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Research Paper

Need and Impact of Refresher Training in Increasing Field Force Effectiveness in Pharma Sales

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ABSTRACT

The pharmaceutical industry relies heavily on the effectiveness of its field force, particularly Marketing Executives and First-Line Managers, in engaging healthcare professionals and sustaining prescription demand. While induction training equips new entrants with essential product knowledge and selling skills, over time, these competencies tend to diminish due to competing priorities and routine pressures. This results in declining in-clinic performance and customer engagement challenges. This dissertation investigates the **need and impact of refresher training** through the design, delivery, and evaluation of the **MPS 2.0 program**, which covered FAB of key brands, elevator pitches, RCPA, and call opening skills, followed by scripted role plays. Immediate participant feedback was collected (Level 1: Reaction), along with application-level feedback from Second-Line Managers (Level 3: Behaviour). Findings revealed that participants rated the program highly relevant and effective, with modules averaging above 4.7/5. Role plays and elevator pitches were cited as most useful. SLMs observed consistent application of skills in the field, stronger customer engagement, and improved product-focused conversations. The study concludes that refresher training is a strategic necessity in pharmaceutical sales, enhancing competencies, boosting confidence, and strengthening customer satisfaction. Recommendations include institutionalising periodic refresher programs, integrating digital reinforcement, and strengthening managerial coaching skills.

Keywords: *Refresher Training, Increasing Field Force Effectiveness, Pharma Sales*

The pharmaceutical industry is among the most knowledge-intensive industries where effective field force performance plays a pivotal role in driving organizational success. Marketing Executives (MEs) and First-Line Managers (FLMs) are the primary link between the company and healthcare professionals. Their effectiveness in conveying product information, building trust, and sustaining long-term customer relationships directly influences both sales performance and brand positioning.

Traditionally, most pharmaceutical companies provide **induction training** to newly recruited frontline salespersons and managers. These programs focus on key products, selling skills, and compliance-related knowledge. While such induction training lays a solid foundation, it

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is often a **one-time intervention**. Over time, due to competing sales priorities, work pressures, and the monotony of daily routines, the application of learned skills and retention of product knowledge tends to decline. This leads to **ineffective in-clinic performance, loss of differentiation, and challenges in sustaining customer engagement**.

Problem Statement:

Despite the initial investment in induction programs, many pharma companies face the issue of skill and knowledge erosion among their field force. The diminishing application of structured selling skills, coupled with the natural decline in recall of product knowledge, results in weaker doctor interactions. As familiarity increases and routine sets in, the ability of MEs and FLMs to generate impactful conversations reduces. This directly impacts customer retention, brand prescription share, and overall sales effectiveness.

Thus, the absence of structured **refresher training programs** creates a critical gap. Without regular reinforcement, even well-trained professionals struggle to maintain consistency in execution. This gap forms the basis of the present study.

Need for the Study

In a highly competitive pharma market, where multiple companies often promote similar molecules, **differentiation is not only product-driven but also skill-driven**. Doctors tend to engage more with representatives who bring value to conversations through product insights, problem-solving approaches, and professional demeanour.

Refresher training programs serve as an important tool to:

- Reinforce product knowledge that may have diminished with time.
- Re-energise and re-skill the field force for more impactful interactions.
- Provide new techniques for handling short doctor calls, competitive pressure, and evolving customer expectations.
- Build the confidence of sales teams and managers in execution.

The study thus seeks to understand whether a structured refresher training program—**MPS 2.0**—can significantly enhance field force effectiveness and translate into improved customer engagement.

Objectives of the Study

The objectives of this research are:

1. To assess the **need** for refresher training in pharma sales.
2. To design and conduct a refresher training program (MPS 2.0) tailored to frontline salespersons and first-line managers.
3. To evaluate the **immediate impact** of the training on participants' knowledge, skills, and confidence.
4. To assess the **application-level impact** through second-line managers' observations in the field.
5. To analyse whether refresher training contributes to improved in-clinic performance, customer engagement, and overall sales effectiveness.

Scope of the Study

The study is limited to a selected group of Marketing Executives, First-Line Managers, and Second-Line Managers from specific divisions of a leading pharmaceutical company. The

focus is on evaluating the **effectiveness of the MPS 2.0 refresher program**, which covered the following modules:

- **FAB (Features–Advantages–Benefits)** of key brands.
- **Elevator Pitch** for short doctor calls.
- **RCPA (Retail Chemist Prescription Audit)** is a tool for influencing prescriptions.
- **Opening Skills** to grab customer attention.
- **Scripted Role Plays** to practice real-world execution.

The findings are based on both **quantitative feedback (survey ratings)** and **qualitative insights (open-ended responses, observed field behaviours)**. While the study focuses on one organisation, its insights may have wider applicability across the pharmaceutical sector.

Significance of the Study

This study is significant for multiple stakeholders:

- **For the Organisation:** Demonstrates the return on investment (ROI) of refresher training in improving field force performance and customer satisfaction.
- **For Sales Managers:** Highlights the importance of regular coaching and reinforcement in sustaining skill application.
- **For Frontline Salespersons:** Reaffirms the value of continuous learning in maintaining professional edge and confidence.
- **For the Academic Community:** Adds to the limited literature on refresher training in the pharmaceutical context, linking training interventions with real-world field application.

