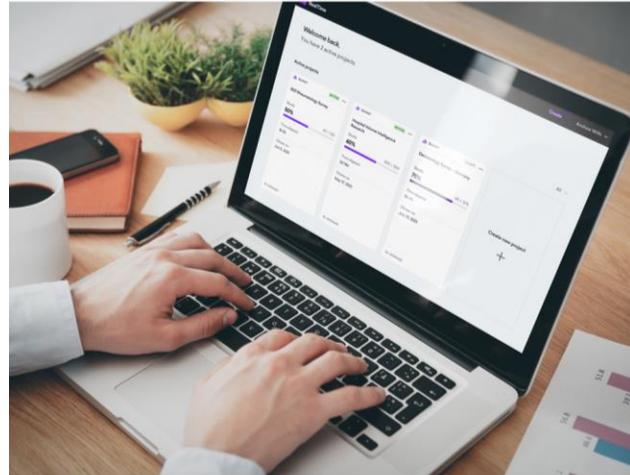
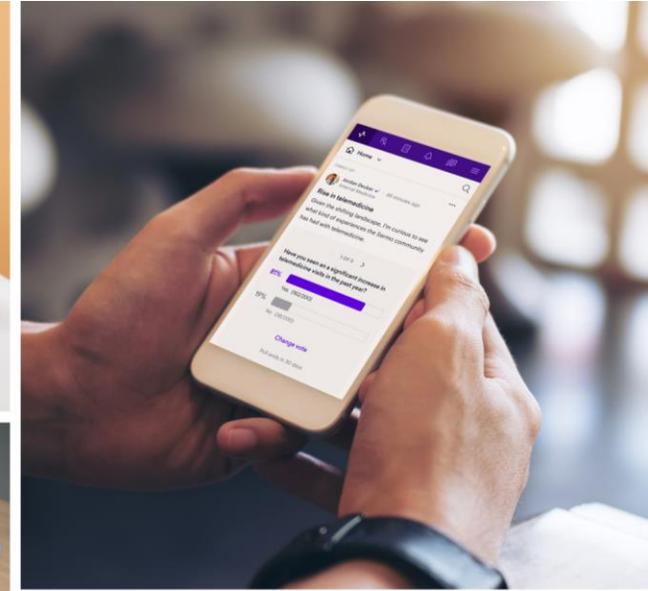


How Physicians Want to Engage With Medical Affairs

Published February 2026

sermo



Contents

- **Introduction: The Medical Affairs Execution Gap** 3
 - **Frequency & Cadence: Education must be continuous** 5
 - **Channels & Touchpoints: Orchestration over volume** 9
 - **Format & Design: Earn attention before depth** 13
 - **Educational Topics: Content that moves clinical practice** 17
 - **Personalization: Where Medical Affairs falls short** 21
- **What leading Medical Affairs teams do differently** 26

What Medical Affairs Leaders Need to Know Now

The Challenge

Medical Affairs teams are producing more educational content than ever—yet meaningful physician engagement is getting harder to achieve. Limited MSL capacity, increasing information overload, and rising expectations for personalization are exposing a growing **execution gap** between strong science and real-world impact.

What This Report Reveals

Insights from **499 physicians across North America and Europe** show how physicians:

- Want to **engage more frequently**, but on their terms
- Expect **orchestrated, not overwhelming** touchpoints
- Prefer **concise entry points** before deeper content
- Need **reinforcement over time** to change practice
- **Value personalization**—yet rarely experience it today

*The gap in Medical Affairs education isn't science — it's how that science is delivered.
This report shows how to close it.*

Research sample overview

Report insights are fueled by Sermo's proprietary RealTime technology, used to survey n=499 Physicians in Europe and North America to participate in a 10-minute quantitative online survey.

COUNTRY	SAMPLE
Canada	73
Germany	73
Spain	76
France	63
United Kingdom	64
Italy	75
United States	75
TOTAL	499

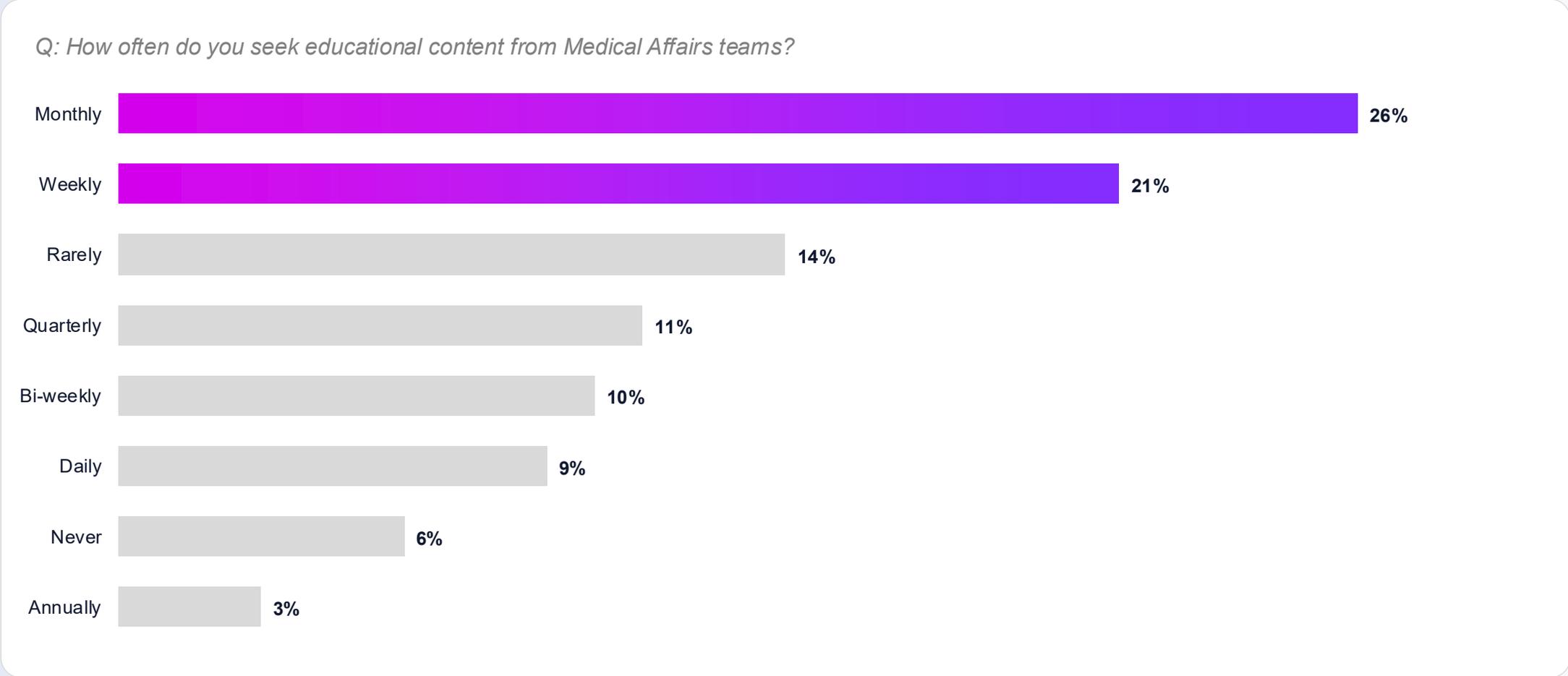
SPECIALTY GROUP	SAMPLE
Neurology	57
Cardiology	55
Psychiatry	54
Oncology	55
Internal Medicine	54
Pulmonology/Respiratory Medicine	48
Obstetrics & Gynecology	45
Endocrinology	42
APPs	48
Diabetology	10
Gastroenterology	5
Obstetrics & Gynecology - Obstetrics	5
Intensive Care / Critical Care Medicine	3
Geriatric Medicine	2
Hospital Medicine	2
Rheumatology	2
Radiology	3
Others	9
TOTAL	499

