

Why Face-to-Face MSL Engagement Still Matters in an AI-Driven Age

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Something counterintuitive is happening in pharmaceutical engagement. Face-to-face Medical Science Liaison (MSL) interactions are returning to near prepandemic levels, ranging from 56% to 84% across the EU4, U.K. and U.S., even as digital channels and AI-powered tools grow more sophisticated.¹ Digital channels, for all their convenience, cannot replicate the trust, personalization and real-time scientific dialogue that define meaningful relationships with healthcare providers (HCPs).

The resurgence of face-to-face engagements presents both a challenge and an opportunity. Companies that recognize the distinct value of human connection and deploy MSLs strategically can differentiate themselves in an increasingly crowded marketplace. Those that treat MSL engagements as a late-stage checkbox are at risk of missing the window when relationships matter most.



Convenience is not the same as connection

Digital channels have undeniably expanded the ways HCPs access scientific information. AI tools can surface relevant studies, answer routine questions and provide on-demand convenience. But these capabilities come with inherent limitations.

When an oncologist needs to understand how emerging efficacy and safety data might apply to a specific patient population, or when a principal investigator has questions about protocol nuances that could affect enrollment, the conversation requires more than information retrieval. It demands scientific depth, contextual understanding and the kind of trust that develops through sustained personal interaction. MSLs can tailor content and dialogue to the individual HCP, address complex questions in real time and bring together insights in ways that AI and virtual programs simply cannot.

This does not mean choosing between digital and personal engagement. The more productive framing is “omnichannel harmony,” which enables HCPs to move seamlessly between personal and nonpersonal channels while maintaining context throughout their journey.² This approach requires more than digital infrastructure. Teams must be able to orchestrate channels based on individual HCP preferences and deliver the right content at the right time via the right medium. MSLs are uniquely positioned to serve as these orchestrators, and the personal relationship they build becomes the foundation that makes all other channels more effective.

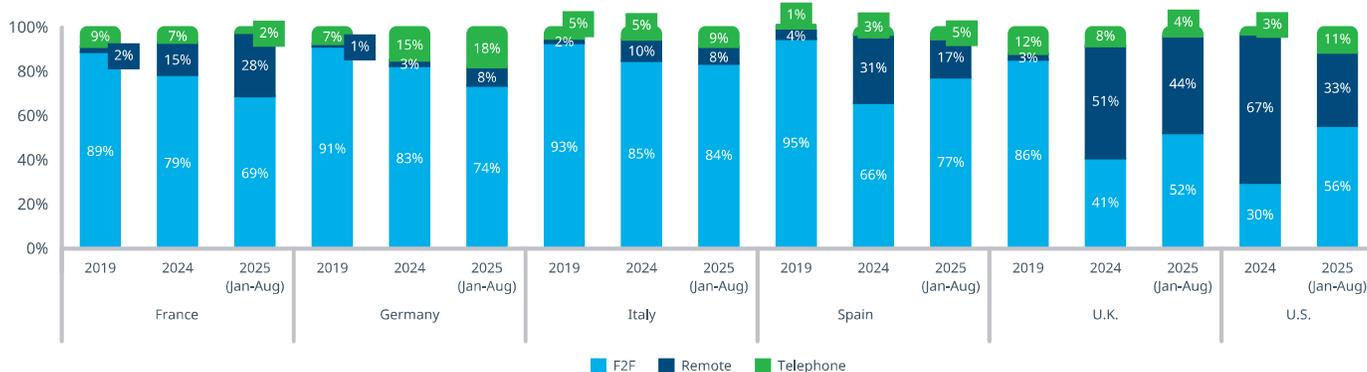
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Channel dynamics — Pre to post pandemic