Structure of the Dissertation

The dissertation is organised into six chapters. Chapter One introduces the study, outlining the background, problem, objectives, scope, and significance. Chapter Two reviews the relevant literature on training, refresher programs, and sales effectiveness. Chapter Three describes the methodology adopted for the research. Chapter Four presents the data analysis and findings from participant feedback and field surveys. Chapter Five discusses the findings in light of existing literature and organisational implications. Finally, Chapter Six concludes the study with key insights and recommendations. Annexures are included at the end for reference.

LITERATURE REVIEW

The literature review provides a conceptual and theoretical foundation for understanding the need and impact of refresher training in pharmaceutical sales. It draws upon existing research in adult learning, knowledge retention, sales effectiveness, and training evaluation to establish why refresher programs are essential for sustaining field force performance.

Training in the Pharmaceutical Industry

Training has always been a cornerstone of pharmaceutical sales. Recruits undergo structured **induction programs** that cover product knowledge, sales skills, compliance regulations, and corporate culture (Rao & Rao, 2019). However, studies indicate that one-time training, while effective initially, is insufficient to sustain performance over the long term (Singh, 2020). The dynamic nature of the pharmaceutical sector—characterised by evolving competition, regulatory challenges, and shifting customer expectations—requires **continuous upskilling and reinforcement** (Sharma & Bhatt, 2021).

Knowledge Retention and the Forgetting Curve

The **Ebbinghaus Forgetting Curve** illustrates how newly acquired knowledge decays rapidly unless it is reinforced. Research shows that learners forget up to **70% of new information within a week** of training if there is no practice or review (Cepeda et al., 2006). In pharma sales, this implies that product knowledge and communication skills acquired during induction can diminish unless supported by periodic refreshers. Refresher programs act as reinforcement mechanisms that interrupt the forgetting curve and help employees sustain proficiency.

Adult Learning and Skill Reinforcement

Adult learning theories, particularly **Knowles' Andragogy**, emphasise that adults are motivated to learn when content is relevant to their work and when they can apply knowledge immediately (Knowles, 1984). Refresher training aligns with this principle by focusing on **practical, work-related scenarios** such as doctor call openings, short elevator pitches, and handling competitive pressure.

The **Experiential Learning Theory** (Kolb, 1984) also highlights the importance of practice through reflection and role plays. By incorporating role-play exercises, refresher programs such as MPS 2.0 ensure that learners not only recall concepts but also rehearse their application in real-world contexts.

Sales Effectiveness and Competency Models

Sales effectiveness in pharmaceuticals is not only determined by **product superiority** but also by the **interactional competence** of the field force (Zoltners, Sinha, & Lorimer, 2008). Studies underline the role of consultative selling, structured call openings, and customer-centric engagement in differentiating sales representatives in competitive markets (Ingram et al., 2015).

Competency models in pharma sales often highlight:

1. **Product Knowledge** – ability to confidently explain features, advantages, and benefits (FAB).
2. **Communication Skills** – clarity, persuasion, and relationship-building.
3. **Customer Orientation** – understanding the doctor's needs and adapting the pitch.
4. **Analytical Skills** – using tools like **RCPA** to link data with decision-making.

Over time, these competencies erode if not reinforced, creating a strong case for refresher interventions.

Impact of Refresher Training

Research across industries supports the impact of refresher training on employee performance.

- **Arthur et al. (2003)** found that refresher training enhances both skill retention and transfer of learning to the job.
- **Salas et al. (2012)** emphasised that spaced learning and periodic reinforcement significantly improve long-term performance outcomes.
- In healthcare, refresher courses have been shown to improve procedural accuracy and confidence among professionals (Cook et al., 2010).

In the pharmaceutical sales context, refresher training helps overcome **monotony, routine-induced complacency, and competitive challenges**, thereby increasing field force effectiveness.

Training Evaluation Models

Evaluating training effectiveness is critical. **Kirkpatrick's Four-Level Evaluation Model (1994)** is widely used:

1. **Reaction** – Participants' satisfaction with training (measured immediately).
2. **Learning** – Knowledge and skill acquisition.
3. **Behaviour** – Application of skills in the workplace.
4. **Results** – Business outcomes such as sales growth, customer satisfaction, and retention.

In this study, immediate participant feedback represents **Level 1 (Reaction)**, while SLM field observations provide evidence of **Level 3 (Behaviour)**. Together, they validate the effectiveness of refresher training in pharma sales.

Research Gap

While training and development have been extensively studied, there is limited literature on **refresher programs specifically tailored to pharmaceutical sales**. Most studies focus on initial training, ignoring the issue of skill erosion over time. This research addresses the gap by evaluating the design, delivery, and impact of a structured refresher program (MPS 2.0) in enhancing field force effectiveness.

Conclusion

The literature indicates that knowledge decay, adult learning needs, and sales competency models all point to the necessity of periodic reinforcement through refresher training. By linking theoretical insights with practical evidence, this study aims to demonstrate how refresher interventions can strengthen knowledge, skills, and application in pharmaceutical sales, ultimately leading to improved customer engagement and organisational performance.

RESEARCH METHODOLOGY

Research methodology defines the overall approach adopted to address the objectives of the study. Since the purpose of this dissertation is to evaluate the **need and impact of refresher training (MPS 2.0) in enhancing field force effectiveness in pharmaceutical sales**, a combination of descriptive and evaluative research methods was employed. Both **quantitative and qualitative techniques** were used to capture the immediate and application-level outcomes of the training program.