FREQUENCY & CADENCE

Education must be continuous

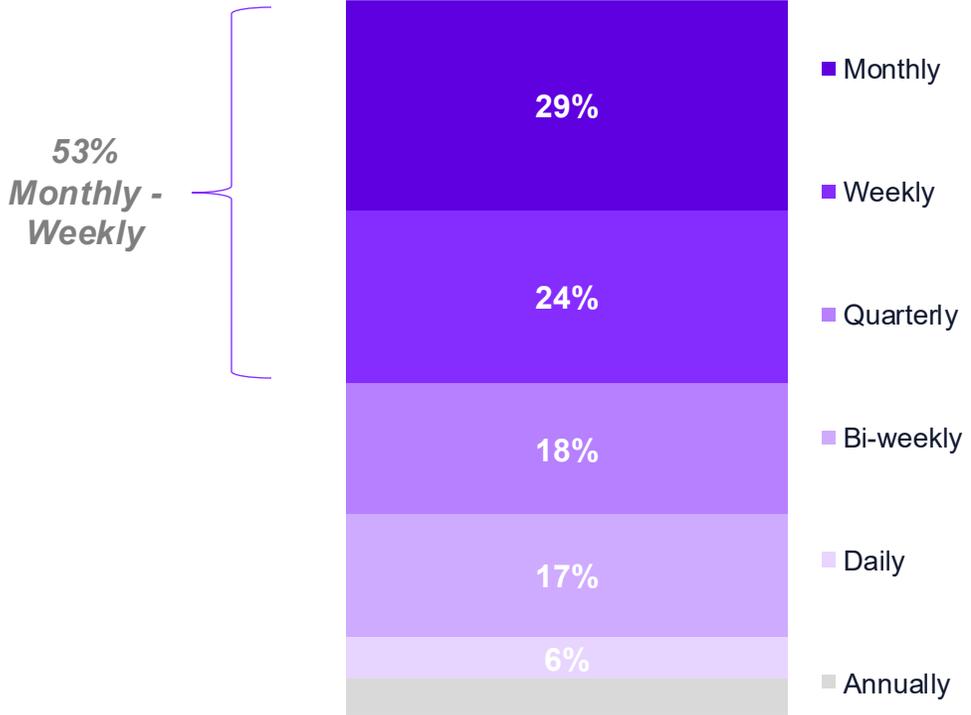
sermo

57% of physicians seek educational content from Medical Affairs teams on a monthly or weekly basis



Physicians prefer to receive educational updates monthly or weekly as well (53%)

Q: How frequently would you prefer to receive educational updates from Medical Affairs?



From campaigns to continuity

What the data tells us

Physicians are not engaging with Medical Affairs education episodically. More than half actively seek and prefer educational updates on a monthly or weekly basis, reflecting an expectation for ongoing learning rather than annual or congress-driven interactions. Education is increasingly viewed as a continuous resource, not a periodic event.

Why this matters for Medical Affairs leaders

Annual planning cycles can unintentionally create long gaps in engagement, limiting relevance and momentum. When education is delivered too infrequently, even high-quality content risks being overlooked or forgotten.

Do this: Design always-on education strategies with regular, predictable touchpoints that evolve throughout the year.

Not that: Rely primarily on annual plans or one-off campaigns tied to a small number of milestone moments.

