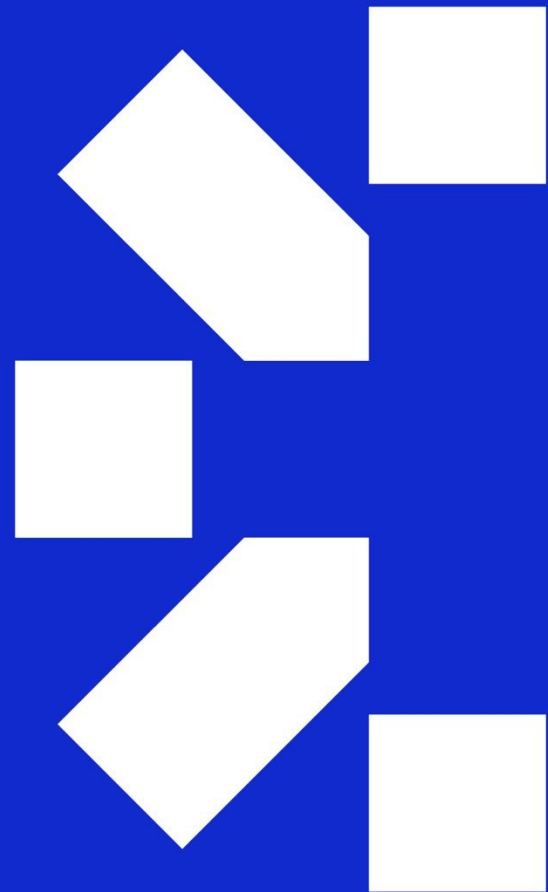




Medical Muscle

Building the Strength + Flexibility Medical Needs
to Lead Pharma's Future



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Medical Muscle: Building the Strength and Flexibility Medical Needs to Lead Pharma's Future

Moderator:

- **Paul Simms**, President, Inpatient Health

The Panel

- **Samin Saeed, MD**: VP of Early Medical Pipeline in Specialty Care, GSK
- **Sebastian Sorsaburu, MD**: VP of Global Medical Strategy, Vertex
- **Arvashni Seeripat**: President, Averitas Pharma
- **Denise Chambley, PharmD**: President of Medical, Amplity

All panelists are expressing their own opinions and not necessarily those of their companies.

Building “Medical Muscle” in Medical Affairs

The role of medical affairs is evolving rapidly. Traditionally, medical affairs *connected* pharma R&D and commercial departments and *communicated* the clinical value of innovative medicines. In recent years, medical affairs leaders have taken on the responsibility for evidence planning and generation, AI integration, and omnichannel HCP engagement. At a webinar hosted by Amplity and Inpatient Health, we learned that over 200 medical affairs leaders now believe their top priority should be leading integrated company strategy alongside commercial and R&D.

Despite the quest to grow, medical affairs is often hampered by legacy mindsets, lack of business acumen, and unfamiliarity with new operational models.

The webinar explored the urgent need to “build medical muscle”—a stronger, more agile medical affairs department—and addressed the barriers and opportunities along the way.

What’s Changed?

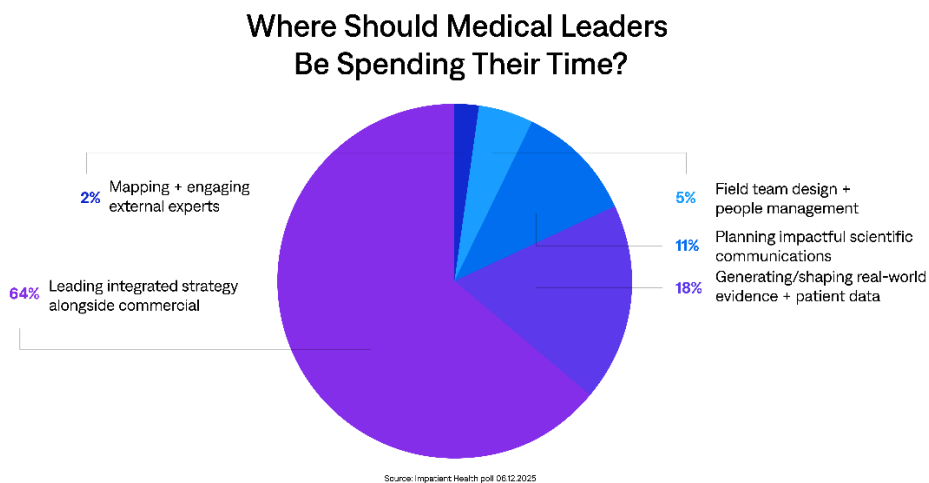
Two decades ago, medical affairs’ main job was maintaining KOL relationships and ensuring promotional materials met legal standards.