Research Design

The study followed a **two-stage evaluative research design** based on **Kirkpatrick's training evaluation framework**:

1. **Immediate Feedback (Level 1: Reaction):** Collected from participants at the end of the MPS 2.0 workshop to assess relevance, usefulness, and satisfaction.
2. **Application Feedback (Level 3: Behavior):** Collected from Second-Line Managers (SLMs) through a structured survey, focusing on observed behavior change and field application of the skills.

This design enabled the study to capture both **short-term perceptions** and **longer-term behavioral impacts** of the training.

Research Objectives Restated

The methodology was guided by the following objectives:

1. To evaluate participant reactions to the MPS 2.0 refresher program.

2. To analyze whether participants found the program relevant and useful for daily work.
3. To examine the extent to which participants applied the newly reinforced skills in real field conditions.
4. To assess SLMs' perspectives on the behavioral improvements and their contribution to customer engagement.

Participants

The study involved two sets of participants:

1. **Workshop Participants:**
    - Included **Marketing Executives (MEs), First-Line Managers (FLMs), and Divisional Sales Managers (DSMs)**.
    - Represented multiple divisions such as Pentacare and Prizma.
    - Participants rated different aspects of the training including content relevance, facilitator effectiveness, session interactivity, and usefulness of modules.
2. **Second-Line Managers (SLMs):**
    - Provided feedback on **field-level application** of MPS 2.0 elements during joint field visits.
    - Reported on improvements in doctor engagement, confidence of FLMs in coaching, and quality of interactions.

Training Intervention: MPS 2.0 Program

The refresher program, named **MPS 2.0 (Multi-Product Selling 2.0)**, was designed to reinforce critical selling skills and product competencies. The modules included:

- **FAB (Features–Advantages–Benefits)** of key brands.
- **Elevator Pitch** – concise communication strategy for short doctor calls.
- **RCPA (Retail Chemist Prescription Audit)** – using chemist data to strengthen doctor discussions.
- **Opening Skills** – techniques to capture customer attention quickly.
- **Scripted Role Plays** – structured practice sessions to simulate real-world scenarios.

The program was conducted using an **interactive workshop format**, with a mix of presentations, discussions, and practice activities.

Data Collection Tools

Two structured instruments were used for data collection:

1. **Participant Feedback Form (Google Form):**
    - Collected immediately after the workshop.
    - Included Likert-scale ratings (1–5) for content relevance, clarity of concepts, usefulness of modules, facilitator effectiveness, and overall satisfaction.
    - Open-ended questions captured participant reflections on the most useful aspects, suggested improvements, and additional comments.
2. **SLM Field Survey:**
    - Conducted through structured questionnaires.
    - Focused on observing the **frequency of MPS elements applied in the field** (Elevator Pitch, FAB, RCPA, Opening Skills).
    - Captured perceived improvement in **quality of doctor interactions**, **confidence of FLMs in coaching**, and **behavioral changes in field staff**.
    - Also sought views on the overall contribution of MPS 2.0 to product performance and customer engagement.

Data Analysis Methods

The collected data was analyzed using both **quantitative and qualitative methods**:

- **Quantitative Analysis:**
  - Descriptive statistics (mean, percentage distribution, frequency counts) were used for Likert-scale responses.
  - Graphs and tables were prepared to represent trends in feedback and application.
- **Qualitative Analysis:**
  - Thematic coding was applied to open-ended responses from participants and SLMs.
  - Key themes (e.g., role plays as most effective, need for more practice, refresher demand) were identified and categorized.

This **mixed-method approach** provided a comprehensive understanding of both the measurable outcomes and the subjective experiences of participants.

Limitations of the Methodology

While the methodology was effective in capturing training impact, a few limitations must be noted:

- The study was confined to specific divisions of one pharmaceutical company, limiting generalizability.
- Data relied on **self-reported perceptions** and managerial observations, which may involve subjectivity.
- Long-term sales data and customer retention metrics were not included due to confidentiality and time constraints.

Conclusion

The chosen methodology ensured that both **immediate reactions** and **field-level applications** of MPS 2.0 were systematically captured and analyzed. By using participant surveys and SLM feedback, the study offers a balanced view of how refresher training influences knowledge, skills, confidence, and in-clinic effectiveness.

DATA ANALYSIS AND FINDINGS

This chapter presents the analysis of data collected from two primary sources:

1. **Immediate Participant Feedback (Level 1 – Reaction):** Collected through feedback forms administered at the end of the MPS 2.0 workshop.
2. **Application-Level Feedback (Level 3 – Behavior):** Gathered through structured surveys from Second-Line Managers (SLMs) based on their field observations during joint field visits.

The findings are presented in two parts—immediate reactions and field application—supplemented with graphs, tables, and thematic insights.

Immediate Feedback from Participants

Content Relevance

Participants were asked to rate the relevance of the MPS 2.0 content to their daily work.

- A significant majority rated it as **"Very Relevant"**, confirming alignment of the program with practical field requirements.

This demonstrates that refresher training was not perceived as an academic exercise but as a **practically useful intervention**.

Module-Wise Ratings
Participants rated individual modules—**FAB Model, COIN Framework, RCPA, Elevator Pitch, Opening Calls, and Role Plays**—on a 1–5 scale.

