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Relationship-Led Consistency in Pharmaceutical Field Sales: A Participant-Observation Case Study of Medical Detailing and Chemist Channel Management in Amravati

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Abstract

Pharmaceutical field sales in India is conducted largely through Medical Representatives (MRs) who detail doctors and service the chemist and stockist network through which prescriptions become sales. Although this dual role is well recognised in practice, small regional companies operating in the branded-generics segment are rarely documented in the academic marketing literature, which tends to focus on large national firms or on fast-moving consumer goods. This paper presents a participant-observation case study drawn from a 62-day field internship (23 June – 23 August 2026) with Zynbiotic Lifecare Pvt. Ltd., a regional formulation marketing company in Amravati, Maharashtra. The author worked a territory covering Dastur Nagar, Rajapeth, Ravi Nagar and Gopal Nagar, and the analysis draws on Daily Call Reports (DCRs), four fortnightly progress reports and chemist-level Retail Chemist Prescription Audit (RCPA) notes. Four consistent patterns emerge: (1) visit-frequency consistency mattered more to prescription outcomes than the persuasiveness of any single call; (2) pitches tied to specific patient profiles outperformed generic pitches; (3) chemist and stockist relationships were at least as important as doctor detailing, and RCPA gave a more reliable read of real prescription movement than doctors' verbal claims; and (4) Continuing Medical Education (CME) attendance was associated with higher doctor recall and trust. The paper proposes three low-cost, process-based interventions: formal visit-frequency norms by doctor category, a standardised team-wide RCPA and stock-tracking format, and CME scheduling coordinated with chemist-side stock planning. Findings are qualitative and indicative, and are limited to a single territory.

Keywords: medical detailing; pharmaceutical marketing; branded generics; relationship marketing; territory management; RCPA; chemist channel; India

1. Introduction

India is among the world's largest producers of pharmaceuticals by volume, and its domestic formulations market is both large and intensely competitive. Sector sources such as the India Brand Equity Foundation (IBEF, 2026) and Mordor Intelligence (2026) describe a domestic market estimated at roughly Rs. 5.2 lakh crore, growing at an estimated mid-to-high single-digit rate. Within formulations, the branded-generics segment is the most marketing-intensive: because many competing brands carry the same or a near-identical molecule, promotion is driven almost entirely by the field force rather than by mass-media advertising.

The central actor in this model is the Medical Representative. An MR must be credible enough on clinical detail for a doctor to take the pitch seriously, and disciplined enough commercially, in terms of territory coverage, chemist servicing and target tracking, for that credibility to convert into sales. This role sits between scientific



communication and transactional selling and operates under the Uniform Code for Pharmaceuticals Marketing Practices (UCPMP), which governs promotional conduct and claims.

This paper examines how that process works at the level of a small regional firm. It is based on first-hand fieldwork rather than a survey, and addresses three questions drawn from the author's objectives:

- **RQ1:** What does the end-to-end field sales (medical detailing) process look like at a regional formulation marketing company?
- **RQ2:** Which features of the detailing and territory-visit approach appear most closely linked to doctor engagement and repeat prescriptions?
- **RQ3:** What role do chemist and stockist management and RCPA-based competitor tracking play in converting prescriptions into realised sales?

The contribution is modest and deliberately scoped. The paper offers a fortnight-by-fortnight account of a live territory, documents the supply-side (chemist and stockist) dimension that is often underplayed in textbook treatments, and derives practical recommendations suited to a firm of limited scale.

2. Context and Theoretical Background

2.1 The Indian pharmaceutical sector and the regional fiirm

The sector is layered. Large national and multinational companies run pan-India field forces; mid-sized regional players focus on specific geographies or therapy areas; and a very large number of small firms operate as contract manufacturers or regional marketing outfits. Zynbiotic Lifecare belongs to the last group: a privately held formulation marketing company in Rajapeth, Amravati, with a basket concentrated in general-physician segments (anti-infectives, gastro-intestinal, pain management and vitamins/nutraceuticals) and a lean field force.

A Porter's Five Forces reading of this setting explains why relationships matter so much. Buyer power is high, since chemists stock several brands of the same molecule and can substitute at the counter. The threat of substitutes is high for the same reason. Rivalry is intense in crowded general-physician segments. New entry into marketing and trading is comparatively easy, although doctor and chemist trust takes time to build. In such a market, price and product are weak differentiators, and consistent field presence becomes the main source of advantage.

2.2 Conceptual framework

Three frameworks guide the analysis.