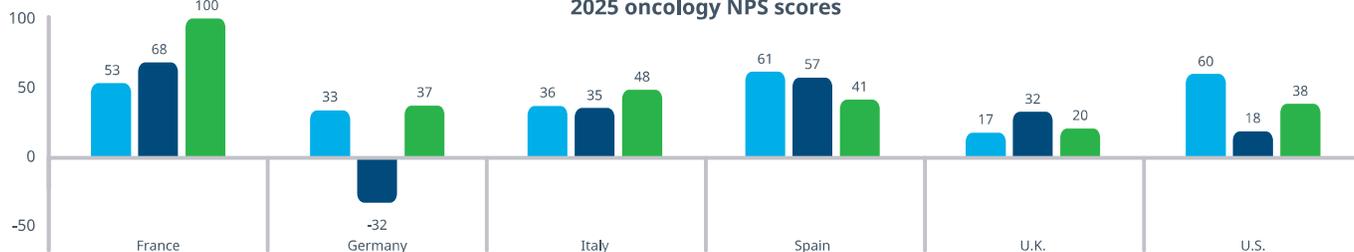
Oncology MSL engagement — EU4, U.K. and U.S.



MSL oncology contacts by EU4, U.K. and U.S.



2025 oncology NPS scores



The Net Promotor Score (NPS) is the % of promoters minus % of detractors and recorded as an absolute number, for example if the promotor score is 50% and the detractor score is 10% the NPS would be 40.

Source: IQVIA ChannelDynamics®

[Source: Evans C, Sheriston G, Jimenez A. [Engage to excel: Unlocking the value of medical scientific engagement](#). IQVIA Webinar. 2025 Nov 4.]

[Art Note: For PR/earned media, the full above may be a little data heavy. We may just want to use the NPS scores, although both info sets seem valuable.]

Rethinking the deployment timeline

Bad timing can cause many organizations to inadvertently limit MSL impact. Traditionally, pharma will schedule the deployment of MSLs around the readout of Phase III data, which is approximately 18 months to two years prior to product launch.² Many organizations rely on Contract Research Organization (CRO) teams to handle HCP engagement during Phase II and III and reserve the deployment of MSLs until late-stage data emerges.² The rationale is understandable. Phase III trials can fail, and early investment in field teams carries risk. But this approach creates gaps that become difficult to close later.

When MSLs are deployed at launch, they often struggle to differentiate themselves from peers who have commercial functions. It can take time to establish scientific credibility and build trust that defines the value proposition of MSLs. When deployed in Phase II, they can build relationships with multidisciplinary personnel at clinical trial sites, map care pathways and identify referral networks. These steps help build foundations that support trial success and the eventual commercialization of a brand.

Therapies are also becoming more complex. CAR-T treatments, for example, involve intricate patient pathways that require a deep scientific understanding to navigate.² The contrast between the high-level scientific education that an MSL can provide versus what a key account manager can deliver becomes sharper as this complexity increases. Early deployment ensures that distinction is clear from the outset.

Putting this approach into action has led to successful outcomes in real-world scenarios. In a recent multicountry oncology program, a team of 16 MSLs deployed across 20 countries helped trial sites run up to three months ahead of patient recruitment targets.³ Beyond accelerating trial enrollment, early MSL deployment often shortens the time required to establish launch-ready scientific credibility, an advantage that can persist well into the commercial phase.

The right technology empowers human engagement

The question of how AI and data analytics fit into HCP engagement deserves careful consideration. The answer lies in empowerment. The right frameworks and tools help MSLs optimize HCP engagement, education and follow-up. This frees up time for deeper conversations while ensuring every interaction is grounded in relevant insights.

Specific uses of AI are already proving their value. AI-powered coaching tools allow MSLs to practice challenging scientific discussions with virtual HCPs to help prepare them for different personality types and complex questions.² Analytics platforms can identify key opinion leaders and emerging digital opinion leaders who may be especially influential with younger HCPs.² AI helps MSLs move from isolated touchpoints to coordinated customer journeys that help build long-term trust by predicting next-best actions and suggesting follow-up activities. Together, these tools shift MSLs from reactive to proactive HCP engagement.