Since then, science and medicines have become more complex; the environment tougher; and communication omnichannel.

“Today, having a strong, strategic medical affairs department is needed to drive the larger [company] conversation about what we need to say, how to say, and what’s the evidence we need to generate to build a credible platform,” said Dr Samin Saeed, VP of Early Medical Pipeline in Specialty Care, GSK.

The Challenge of Leading Integrated Strategy

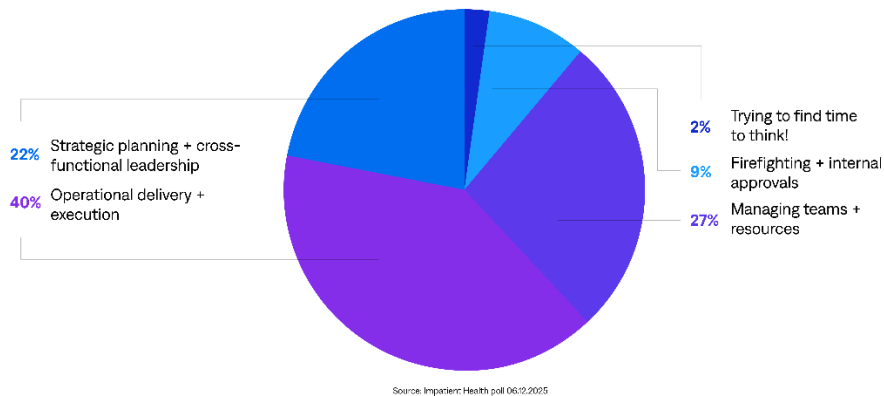
When asked where they should be spending their time today, two-thirds of medical affairs leaders said, “leading integrated strategy.”



But do actions match aspirations?

Despite a desire to be more strategic, medical affairs leaders said they spend most of their time on operational delivery and execution, followed by managing teams and resources.

And Truthfully, Where Do You Spend Most Of Your Time Today?



Root Causes and Barriers

The panelists identified cultural and skill barriers that stop medical affairs from becoming the true strategic partner pharma and biotech needs:

- **Legacy Mindsets:** Organizations are often stuck in traditional ways of operating, making it difficult to embrace agile models or redefine roles.

“You could have a bright, proactive, dynamic leader who can see all the capabilities that medical affairs could bring,” said Dr Saeed. “But you may have a legacy mindset around traditional ways of operating.”

- **Skill Shortages:** Old-school medical affairs might not have the skills or will to speak the language and utilize the analytics and operating models employed by the commercial side of the house.

“You have to work towards business objectives,” said Arvashni Seeripat, President, Averitas Pharma. “If you think [your role] is just about purely generating science, and not business strategy, you are going to end up being sidelined.”

- **The Need to Pair Operational Excellence With Strategy:** Dr Sebastian Sorsaburu, former VP of Global Medical Strategy, Vertex, noted that medical affairs must rest its strategic chops on a foundation of operational excellence

“We need to be more comfortable with the duality—it’s an and, not an or—between strategy and operations,” Dr Sorsaburu said.

When what stands in the way of becoming more strategic, on a day-to-day level, webinar participants said senior leaders don’t expect medical to lead, and that as a result, the leaders default to tactical management, because it’s familiar.

The Way Forward

Next, our panelists delved into strategies to help medical affairs scale more quickly and lead more effectively.

- **Add Strategic Skillsets Throughout the Medical Affairs Function**

“We need to evolve from where there is one strategist in all of medical and everyone else is heads down, doing,” said Denise Chambley, PharmD, president of Medical at Amplity. “To where all of the layers of medical leaders are strategic thinkers, capable of writing a strategic plan with business plans that support it.”