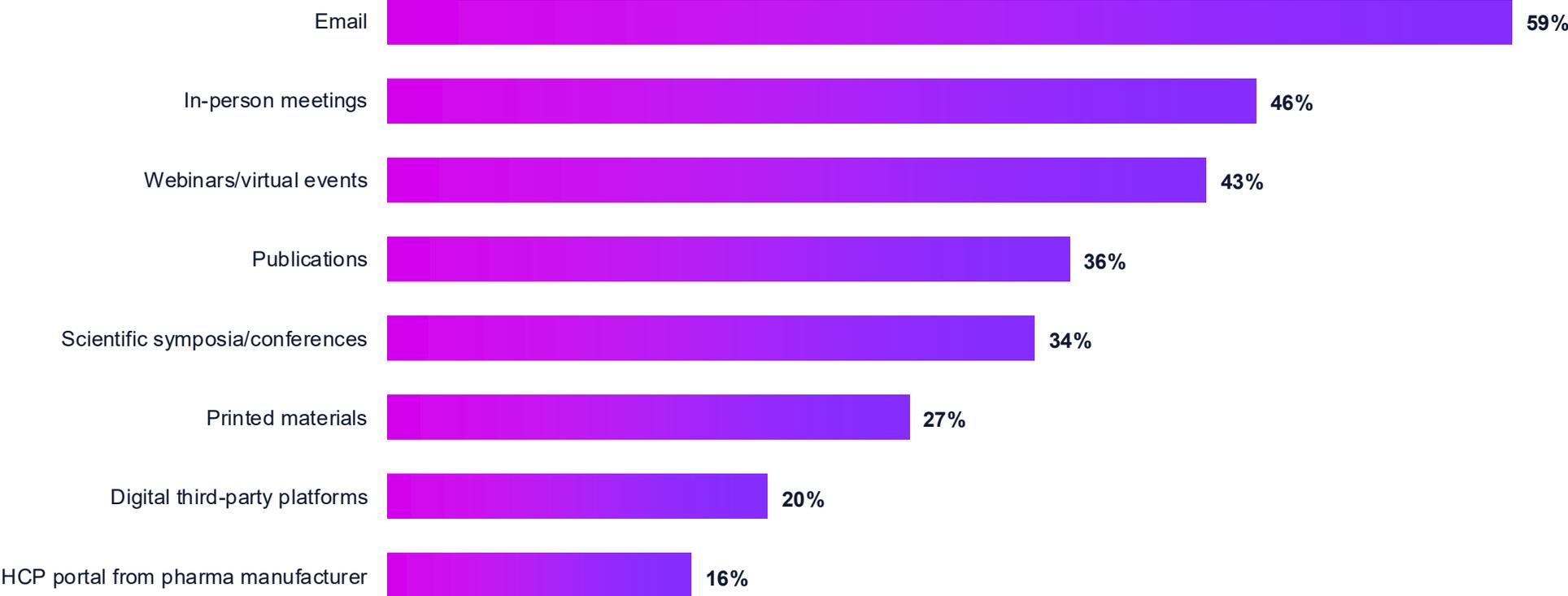
CHANNELS & TOUCHPOINTS

Orchestration over volume

sermo

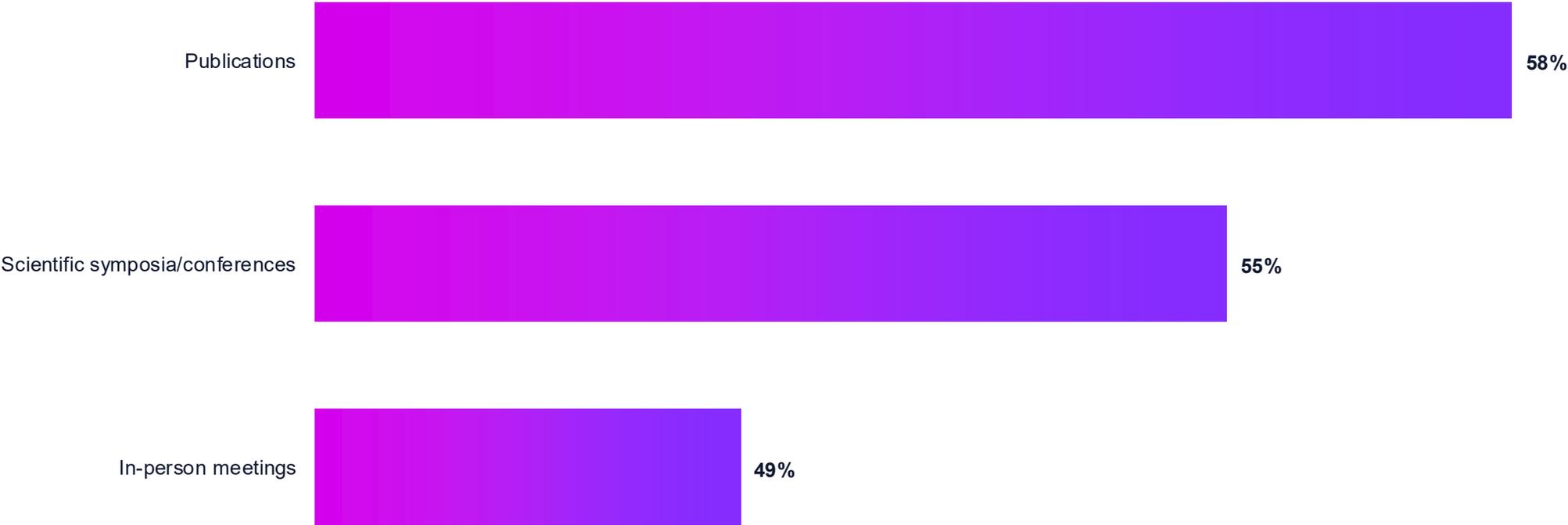
Email & in-person meetings are physicians' preferred methods for receiving educational content from Medical Affairs

Q: What are your preferred methods for receiving educational content from Medical Affairs?



The top three most authoritative sources of educational content are publications, scientific conferences and in-person meetings

Q: Which of the following sources of educational content do you feel are the most authoritative?



Orchestrating engagement across the right channels

What the data tells us

Physicians prefer to receive Medical Affairs education through a mix of channels, including email, in-person interactions, virtual formats, and trusted third-party platforms. No single channel meets all needs, and preferences vary by specialty, role, and availability.

Why this matters for Medical Affairs leaders

Omnichannel does not mean using every channel equally. Without intentional coordination, multiple touchpoints can feel fragmented or redundant rather than supportive.

Do this: Orchestrate channels strategically so each plays a clear role in the education journey.

Not that: Add channels without alignment, creating disconnected or duplicative experiences.