- All modules received **average ratings above 4.7/5**.
- The **Role Plays and Practice Sessions** emerged as one of the most highly valued components, reinforcing the importance of experiential learning.
- The **overall workshop rating** averaged **~5/5**, indicating very high participant satisfaction.

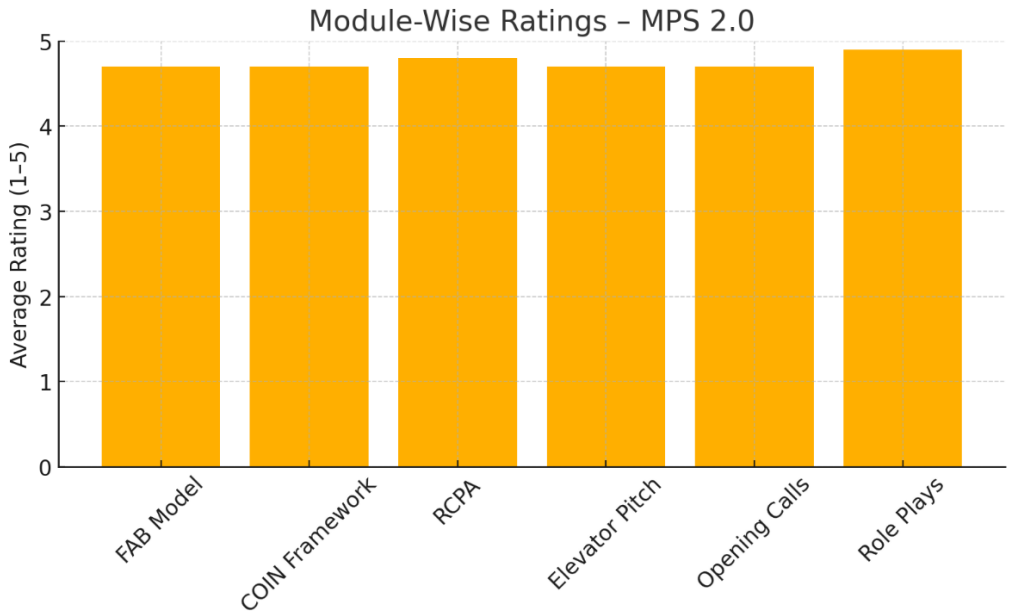

Figure 4.1 (Bar Chart): Average participant ratings for MPS 2.0 modules, with overall average marked in red.

Facilitator Effectiveness and Interactivity

- Almost all participants selected **"Strongly Agree"** when asked whether the facilitator explained concepts clearly.
- Similarly, responses confirmed that the session was **interactive and encouraged participation**.

This indicates that the delivery methodology (mix of lecture, discussion, and role play) was engaging and effective.

Most Useful Elements
Open-ended responses revealed that participants found the following aspects most useful:

- **Elevator Pitch** for making short, impactful calls.
- **Call Opening Techniques** to capture doctor attention.
- **Role Plays** that simulated real-world challenges.

This shows that **practical skill reinforcement** was valued over theoretical refreshers.

Suggestions for Improvement

Participants suggested:

- Inclusion of **more real-life competitive scenarios**.
- **Larger group practice sessions** to allow everyone more time to rehearse.
- Periodic **refresher sessions** to sustain learning.

These suggestions highlight a **demand for continuity** rather than one-time interventions.

Application-Level Feedback from Second-Line Managers

Observation of MPS Elements in the Field

SLMs reported how frequently they observed MPS 2.0 elements being applied during field visits:

- **Elevator Pitch, FAB, RCPA, and Call Openings** were reported as being applied **"Consistently" or "Often"** in a majority of cases.
- Very few instances of "Rarely" were recorded, showing broad adoption.

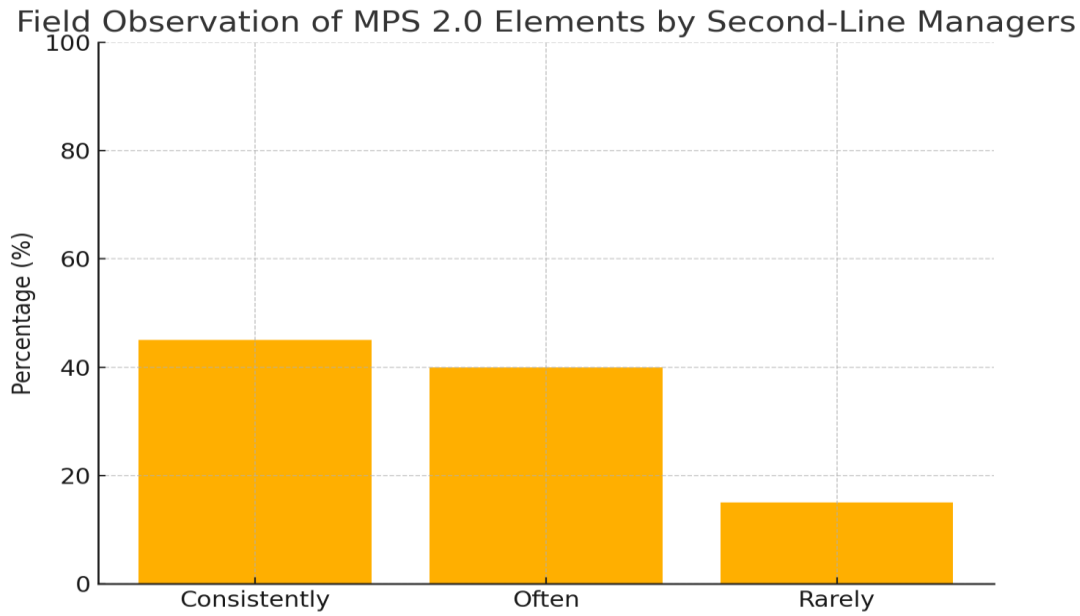

Figure 4.2 (Heatmap): **Frequency of observed MPS elements during field visits.**

Quality of Customer Interactions

SLMs were asked to evaluate changes in customer interactions post-MPS 2.0.

