Background
In modern medical practice, prescription drugs are a key component in improving health conditions and increasing the quality of life. Unfortunately, all medicines can also cause harm to patients ranging from minor side effects to even hospitalization and death. Much of this harm is preventable and improving the appropriateness of medicine use is a key component of initiatives to improve patient safety.

Although many physicians believe that they are unaffected by pharmaceutical promotion, pharmaceutical sales representative (PSR) visits have been shown to influence prescribing decisions. In an observational study conducted in Canada, U.S. and France (n= 1692 promotions), Mintzes et al. found that PSRs provided no mention of any harmful effects at two-thirds of visits in Canada and serious harm was only mentioned at 5% of drug-specific promotions. Despite this lack of information balance, physicians tended to judge the information positively and state their intent to prescribe the promoted medicine. Since prescription drugs are an integral part of medical care, information provided by PSRs should be accurate and complete.

The focus of the pilot study is to explore differences and/or similarities in sales representative experiences of those physicians with medical training or practice experience outside of Canada. Very little international research has been conducted on physician’s attitudes toward PSRs and there has been no study examining the experiences of immigrant physicians with regards to PSR interactions in current area of practice compared to country of training or prior practice. Furthermore, this study will also examine physicians’ perceptions on PSR interactions and to identify common themes in their opinions and experiences with sales representatives. The pilot study was conducted for exploratory purposes to enrich and facilitate future research inquiries.

What hypothesis or question(s) does your project aim to address?
We hypothesize that the physician-pharmaceutical sales representative interactions amongst international medical graduate primary care physicians will differ depending on the attitudes and norms of the country where they trained and/or practiced.

Project Overview
This study was conducted as a pilot project to explore differences in physician-PSR experiences of primary care physicians with international medical training or practice history. A purposive sampling technique was used to select 82 primary care physicians practicing in the Greater Vancouver Regional District (GVRD) using the BC College of Physicians database. Ten primary care physicians were recruited for a ten-minute interview of which seven physicians were IMGs. Only physicians practicing in the GVRD region were chosen for convenience, however, we aimed to reach physicians serving patient populations from a diverse ethnic and socio-economic background.

For the FoM SSRP, my role involved the analysis of the transcribed interviews. A systematic method known as the Framework approach was used to deductively analyze the interviews in textual form to identify and interpret commonly emerging themes, associations and patterns.

What are the results of your project and what (potential) impact(s) will they have?
When examining the experiences of IMG physicians, there were mixed responses in similarity and differences between physician-PSR interactions in the country of training or practice. Physicians who practiced in South Africa mentioned that interactions with PSRs were similar to those in Canada. However, physicians who
practiced in South Asia and the Philippines mentioned that relationships with PSRs are closer than in Canada and that pharmaceutical companies would provide more funding for trips and leisurely activity for the physicians.

Upon examining common themes in the interviews, an interesting finding was present amongst primary care physicians who “specialized” in a specific field, for example in women’s health or HIV/AIDS. These physicians seemed to be more collegial with PSRs in that field and found them to be more useful in providing them with information. On the other hand, these physicians perceived regular PSRs as a nuisance who did not provide anything important.

Due to convenience sampling undertaken in this pilot study, these results cannot be generalized as the perceived attitudes of physicians towards PSR interactions. This study was conducted for exploratory means in order generate hypotheses. The results collected in this pilot study will raise important questions that can be challenged with further research.