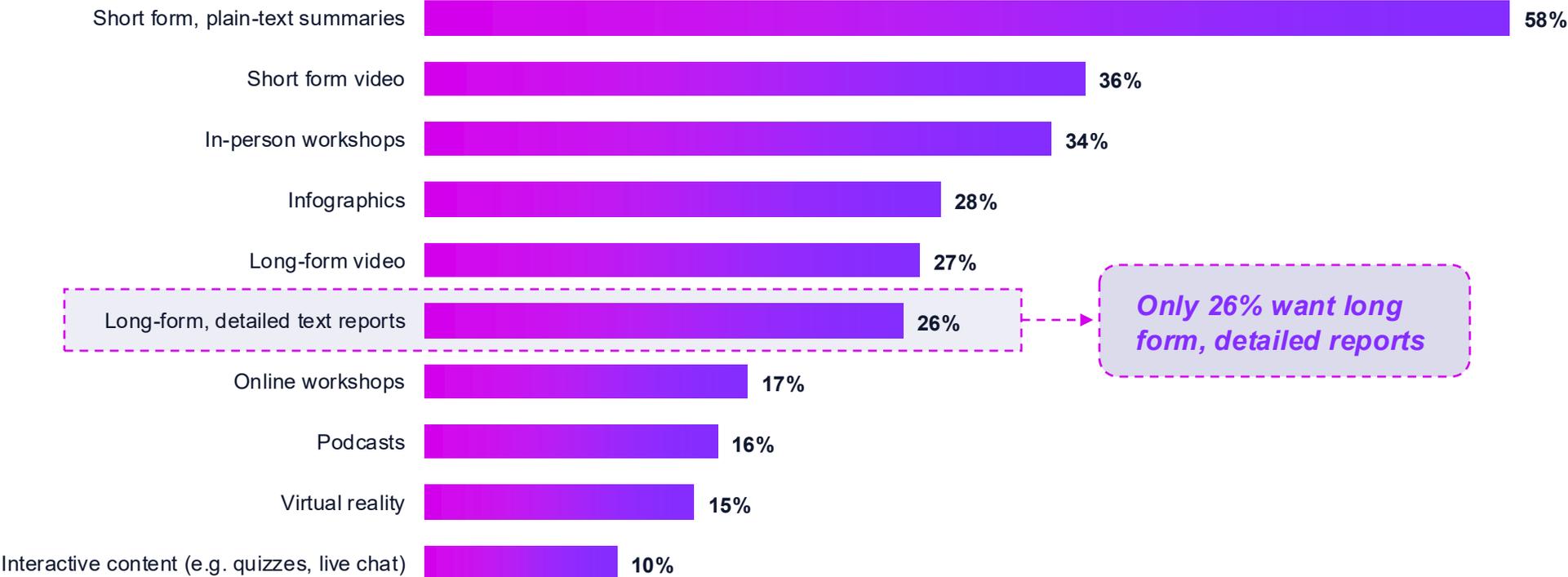
FORMAT & DESIGN

Earn attention before depth

sermo

Short form text & video are physicians' preferred formats when receiving educational information

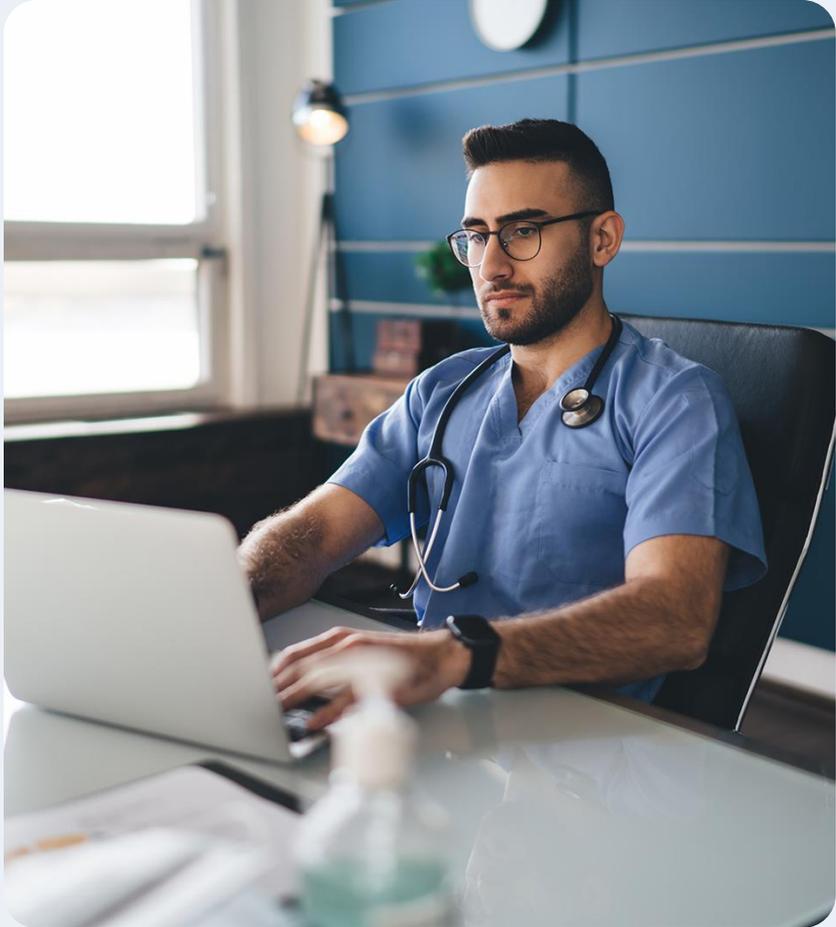
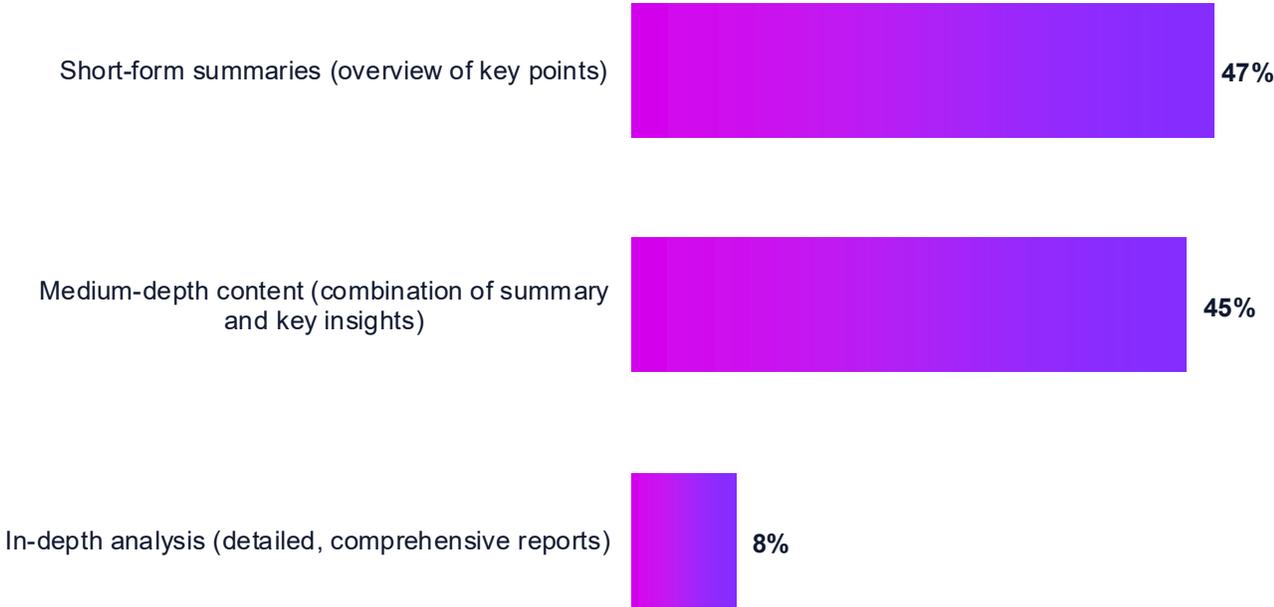
Q: Rank the top three formats you prefer when receiving educational information from Medical Affairs.