The important distinction is that AI enhances how MSLs engage without replacing the human connection that builds trust and credibility. Lasting relationships are built on empathy, understanding and physical presence. Technology can make those moments more frequent and more informed, but it can never serve as a substitute.

Measuring meaningful outcomes

Counting activity is not the same as measuring impact. As MSL engagement changes, the way success is defined and measured must change with it. Traditional activity metrics based on the number of engagements capture only part of the story. More meaningful key performance indicators focus on scientific contribution, actionable insights generated, and ultimately, patient and societal benefits and outcomes.²

In clinical trial settings, relevant metrics might include the percentage of identifiable patients screened, patients on the correct treatment protocol, or barriers identified and resolved at trial sites. MSLs operating at this level can spot issues that might otherwise delay enrollment, from missing supplies at a hospital pharmacy to gaps in referral pathways that prevent eligible patients from enrolling in trials.² These contributions translate to trial performance in ways that activity counting cannot capture. Meaningful measurement shifts the question from “How often did we engage?” to “What changed as a result?” That might mean fewer protocol deviations, faster identification of eligible patients or more equitable access across referral networks.

Building partnerships that deliver

In an AI-driven era, face-to-face scientific engagement has not become less important; it has become more valuable. For pharmaceutical companies evaluating MSL partners, this counterintuitive reality should guide decision-making. Scientific depth and rigorous compliance remain foundational, but they are no longer sufficient on their own. Companies should look beyond traditional activity measures to assess how potential partners build trusted, in-person relationships, capture and translate insights, and ensure MSLs are fully equipped to deliver meaningful scientific dialogue where it matters most.

Omnichannel capabilities matter as well. Effective MSL engagement requires the right tools, appropriate training and quality systems to enhance interactions with HCPs. Local knowledge, including an understanding of country-specific compliance requirements and regional or local engagement preferences, can make the difference between effective engagement and missed opportunities. Regional requirements can add another

layer of complexity. In Germany, regulatory pathways often necessitate German trial data, which creates a need for investigator-initiated trials. In Japan, to obtain local regulatory approval, clinical studies require the enrollment of Japanese patients, which is not always part of the global trial design.² Adhering to these nuances requires MSL teams with local expertise that can identify gaps early and build the relationships needed to ensure they are addressed.

Integration with clinical operations deserves particular attention. When MSLs support clinical trials, they should function as part of the broader team and coordinate with clinical research associates and other stakeholders. This will help ensure that insights flow to those who can inform strategy without overwhelming investigators with redundant contacts.

Why the human element is growing, not shrinking

The pharmaceutical industry has spent years debating whether digital transformation will diminish the value of human engagement. The evidence points in a different direction. As information becomes more accessible and AI handles routine queries with increasing competence, the premium on establishing a genuine scientific partnership only grows. MSLs who can engage early, orchestrate across channels, and translate field insights into strategic action offer something that no algorithm can replicate.

For companies navigating an increasingly complex trial-to-launch environment, the strategic deployment of MSLs cannot be seen as a supporting function but rather a core capability to shape outcomes from early development through commercialization and beyond.

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About the authors



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A Fellow of the Chartered Institute of Marketing with more than 25 years of experience in life sciences, she specializes in integrating people, data and technology to drive meaningful connections and outcomes. Carrie has authored thought leadership on HCP engagement, omnichannel strategy and people-centered change, bringing a strategic and human-centered lens to every initiative.



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1. IQVIA ChannelDynamics. MSL oncology contacts by EU4, U.K. and U.S. Data on file. 2025.
2. Evans C, Sheriston G, Jimenez A. [Engage to excel: Unlocking the value of medical scientific engagement](#). IQVIA Webinar. 2025 Nov 4.
3. IQVIA. Multicountry MSL program case study: Global clinical trial in oncology. Internal Case Study. 2025.

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