. That said, unsolicited cold calls on the phone are a necessary component to discuss clinician's needs, setting up an appointment, and so on.

RESPONSIBILITY

Companies are reminded of obligations under the Therapeutic Goods Act, as well as the Spam Act.

Companies should consider the intended audience, and the calls on their time. Alignment across all business units to unify these activities within a company is essential. Companies should consider the urgency of the information being shared, and how it supports the quality use of medicines in the return to face-to-face engagement. Companies are urged to develop a return to work protocol that enables flexibility and agility in re-engaging that has regard for the sensitivities of individual clinic or institution protocols, waiting rooms, and the clinician's own expectations.

In returning reps to the field, additional consideration should be given to the health and safety of these individuals where there may be an increased risk compared to others. There are a number of resources available to support organisations and individuals during this time, such as Beyond Blue's [Coronavirus Mental Wellbeing Support Service](#). Additional information on managing mental health in your workplace can be found at [Safe Work Australia](#).

IF IN DOUBT, REACH OUT

For a confidential discussion on how to comply with the Code of Conduct, please contact the Code Help Desk— codehelpdesk@medaus.com.au



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