Only 26% want long form, detailed reports

When engaging with a new piece of clinical information, physicians prefer short form summaries

Q: When initially engaging with a new piece of clinical information, what is your preferred depth of content?



Designing education for how physicians engage

What the data tells us

Physicians strongly prefer short-form summaries and concise formats when first engaging with new information. Long-form content still has value, but only after relevance has been established and interest earned.

Why this matters for Medical Affairs leaders

Leading with depth too early can create friction for time-constrained physicians. Education that respects time constraints is more likely to initiate engagement and build toward deeper exploration.

Do this: Lead with short, high-impact summaries and offer pathways to deeper content when physicians are ready.

Not that: Default to long-form reports or dense materials as the primary entry point.

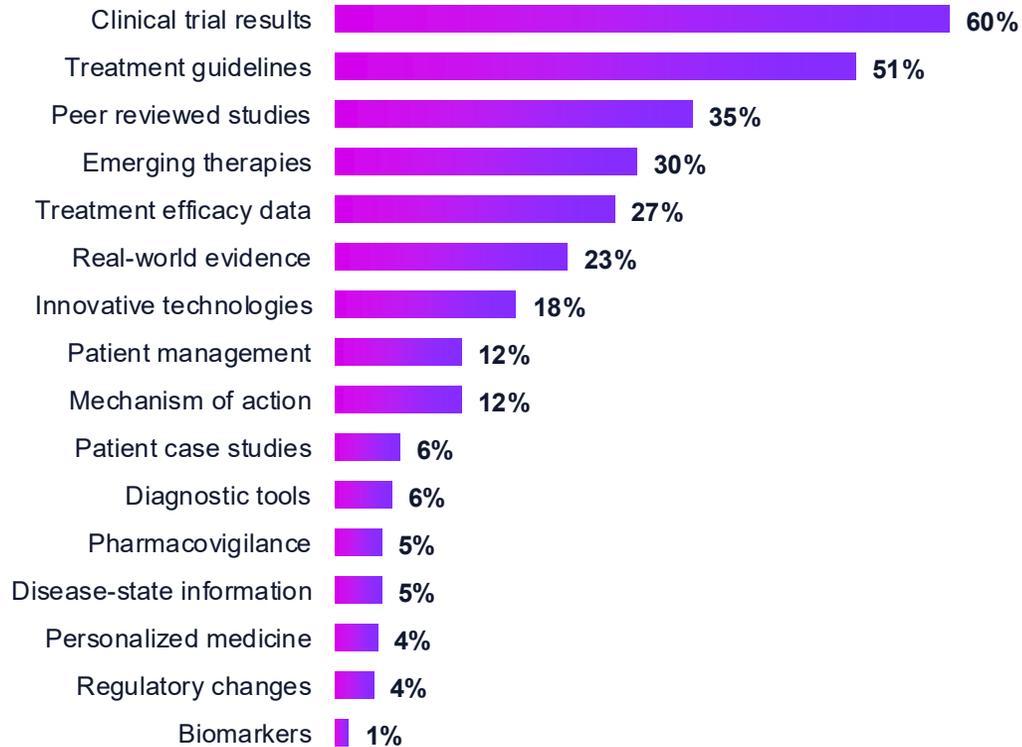
EDUCATIONAL TOPICS

Content that moves clinical practice

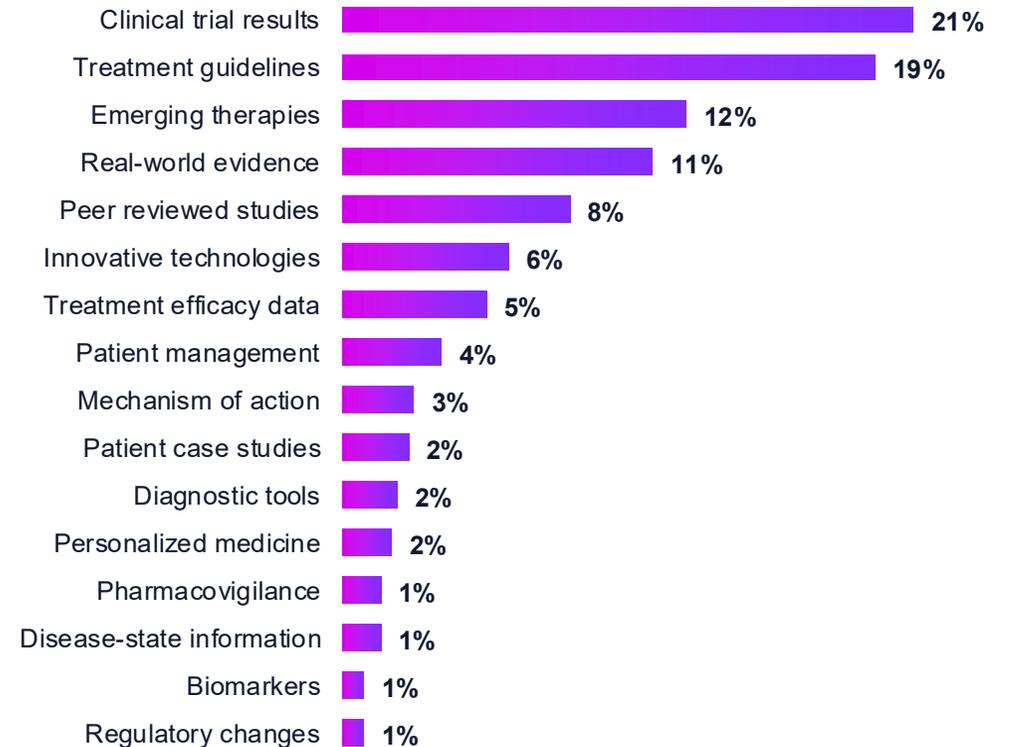
sermo
HEALTHCARE

Clinical trial results & treatment guidelines are the most valued educational topics from Medical Affairs among physicians – and they want more!

Q: Which of the following types of educational topics from Medical Affairs do you find **most valuable** to your day-to-day practice?