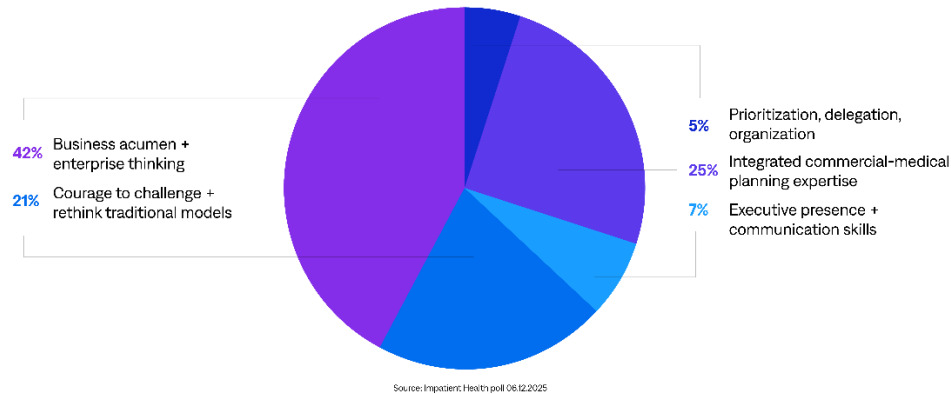
Dr Sorsaburu called for medical affairs teams at all levels to embed strategic thinking and political savvy into their work.

“Strategy is not in a silo,” he said. “Even if you have a great strategic idea, do you know whom to influence and whom to bring along to make it real and actionable?”

- **Train for Business Acumen**

Medical affairs found it an urgent priority to master business acumen and enterprise thinking.

What Skills Does Medical Affairs Need More of To Lead Effectively?



- **Free Up Time**

Nearly a quarter of respondents said they shy away from a more strategic approach because they lack time to lift their heads from day-to-day work.

“One of the things we need to do to drive that transformation is to understand where you are spending your efforts now and ask, ‘are you spending them in the right place?’” said Dr Saeed.

“Someone said it takes a lot of time to onboard people, to train them,” said Chambley. “But if I collaborate in a different way, through outsourcing some roles, it frees up time.”

- **Outsource**

Today, more than 25% of medical affairs leaders said their main job is managing teams and resources. Yet that very work takes them away from more strategic endeavors.

One solution is outsourcing.

Outsourcing teams has been common in commercial teams for decades, added Chambley, but medical affairs is still learning to embrace this model. When done right, outsourced teams can quickly generate insights that medical needs to set up strategy while also freeing up internal teams to focus on enterprise-level tasks.

“One way forward is thinking about, how do you buy in expertise or how do you build expertise?” asked Seeripat. “For instance, if we are building a field force, we ask, what

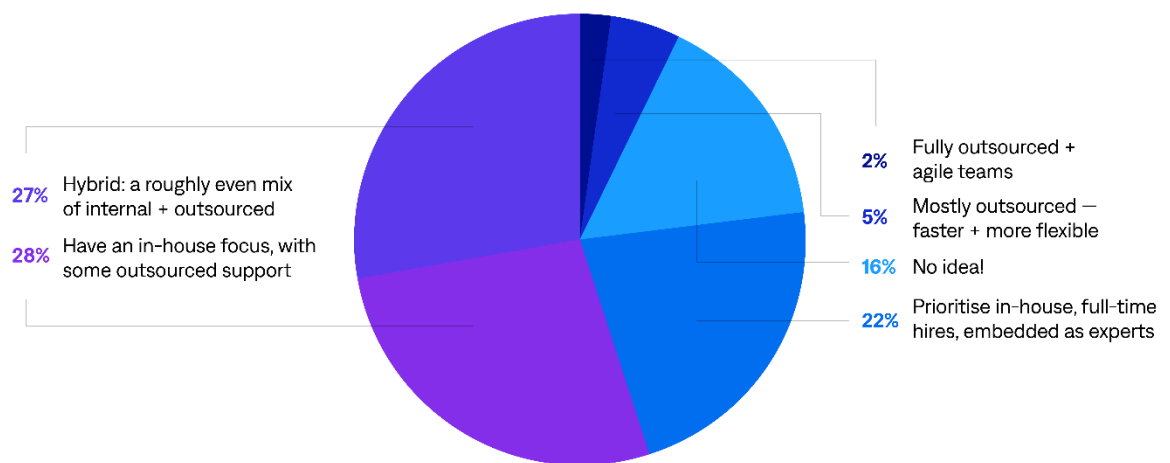
do I buy in, what do I promote from within? We also need to think about a mix of insourced and outsourced resources; mix is about channel; mix is about people; mix is about evidence.”