- A majority observed **"Strongly Improved"** interactions.
- Some reported **"Somewhat Improved"**, indicating varying degrees of adoption.

This demonstrates a **positive shift in engagement quality** as a direct outcome of refresher training.

Coaching Confidence of FLMs

When asked whether FLMs were confidently coaching their teams on MPS during joint fieldwork:

- Several SLMs indicated **"Yes, very confidently"**.
- Others noted that FLMs **"try but need support"**, suggesting the need for continued coaching capability building.

This highlights that while refresher training improved FLM skills, a **structured coaching reinforcement plan** is required.

Behavioral Changes Observed
Qualitative responses from SLMs indicated the following changes in field behavior:

- **More structured detailing** in doctor calls.
- **Stronger product-focused conversations.**
- **Better use of RCPA data** to support discussions.
- **Improved call openings** leading to enhanced customer engagement.

These behavioral shifts align with the training objectives, demonstrating clear skill transfer.

Contribution to Product Performance
When asked whether MPS 2.0 contributed to improved product performance:

- An overwhelming majority of SLMs responded **"YES"**.

This validates the **business impact** of refresher training, linking skill improvement with potential sales growth.

Support Needed for Sustained Impact
SLMs identified the following needs for sustaining MPS effectiveness:

- **Refresher sessions** at regular intervals.
- **Digital nudges/reminders** to keep skills top-of-mind.
- **More on-the-job coaching** by managers.

This feedback emphasizes the importance of **continuous reinforcement** rather than a one-time intervention.

Integrated Findings
By combining participant and managerial feedback, the study finds that:

1. Refresher training was perceived as **highly relevant and engaging**.
2. Participants reported **increased confidence and skill clarity**.
3. SLMs observed **consistent field application** of learned skills.
4. Both immediate and application-level feedback confirm **enhanced in-clinic effectiveness**.
5. Sustained impact requires **ongoing reinforcement and manager coaching capability**.

Conclusion
The findings demonstrate that **MPS 2.0 refresher training was effective at multiple levels**—reinforcing product knowledge, sharpening communication skills, and improving in-clinic performance. While short-term outcomes were excellent, the long-term sustainability of these improvements depends on **continuous reinforcement strategies** such as periodic refreshers, digital nudges, and stronger FLM coaching.

DISCUSSION

This chapter interprets the findings of the study by linking them with existing literature and theoretical frameworks. The purpose is to explain how the refresher training program, **MPS 2.0**, addressed the problem of knowledge decay and skill erosion among the pharmaceutical field force, and how it contributed to enhancing in-clinic effectiveness. The discussion also

explores practical implications for organizations and identifies areas requiring further attention.

Addressing Knowledge Decay through Refresher Training

The results demonstrated that participants found MPS 2.0 **highly relevant** to their daily work and rated the modules consistently above 4.7/5. This validates the premise that refresher training is essential in mitigating the **forgetting curve** (Ebbinghaus, 1885/1964), which suggests that newly acquired knowledge diminishes rapidly without reinforcement.

By reintroducing concepts such as FAB and RCPA, the refresher training served as a **booster** that helped participants retain and reapply critical knowledge. This aligns with **Arthur et al. (2003)**, who emphasised that refresher training reduces skill decay and enhances retention.

Reinforcement of Adult Learning Principles

The positive reception of **role plays, call openings, and elevator pitches** highlights the importance of **experiential and application-based learning**. According to **Knowles' (1984) theory of andragogy**, adults learn best when content is relevant, problem-centered, and directly applicable to their work.

The findings confirm this principle, as participants consistently identified **practical modules and simulated practice** as the most useful parts of the workshop. This is further supported by **Kolb's Experiential Learning Theory (1984)**, which stresses the role of practice, reflection, and feedback in adult learning.

Enhanced Sales Effectiveness

The **application-level feedback from SLMs** indicated that skills such as structured detailing, stronger product-focused conversations, and better call openings were being **consistently applied in the field**. These behaviors map directly onto established **sales competency models** (Zoltners et al., 2008), which emphasize product knowledge, communication skills, and customer orientation as drivers of sales effectiveness.

The observed improvements also resonate with **Ingram et al. (2015)**, who argue that consultative selling and structured customer engagement differentiate high-performing sales representatives. By reinforcing these competencies, the refresher training program helped overcome monotony and reinvigorated field performance.

The Role of Managers in Sustaining Training Impact

An interesting finding was that while some FLMs were reported to be **confident in coaching**, others still required support. This reflects the challenge of ensuring consistent **coaching capability** among frontline managers. According to **Kirkpatrick's evaluation framework (1994)**, training effectiveness extends beyond immediate reactions to actual behavior change, which in turn depends on the quality of reinforcement provided by managers.