Personal selling and AIDA. Personal selling is commonly described as a staged process of prospecting, approach, presentation, objection handling, closing and follow-up (see Kotler & Keller, 2016). In detailing, the "close" is not an immediate transaction but a prescription decision that plays out over repeated calls and is realised only when a patient fills it at a chemist. The AIDA sequence (Attention, Interest, Desire, Action) maps onto a short call window: win attention, build interest through clinical information, create desire by tying the product to patients the doctor is likely to see, and prompt a prescription.

Relationship marketing. Where products are chemically similar, trust built cumulatively through repeated, honest interaction is what moves a professional buyer to act on a salesperson's recommendation.

Territory management. Territory management concerns how a sales force allocates limited time across a fixed set of accounts, here doctors and chemists, to balance coverage and frequency. Much of the fieldwork was applied territory planning: which doctors to prioritise, how often to visit, and how to sequence chemist visits around doctor calls.



2.3 Themes in the literature

The pharmaceutical marketing literature, as reviewed by the author, repeatedly points to four themes. First, frequency and consistency of MR visits ("share of voice") tend to correlate with prescription share more strongly than the depth of any single call. Second, trust is the decisive variable in relationship-driven B2B and professional markets. Third, channel management is dual-sided: a prescription does not guarantee a sale if the product is unavailable at the counter, so chemist and stockist management is increasingly treated as a core MR responsibility. Fourth, RCPA is valued in the Indian market as a low-cost competitive intelligence tool for firms that cannot afford large-scale market research, because it reflects actual prescription and stock movement rather than doctor self-reporting. These themes are treated here as the lens through which the field observations are read, not as hypotheses tested statistically.

3. Methodology

3.1 Design

The study is a **single-case, participant-observation design**. The author, an MBA student with a prior B.Pharm background, worked as an MR Intern for 62 days under the direct supervision of the company's General Manager. This is a project-based design rather than a questionnaire-based one, because the work centred on performing and improving live field tasks rather than collecting structured survey data.

3.2 Setting and phases

The territory covered four areas of Amravati: Dastur Nagar, Rajapeth, Ravi Nagar and Gopal Nagar. The internship ran in four fortnightly phases.

Phase	Dates (2026)	Focus
Fortnight 1	23 Jun – 8 Jul	Orientation: product knowledge, reporting systems, shadowing senior MRs
Fortnight 2	9 Jul – 24 Jul	Supervised independent calling; DCRs; basic objection handling
Fortnight 3	25 Jul – 8 Aug	Target-linked execution; RCPA; CME participation
Fortnight 4	9 Aug – 23 Aug	Consolidation; independent territory handling; relationship strengthening

Table 1: Structure of the field engagement.

3.3 Data sources

Three sources were used: (a) Daily Call Reports maintained in an Excel log with date, doctor or chemist, products detailed and remarks; (b) four fortnightly progress reports recording agenda, critical observations and insights; and (c) a chemist-wise RCPA tracker noting which competing brands were in stock and moving at each counter. Doctor names in the call log were abbreviated for confidentiality, consistent with internal DCR practice.

3.4 Analysis

Observations were consolidated fortnight by fortnight and then compared across the four periods to identify patterns that recurred. Findings were read against the three research questions. Because no formal instrument was used, RCPA results are reported as ordinal, field-observed ratings rather than measured shares.

4. Findings

4.1 The fiield process (RQ1)

Once past orientation, the field process followed a disciplined fortnightly cycle of planning, doctor detailing, chemist servicing and reporting. Calls were logged in DCRs, summarised into fortnightly reports, and reviewed with the reporting manager. The shift from shadowing to independent calling was itself a visible marker of progress across the four phases. This structure made a lean territory manageable and trackable.

4.2 Detailing efifiectiveness (RQ2)

Four patterns recurred.

1. **Rapport before pitch.** Calls that opened with brief, genuine conversation were more receptive than calls that went straight into detailing (Fortnight 1).
2. **Relevance over breadth.** Doctors responded better when a product's benefits were linked to specific patient cases they were likely to see than to a generic pitch (Fortnight 2).
3. **Call length.** Doctors with heavy patient loads responded better to short, focused calls than to long detailing sessions (Fortnight 2).
4. **Consistency compounds.** A predictable visit rhythm improved brand and representative recall, and trust built gradually through repeated visits eventually showed up as higher prescriptions. Persistent but respectful follow-up improved conversion over several call cycles rather than through any single call (Fortnights 1–3). By Fortnight 4, territories with consistent frequency and strong chemist coordination showed better sales conversion, and doctors valued follow-up that answered earlier queries with accurate, researched information.