Examples of Outsourcing Success:

- A large pharma company outsourced MSL teams to support a new therapeutic launch, leveraging specialized expertise while upskilling internal staff.
- Clients have outsourced legacy product support, allowing internal teams to focus on new launches.
- Expanding beyond traditional KOL engagement, outsourcing roles like precision medicine liaisons and lab science liaisons has helped clients communicate the value of new medicines to new stakeholders.

More than half of medical affairs leaders agreed that outsourcing some or all of their field medical teams is the smartest way to scale medical affairs quickly:

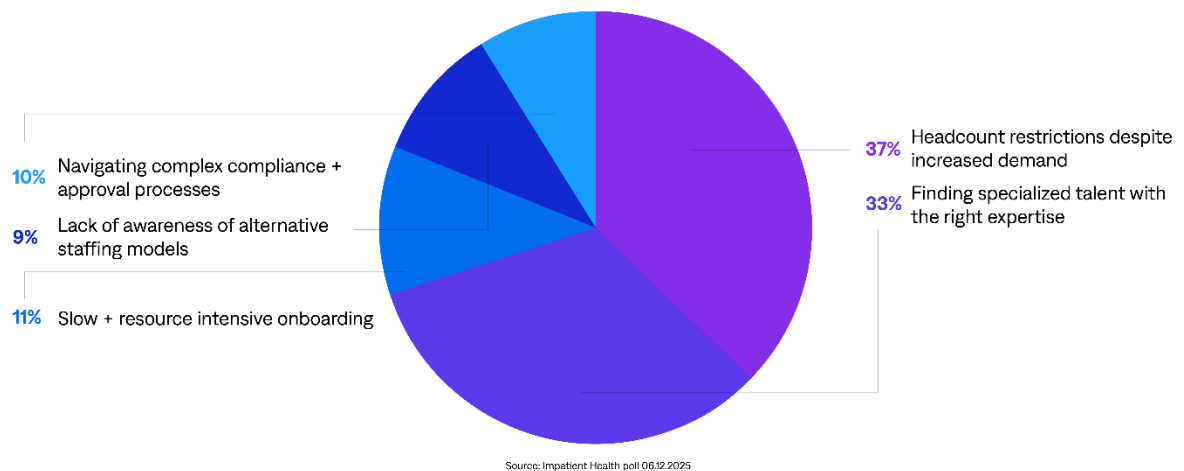
What Do You Believe Is The Smartest Way To Build Medical Field Teams (MSIs) Today?



Source: Impatient Health poll 0612.2025

What's more, outsourcing can help alleviate some of the biggest pain points that medical affairs organizations face when scaling medical teams quickly.

What's The Biggest Barrier Your Organization Faces When Trying To Scale Medical Teams Quickly?



Practical Next Steps

The webinar concluded with a list of “Monday Morning” actions that medical affairs leaders can take to build “medical muscle”:

- **Ask What to Stop Doing:** Evaluate legacy tasks and eliminate those that no longer drive impact
- **Clarify Roles and Focus Areas:** Define what your medical affairs department will focus on, why it adds value, and what can be outsourced
- **Build Business Cases:** Incorporate ROI (return on investment) and COI (cost of inaction) into proposals to secure resources and support for scaling initiatives
- **Invest in People:** Ensure the right talent is in place and free up leadership time through delegation or outsourcing
- **Adopt Hybrid Models:** Leverage outsourcing to scale medical capabilities while maintaining compliance and quality

Closing Thoughts: Medical Affairs Is at a Turning Point

As the webinar drew to a close, a sense of energy prevailed. The panelists agreed that medical affairs leaders are ready to grow the function into its full potential.

Webinar host Paul Simms wrapped up with a call to action:

“By redefining roles, leveraging outsourcing, and aligning with commercial objectives, we can build the 'muscle' medical needs to lead pharma’s future,” he said. “Let’s take these insights back to our organizations and act on them.”

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