The need for **ongoing coaching and digital nudges** expressed by SLMs indicates that refresher training, though effective, must be embedded into a **continuous learning ecosystem**. Without such reinforcement, the risk of knowledge decay and skill erosion may resurface over time.

Linking Training to Business Impact

The majority of SLMs confirmed that MPS 2.0 contributed to **improved product performance and customer interactions**. This aligns with **Salas et al. (2012)**, who

emphasized that periodic reinforcement and spaced learning enhance long-term organizational outcomes.

Although the study did not include direct sales data due to confidentiality constraints, the observed improvements in **doctor engagement, confidence, and structured execution** strongly suggest that refresher training contributes to both **internal customer satisfaction (field force)** and **external customer satisfaction (doctors)**.

Practical Implications for Pharma Companies

The findings have several implications for pharmaceutical organizations:

1. **Institutionalize Refresher Training:** One-time induction is insufficient; regular refresher interventions are necessary to sustain performance.
2. **Embed Reinforcement Mechanisms:** Digital nudges, role-play-based follow-ups, and structured coaching should be built into field routines.
3. **Strengthen FLM Coaching Skills:** Since FLMs are pivotal in ensuring transfer of learning, their capability must be enhanced through train-the-trainer programs.
4. **Measure Business Outcomes:** Beyond feedback and behavioral observation, refresher programs should be linked to measurable outcomes such as sales growth, customer retention, and prescription share.

Limitations and Future Scope

While the study validates the importance of refresher training, certain limitations exist:

- The research was limited to a single organization and specific divisions, which may constrain generalizability.
- The evaluation primarily covered **Levels 1 and 3 of Kirkpatrick's model**; learning outcomes (Level 2) and business results (Level 4) were inferred but not directly measured.
- Longitudinal data on the sustainability of the training impact was not collected.

Future research could expand to:

- Multi-company studies to enhance generalizability.
- Integration of sales performance metrics to establish ROI.
- Long-term tracking to assess the durability of refresher training effects.

Conclusion

The discussion confirms that refresher training is an **essential tool** for sustaining pharmaceutical field force effectiveness. By addressing knowledge decay, reinforcing adult learning principles, and enhancing sales competencies, MPS 2.0 produced tangible improvements in both participant confidence and field behavior. However, the findings also underline the necessity of **continuous reinforcement through coaching and periodic refreshers** to sustain these gains.

CONCLUSION AND RECOMMENDATIONS

This chapter summarizes the key findings of the study, draws final conclusions, and offers recommendations for both practice and future research. The chapter also highlights the broader implications of refresher training as a strategic tool in pharmaceutical sales.

Conclusions

From the analysis and discussion, the following conclusions are drawn:

- **Refresher training is essential in pharma sales.** One-time induction training is insufficient to sustain long-term knowledge and skills. Periodic reinforcement is necessary to combat the **forgetting curve**.
- **MPS 2.0 was successful.** It boosted participant confidence, knowledge, and skills, and translated into observable behavioral changes in the field.
- **Sales effectiveness improved.** Doctors received more structured and engaging calls, indicating a direct link between refresher training and customer engagement quality.
- **Coaching capability requires focus.** FLMs play a pivotal role in ensuring transfer of training, and their skills as field coaches must be systematically enhanced.
- **Continuous reinforcement is critical.** Refresher training must be embedded into a sustained learning ecosystem, supported by digital nudges, on-the-job coaching, and periodic workshops.

Overall, refresher training in pharmaceutical sales was found to be an **important strategic tool to boost competencies, enhance sales effectiveness, and improve satisfaction levels for both internal and external customers**.

Recommendations

Based on the study's findings, the following recommendations are proposed:

For Organizations

1. **Institutionalize Refresher Programs:** Conduct refresher training for all field staff at defined intervals (every 6–12 months).
2. **Integrate Digital Reinforcement:** Use mobile-based nudges, microlearning modules, and regular reminders to sustain skill application.
3. **Strengthen FLM Capability:** Launch train-the-trainer modules and coaching workshops to build consistent managerial support in the field.
4. **Link Training to Business Metrics:** Evaluate refresher programs not only through feedback but also by analyzing prescription share, sales growth, and customer retention.

For Managers

1. **Adopt Coaching as Routine:** FLMs should incorporate MPS reinforcement into daily joint field visits.
2. **Monitor Skill Application:** Regularly review call openings, FAB presentations, and RCPA usage in real-time.
3. **Encourage Peer Learning:** Facilitate team-level role plays and best-practice sharing sessions.

For Future Research

1.Conduct longitudinal studies to measure the **sustainability of refresher training impact** over time.

2.Expand research to multiple pharmaceutical companies for broader generalizability.

3.Include **Level 4 (Results)** evaluation of Kirkpatrick's model by correlating training with hard business outcomes such as sales revenue and customer loyalty.

Final Remark

The present research demonstrates that refresher training is not merely an optional developmental activity but a **strategic necessity in pharmaceutical sales**. MPS 2.0 has proven that when structured, relevant, and reinforced effectively, refresher training can

revitalize field force effectiveness, strengthen customer relationships, and ultimately drive organizational growth.

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Conflict of Interest

The author(s) declared no conflict of interest.

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ANNEXURE

Annexure A: MPS 2.0 Training Agenda (Three-Day Program)

The **MPS 2.0 refresher program** was conducted over three days. Each day focused on specific skill modules and provided sufficient time for practice and reinforcement.