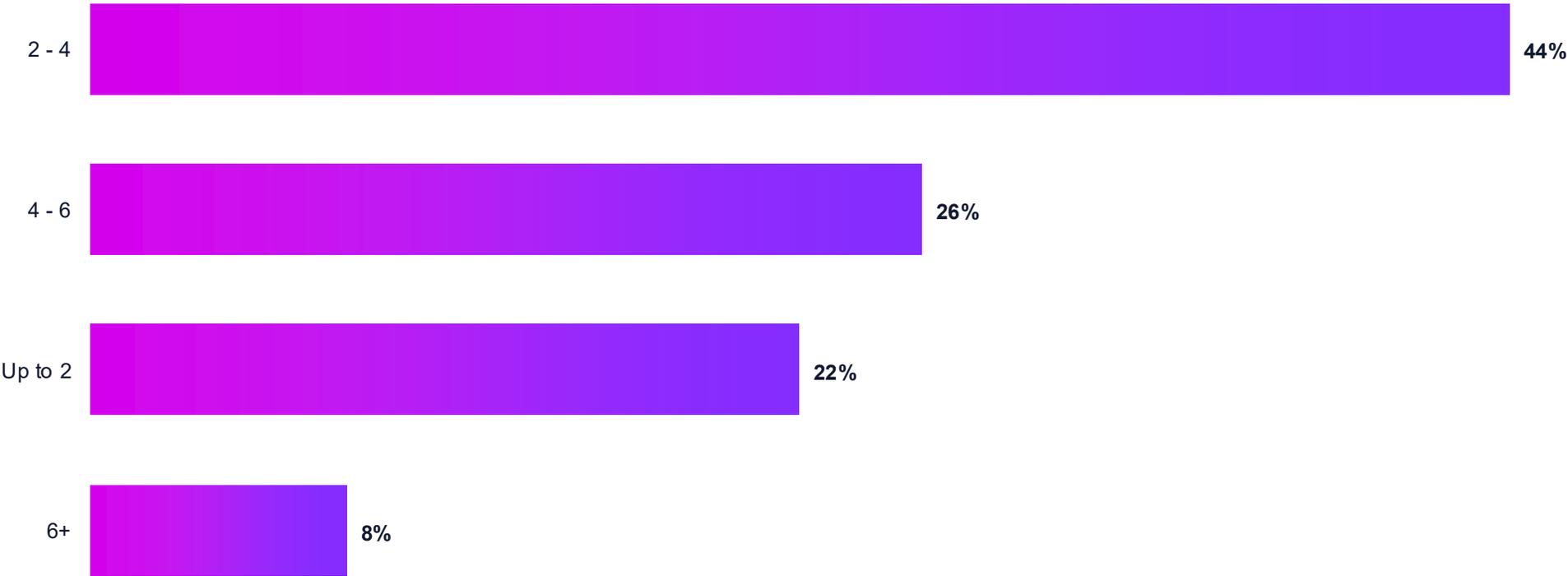


Q: Which of the following types of educational topics would you **want to receive more education** about from Medical Affairs to support your day-to-day practice?



44% of physicians would like to see 2-4 educational pieces of content on a particular clinical topic before implementing it into their practice

Q: How many pieces of educational content would you like to see on a particular clinical topic before you feel well-versed enough to implement it into your practice?



Reinforcement drives action

What the data tells us

Clinical trial results, treatment guidelines, and real-world evidence are the most valued educational topics. Importantly, physicians report needing multiple educational touchpoints before feeling confident enough to apply new information in practice.

Why this matters for Medical Affairs leaders

Education that aims to influence clinical decision-making must be designed as a sequence, not a single exposure. Reinforcement builds confidence and drives real-world application.

Do this: Plan education as a progression of complementary touchpoints that reinforce key clinical messages over time.

Not that: Assume one high-quality asset or interaction is sufficient to change understanding or behavior.