Taken together, detailing effectiveness at Zynbiotic was driven more by consistency and relevance than by call length or the volume of information delivered in one call.

4.3 Chemist channel and RCPA (RQ3)

Chemists and stockists emerged as a decisive link between prescription intent and sales realisation. Three observations stand out.

- **Verbal claims and counter reality diverged.** Counter-level movement did not always match what doctors implied about their prescribing habits, making chemist-side data an important cross-check (Fortnight 2).
- **RCPA was the more accurate read.** RCPA gave a more accurate picture of actual market share than doctors' verbal reports, and competitor stock movement at the counter often signalled shifts in prescription share before they became visible elsewhere, acting as an early-warning indicator (Fortnight 3).
- **Stock availability governed conversion.** Stock-outs periodically threatened prescriptions with counter-level substitution, and a well-maintained chemist relationship made late stock issues far easier to resolve (Fortnight 4).

The indicative RCPA pattern across the beat during Fortnights 3 and 4 is summarised below.

Therapy Segment	Zynbiotic relative counter movement	Key competing brands	Observed trend
Anti-infectives	Moderate	High	Stable; small gain in clinics with longer-standing MR relationships
Gastro-intestinal	Moderate–High	Moderate	Improving over the internship period
Pain management	Low–Moderate	High	Largely flat; strong national-brand loyalty
Vitamins / nutraceuticals	Moderate	Moderate	Stable; responsive to CME-linked promotion

Table 2: Indicative RCPA movement by therapy segment (ordinal, field-observed ratings).

The segment pattern is consistent with the sector analysis. Where national brands carry strong recall (pain management), a regional firm's movement stayed flat. Where the relationship advantage could operate and the competition was less entrenched (gastro-intestinal), movement improved. The gains in anti-infectives clustered in clinics with longer-standing MR relationships.

4.4 CME engagement

Doctors who attended CME sessions showed noticeably higher recall and trust toward the brand promoted. The vitamins and nutraceuticals segment was observed to respond to CME-linked promotion, and a CME follow-up call in the call log recorded high recall. The value of CME therefore appears to extend beyond the immediate clinical content.

4.5 Sample call log

A representative extract from the DCR log illustrates how these themes appeared in practice.

Date (2026)	Area	Product(s) detailed	Outcome / remarks
27 Jun	Dastur Nagar	Portfolio introduction	Shadow call; rapport-building observed
3 Jul	Rajapeth	Anti-infective, GI brand	Shadow call; pricing objection noted
12 Jul	Dastur Nagar	Anti-infective brand	First independent call; well received
18 Jul	Ravi Nagar	GI, vitamin brand	Efficacy objection handled; follow-up planned
29 Jul	Gopal Nagar	Pain management brand	RCPA cross-check at adjoining chemist

1 AUg	Rajapeth	Anti-infeCtive, GI brand	Repeat Call; preSCriptiOn UptiCk nOted
6 AUg	DaStUr Nagar	Vitamin / nUtraCeUtiCal brand	CME fOllOw-Up Call; high reCall
14 AUg	Ravi Nagar	Anti-infeCtive, pain brand	StOCk-OUt flagged; reSOlved with StOCkiSt
20 AUg	GOpal Nagar	GI brand	RelatiOnShip-COnSOlidatiOn Call
22 AUg	Rajapeth	Pain, vitamin brand	Final-fOrtnight review Call; pOSitive

Table 3: Illustrative extract from the Daily Call Report log (doctor names omitted for confidentiality). The full log ran to several hundred entries.

5. Discussion

The Central finding iS that SUStainable preSCriptiOn grOwth in a regiOnal, branded-generiCS COntext iS leSS abOUt any Single perSUaSive teChniqUe and mOre abOUt the COmpOUnding effeCt Of COnSiStent, relatiOnShip-led preSenCe aCrOSS bOth dOCtOrS and ChemiStS, SUppOrted by Simple bUt diSCiplined data traCking.

FOUr interpretive pOintS fOllOw.

First, the "ClOse" is deferred and twO-sided. The perSOnal-Selling mOdel aSSUmeS a ClOSing Step, bUt in detailing a dOCtOr'S willingneSS tO preSCribe iS realiSed Only if the prOdUCt iS available and prOmOted at the ChemiSt COUnter. The dOCtOr-Side and ChemiSt-Side halveS Of the MR'S jOb are therefOre nOt Separable. ThiS iS the CleareSt praCtiCal differenCe between textbOOk perSOnal Selling and field pharmaCeUtiCal SaleS.