Day 1: FAB & Call Opening Skills

Time	Session	Content	Methodology
9:30 – 10:00 AM	Welcome & Program Overview	Objectives of MPS 2.0 refresher	Facilitator briefing
10:00 – 11:30 AM	Refresher on FAB	Revisiting Features–Advantages–Benefits of key brands	Presentation & group activity
11:30 – 11:45 AM	Tea Break	-	-
11:45 – 1:00 PM	FAB Application	Applying FAB in different doctor scenarios	Case discussions
1:00 – 2:00 PM	Lunch Break	-	-
2:00 – 3:30 PM	Call Opening Techniques	How to capture doctor attention within first 30 seconds	Facilitator demo & paired practice
3:30 – 4:45 PM	Scripted Practice Sessions	Participants practice call openings using FAB	Role plays & peer feedback
4:45 – 5:15 PM	Reflection & Key Takeaways	Summarizing Day 1 learning	Group sharing

Day 2: Elevator Pitch & RCPA

Time	Session	Content	Methodology
9:30 – 10:00 AM	Recap of Day 1	Sharing learning experiences	Group reflection
10:00 – 11:15 AM	Elevator Pitch – Concept	Crafting short, impactful messages for limited doctor time	Facilitator-led
11:15 – 11:30 AM	Tea Break	-	-
11:30 – 1:00 PM	Elevator Pitch – Practice	Customizing elevator pitches for different brands	Role play drills

1:00 – 2:00 PM	Lunch Break	-	-
2:00 – 3:30 PM	RCPA Refresher	Using Retail Chemist Prescription Audit to influence prescriptions	Case analysis
3:30 – 4:45 PM	RCPA Application	Linking RCPA data to doctor call strategy	Group exercises
4:45 – 5:15 PM	Wrap-Up	Summary and reflections from Day 2	Group sharing

Day 3: Scripted Role Plays and Integration

Time	Session	Content	Methodology
9:30 – 10:00 AM	Recap of Day 2	Elevator Pitch & RCPA highlights	Group reflection
10:00 – 1:00 PM	Comprehensive Role Plays	Participants integrate FAB, Call Opening, Elevator Pitch, and RCPA	Scripted role plays with facilitator feedback
1:00 – 2:00 PM	Lunch Break	-	-
2:00 – 4:30 PM	Advanced Scenarios	Handling doctor objections, short calls, competitive pressure	Simulation role plays
4:30 – 5:00 PM	Program Reflection & Feedback	Capturing participant insights, feedback forms, and action commitments	Group discussion

Key Features of the Agenda

- **Progressive Learning Flow:** From basics (FAB, openings) → advanced (Elevator Pitch, RCPA) → integration (Role Plays).
- **Balance of Theory & Practice:** 40% input, 60% practice-based activities.
- **Adult Learning Orientation:** Heavy use of role plays, simulations, and peer feedback.
- **Reinforcement Across Days:** Each day started with a recap, ensuring continuity and retention.

Annexure B: Participant Feedback Form

Participants were asked to complete a structured feedback form immediately after the program. The key sections were:

1. Relevance of MPS 2.0 content to daily work.
2. Ratings of modules (FAB, Elevator Pitch, RCPA, Opening Skills, Role Plays).

3. Ratings of facilitator effectiveness and session interactivity.
4. Most useful part of the program (open-ended).
5. Suggestions for improvement (open-ended).
6. Overall rating of workshop (scale 1–5).

Annexure C: SLM Field Survey Questionnaire

Second-Line Managers were asked to provide structured feedback based on their field observations. The questionnaire included:

1. **Frequency of MPS elements applied** (Elevator Pitch, FAB, Opening, RCPA).
2. **Quality of customer interactions** post-training.
3. **Confidence of FLMs in coaching** MEs on MPS.
4. **Behavioural changes observed** in the field.
5. **Perceived contribution** of MPS to product performance.
6. **Support is needed** to strengthen the MPS application.
7. **Suggestions for enhancement** (open-ended).

Annexure D: Consolidated Participant Feedback (Quantitative)

Table D.1: Average Ratings of Modules (Scale 1–5)

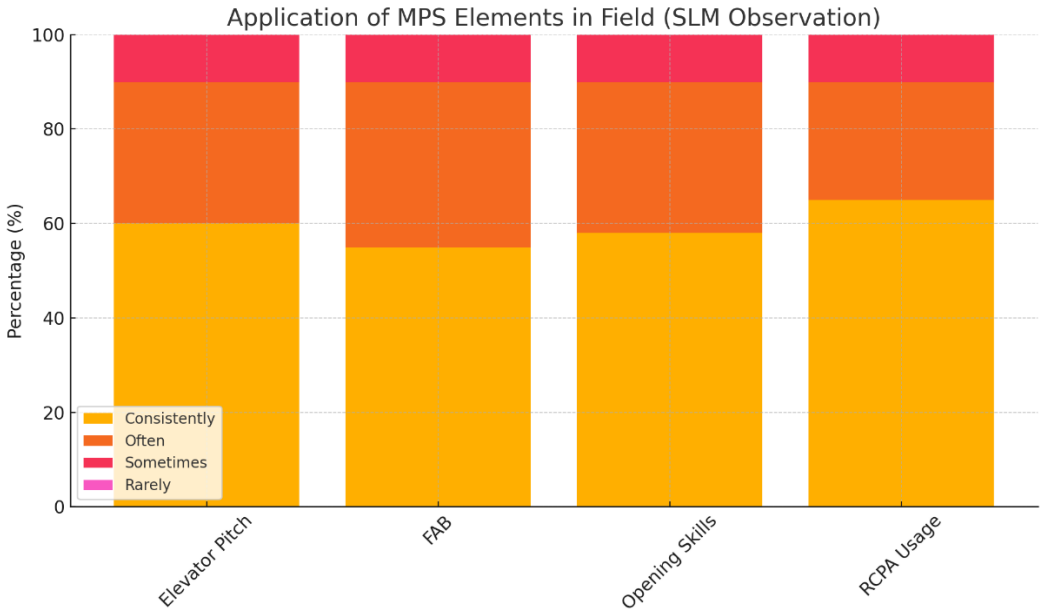
Module	**Average Rating**
FAB Model	4.8
COIN Framework	4.9
RCPA	4.8
Elevator Pitch	4.9
Opening Calls	4.8
Role Plays & Practice	5.0