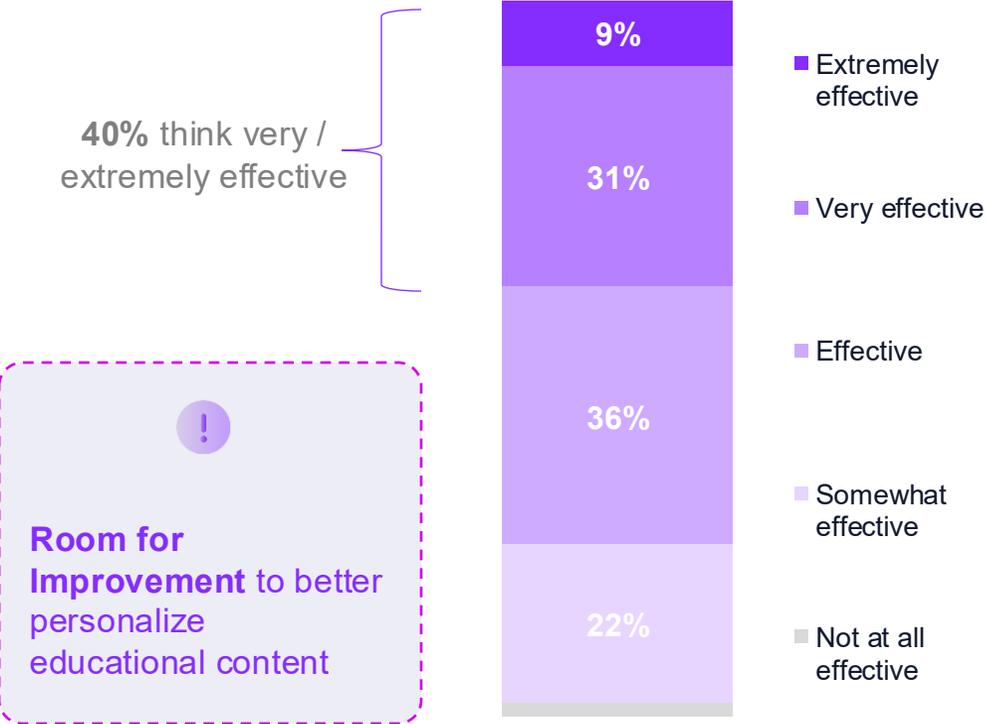
PERSONALIZATION

Where Medical Affairs is falling short

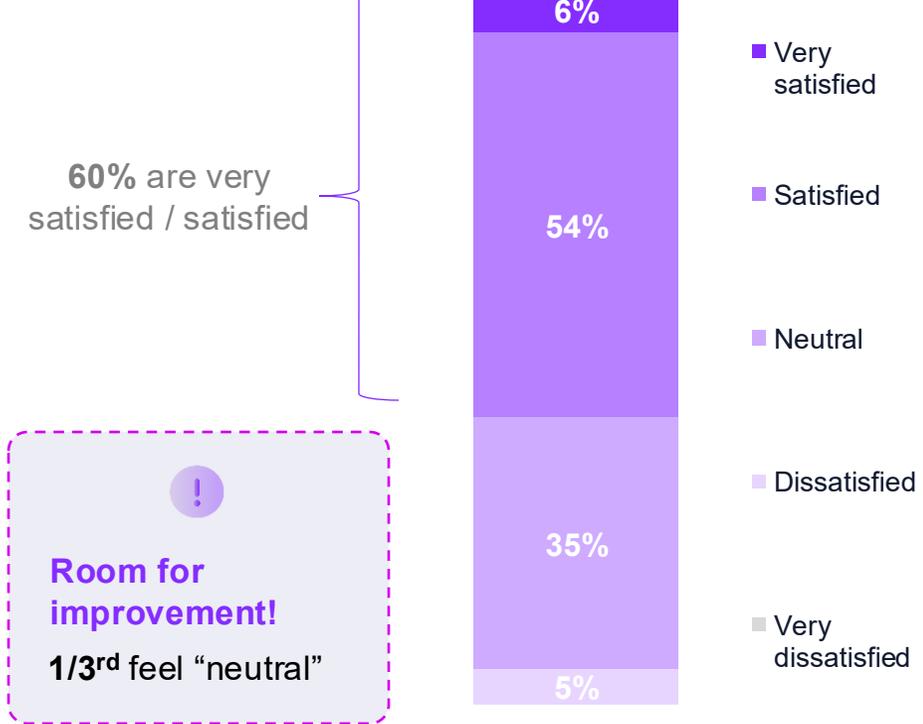
sermo

Only 40% feel that Medical Affairs is very/extremely effective in personalizing educational content

Q: How effective do you think medical affairs is in personalizing educational content to your specific clinical area or patient populations?

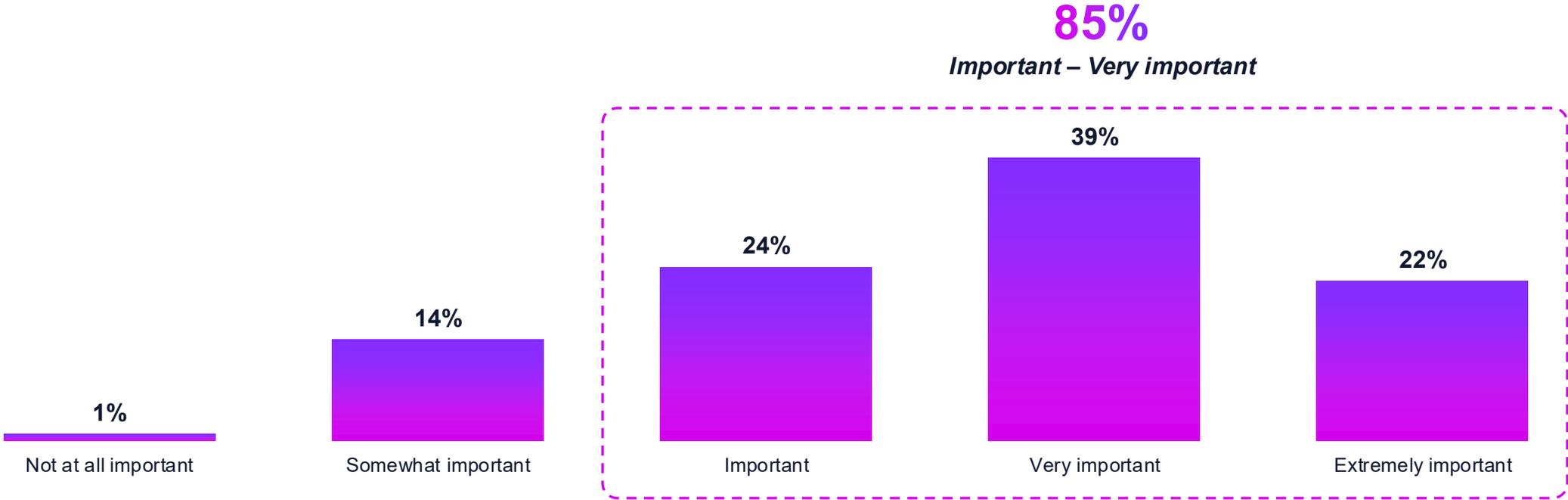


Q: How satisfied are you with the quality of the educational materials you currently receive?



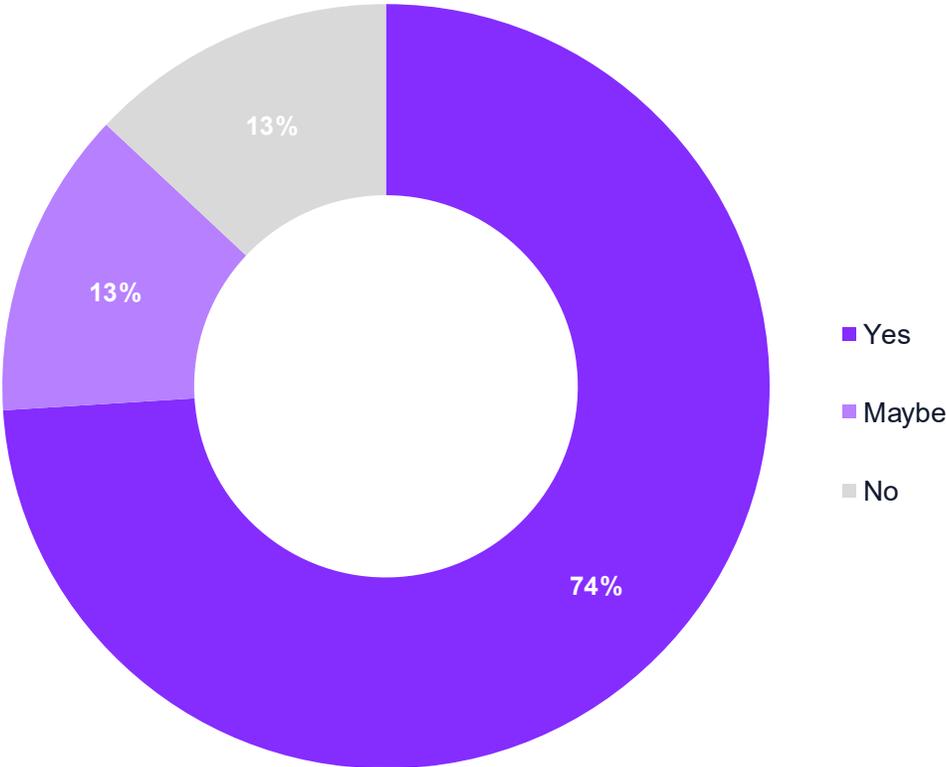
Personalization of education is important to busy physicians

Q: On a scale of 1 to 5, how important is it for educational content to be personalized to your specific clinical area or patient population?