SeCOnd, data disCipline is a COmpetitive lever fOr small firms. RCPA and DCR reCOrdS COSt little bUt gave earlier and mOre aCCUrate SignalS than verbal repOrtS. FOr a firm that CannOt affOrd fOrmal market reSearCh, StrUCtUred ChemiSt-level traCking fUnCtiOnS aS COmpetitive intelligenCe. ThiS reading iS SUppOrted by the aUthOr'S Own experienCe Of RCPA nOteS beCOming mOre reliable Over time, whiCh alSO SUggeStS that the qUality Of SUCh data dependS On training and a COmmOn fOrmat.

Third, relatiOnships are an asset and a risk. MUCh Of the gOOdwill in the territOry attaCched tO individUal MRS rather than tO the COmpany brand. StrOng perSOnal relatiOnShipS were a reCOgniSed Strength Of the COmpany, bUt they Create dependenCe On SpeCifiC repreSentativeS and expOSe the firm tO field-fOrCe tUrnOver.

FOUrth, shOrt-term and lOng-term pressures COnfliCt. In the target-linked FOrtnightS 3 and 4, there waS a tenSiOn between ChaSing mOnthly nUmberS and the SlOwer, relatiOnShip-firSt apprOaCh that SeniOr MRS advOCated. Over-pitChing tO hit ShOrt-term nUmberS riSked Undermining the trUSt On whiCh later preSCriptiOnS depended.

TheSe ObServatiOnS are COnSiStent with, bUt dO nOt independently COnfirm, the themeS in the literatUre. They ShOUld be read aS grOUnded deSCriptiOnS Of One territOry, nOt aS teStS Of general prOpOSitiOnS.

6. Managerial Implications and Recommendations

The reCOmmendatiOnS are deliberately lOw-COSt and prOCeSS-baSed, SinCe a regiOnal COmpany Of ZynbiOtiC'S SCale CannOt readily abSOrb majOr new inveStment.

Recommendation	Suggested implementation	Expected benefit
Formalise visit-frequency norms by doctor category (high / medium / low potential)	Shared doctor-classification sheet by prescription potential and relationship stage, reviewed fortnightly with DCRs	Consistent field presence even under target pressure
Recommendation	Suggested implementation	Expected benefit
Standardise RCPA and chemist stock tracking	One simple team-wide format (therapy segment, brand, relative counter movement) that can be compared and reviewed centrally	Reliable, comparable market intelligence; less fragmented, individual-MR notes
Increase CME frequency and coordinate it with stock planning	Schedule CME sessions together with the stockist and distribution side	Higher doctor recall and trust, without uplift being lost to stock-outs

Table 4: Recommendations, implementation and expected benefit.

Together, these steps should help convert the good practices of senior MRs into a team-wide standard, supporting steadier prescription growth and reducing dependence on any single representative's personal relationships.

7. Limitations and Directions fior Future Research

The study has clear limits.

- **Scope.** It covers one territory over 62 days, so findings may not generalise to other territories, cities or the company as a whole.
- **Measurement.** RCPA observations are indicative, ordinal and field-observed rather than derived from a formally instrumented exercise, and should be read as directional rather than statistically precise.
- **Financial visibility.** Zynbiotic is privately held and does not publish financial statements, so company-level analysis is qualitative.
- **Observer position.** The author was an intern working under supervision for a large part of the period, so early observations may reflect what was shown rather than independently discovered.
- **Duration.** Sixty-two days is short relative to the multi-month or multi-year relationship cycles typical of detailing, so conclusions on relationship-building rest on early-stage trends.

Future work could run a formally instrumented RCPA exercise across a full quarter and multiple territories, test whether the observed patterns hold in more specialised therapy areas, and compare regional and national firms on visit frequency and prescription outcomes using quantitative data.

8. Conclusion

This case study of medical detailing at a regional pharmaceutical marketing firm shows that, in a market of near-identical branded generics, the field force's consistency and relevance matter more than the intensity of any one call. It also shows that a prescription is only half of a sale: chemist and stockist availability, tracked through RCPA, determines whether the doctor's intent turns into revenue. For small firms, structured visit norms, a

common RCPA format and CME planning aligned with stock availability offer practical, affordable ways to strengthen both halves of the process. The evidence is qualitative and drawn from a single territory, but it provides a grounded starting point for larger, instrumented studies of regional pharmaceutical field sales.

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