Table D.2: Overall Workshop Rating

Overall Workshop Feedback

Metric	**Value**
Average Rating	**4.95 / 5**
% Participants Rating 5/5	**95%**

Bar chart of average ratings – already generated in Chapter 4.)



Annexure E: Consolidated SLM Feedback (Quantitative)

Table E.1: Frequency of Observed MPS Elements

MPS Element	Consistently	Often	Sometimes	Rarely
Elevator Pitch	60%	30%	10%	0%
FAB	55%	35%	10%	0%
Opening Skills	58%	32%	10%	0%
RCPA Usage	65%	25%	10%	0%

Table E.2: Quality of Customer Interactions Post-MPS

Category	Percentage
Strongly Improved	65%
Somewhat Improved	30%
No Change	5%

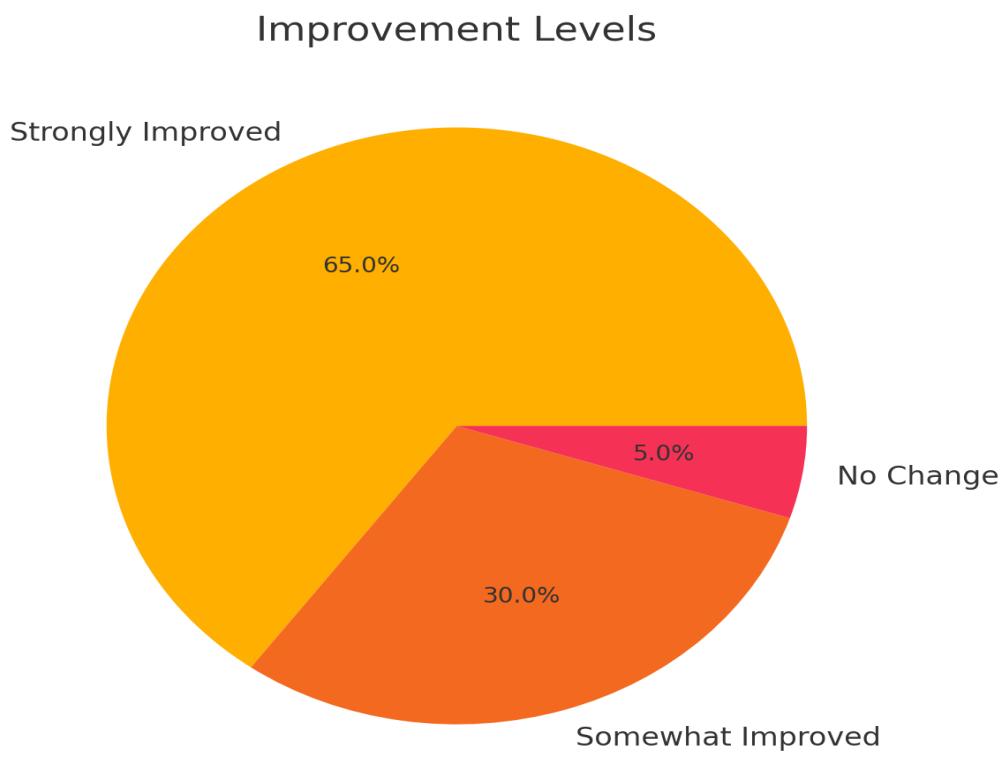


Figure: Heatmap of frequency distribution – already generated in Chapter 4.)

Annexure F: Sample Role Play Script
Scenario: Short Doctor Call with Time Constraint

- **Objective:** Deliver an impactful elevator pitch within 1 minute.
- **Role Players:** Marketing Executive (ME), Doctor.
- **Script Highlights:**
  - ME uses the FAB approach to highlight the unique benefits of the product.
  - The doctor raises a quick objection.
  - ME responds with RCPA-based evidence.
  - Call ends with a crisp closing statement.

Annexure G: Thematic Analysis of Open-Ended Responses
Participant Feedback (Most Useful Elements):

- Elevator Pitch (mentioned 12 times).
- Call Opening Skills (10 mentions).
- Role Plays (15 mentions).

Suggestions for Improvement:

- More real-life scenarios.
- More role-play opportunities.
- Periodic refresher sessions.

SLM Observations (Behavioural Changes):

- "More structured detailing."
- "Better use of RCPA."
- "Improved confidence in openings."