74% of physicians think that educational content should be specialized to different levels of training

Q: Do you feel that educational content should be specialized to different levels of training (e.g., physician vs. advanced practice providers, or primary care vs. specialists)?



Closing the personalization gap in medical education

What the data tells us

Physicians place a high value on personalized medical education. Most say it is important that content reflects their specific clinical area and patient population, and nearly three-quarters believe education should be tailored by level of training. Yet fewer than half of physicians rate Medical Affairs as very or extremely effective at personalizing education today, with many describing their experience as neutral.

Why this matters for Medical Affairs leaders

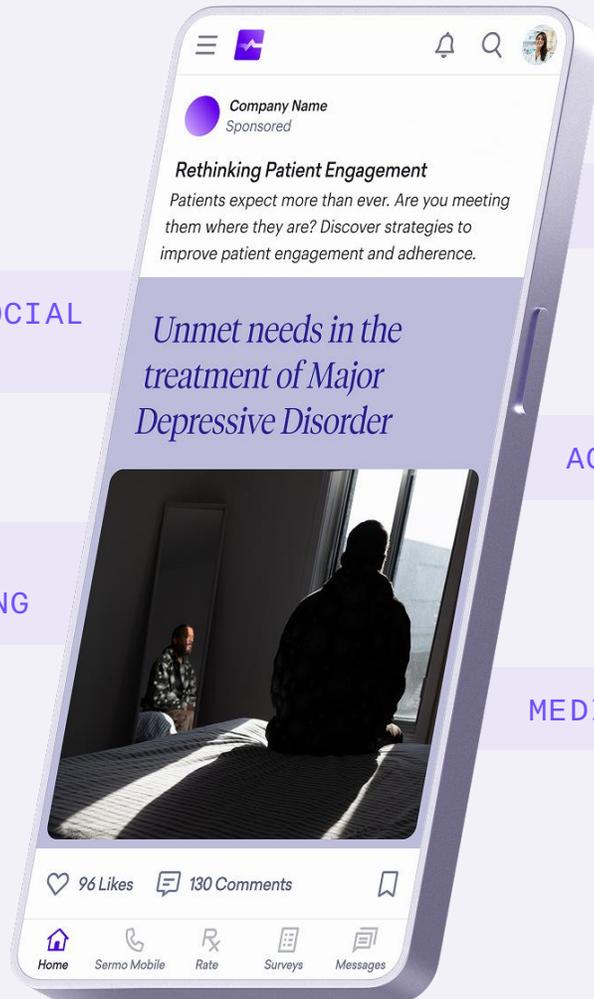
When education feels generic, it risks blending into the background noise physicians already face. Even scientifically strong content can underperform if it does not clearly signal relevance. Improving personalization is critical not only for engagement, but also for demonstrating the value and impact of Medical Affairs education internally.

Do this: Segment education by specialty, role, and patient population, and tailor delivery accordingly.

Not that: Rely on broadly targeted content that assumes relevance across diverse physician audiences.

How to Close the Gap with HCP-only Social

Meet Sermo: understand and educate HCPs through real-time insights and peer-to-peer social engagement



PUBLIC SOCIAL MEDIA

PEER-TO-PEER

AGILE HCP INSIGHTS

MEDICAL CROWDSOURCING

MEDICAL EDUCATION



1M+ triple-verified physicians, APPs, pharmacists and nurses



25M+ HCP engagements annually



15,000+ surveys conducted annually



Trusted partner of **top 20** pharma

Leverage insights to power impactful peer-to-peer education

Gain strategic insights before your program to power strategy, educate verified physicians, and measure impact on the backend

Which of the following would you be most likely to click on?

A B

Insights

Message/content testing, unmet educational needs assessment, & more

INTERACTIVE POST

Make Disordorex your 1st choice treatment

Long cancer is one of the most common, and deadly, forms of cancer. Atorix is responsible for more deaths than breast, colorectal and prostate cancer combined. [Read More](#)

Results from clinical trials with Disordorex

2x more effective in managing condition x

IMAGE / VIDEO ADS & CAROUSELS

Feed-based

Seamlessly embedded in the physicians' daily experience while they're in a medical learning mindset

DEDICATED EMAIL & NEWSLETTER SPONSORSHIP

Community highlights

November is Lung Cancer Awareness Month

From the Sermo team

DIRECT MESSAGE

Message-based

Deliver timely educational content straight to HCPs in channels they know and trust

SERMO ROUNDS

Stepping Up to the Challenge: The PCPs Role in HCV Elimination

Continuing Medical Education, Your Way

KNOWLEDGE REPOSITORY

Educational innovations

Offer valuable education opportunities through digital events and curated knowledge hubs — available whenever they are ready to learn

Program Impact Study Pulse

PROJECT DETAILS → TARGETING → QUESTIONS → QUOTA → REVIEW & LAUNCH

Survey Questions

Q1: How knowledgeable are you about what to look for to determine the optimal therapy for Condition X in a given patient?

Q2: How familiar are you with the following therapy for treating Condition X?

Cardiologists

PCPs

Program measurement

Program perception & impact studies to measure impact to learning goals

Medical Affairs teams who educate on Sermo see

+61%
in ability to identify signs and symptoms of disease

+40%
in likelihood to screen more patients

+35%
in intent to discuss with peers

One platform, endless solutions for medical affairs teams to educate & understand

Educate

- ✓ Clinical Trial Recruitment
- ✓ Clinical Trial Highlights
- ✓ Congress Activators & Extenders
- ✓ Publication Extenders
- ✓ KOL-powered Education & Conversation Nurturing

Understand

- ✓ Social Audience Intelligence
- ✓ Quantitative Surveys
- ✓ Qualitative Surveys
- ✓ Opinion Leader Identification & Profiling
- ✓ Educational Program Impact Studies

See Sermo in Action

Learn how Medical Affairs teams use Sermo to glean real-time physician insights and execute education programs that physicians *actually* engage with, at scale.

Email us at business@sermo.com

