MasterClass Programs

Review and Strategy

Executive Summary

This document provides a comprehensive strategic review of the MAPS MasterClass and MasterClass Onsite training programs.

It encompasses a full SWOT analysis, examining internal strengths and weaknesses alongside external opportunities and threats, and presents actionable recommendations to drive meaningful program growth, increase enrollment, and strengthen MAPS' position as the definitive professional development authority in Medical Affairs.

Programs at a Glance

MasterClass

Intermediate/advanced in-person training held at our Annual Meetings in cities globally; 50–80 participants per cohort; six topic tracks: External Education, Field Medical, Integrated Medical Communications, Launch Excellence, Leadership, and Medical Technology.

MasterClass Onsite

Fully customized, expert-led training delivered at the client's facility or virtually; flexible 1–2 day formats; curriculum aligned to the same six tracks plus customized content.

SWOT Analysis: MasterClass

STRENGTHS

- MAPS is the recognized home of the Medical Affairs profession and that credibility carries real weight
- Faculty are working practitioners, not academics so participants get hard-won experience, not theory
- Six tracks mean most Medical Affairs professionals can find something directly relevant to where they are right now
- Case-based workshops push people to apply ideas immediately, not just listen and take notes
- You simply cannot get peer learning across 20–30 companies in one room anywhere else
- Running programs in cities around the world means participants don't always have to fly to the US
- The program sits inside a broader MAPS ecosystem, members get more value from each piece
- Keeping cohorts at 50–80 means facilitators actually know who's in the room
- Being there in person still produces a quality of conversation and connection that virtual can't match

WEAKNESSES

- Programs run only as often as the Annual Meeting does, which is only twice a year
- If you can't travel, you can't attend, there's no fully virtual or hybrid option
- Capping cohorts at 50–80 puts a hard ceiling on how much the program can grow
- Participants walk away with knowledge but nothing tangible to show for it: no resources/tool kits, certificate, or credential
- Once the program ends, so does the relationship, there's no alumni community or ongoing connection
- Awareness depends almost entirely on MAPS' own channels; there's little outside word-of-mouth or third-party promotion
- Companies can't easily send a team as the registration model is built for individuals, not organizations
- Participants arrive cold and leave without a reinforcement plan: there's no pre-work or follow-up to anchor the learning
- Competing sessions and meeting-week distractions can pull focus away from the MasterClass experience

OPPORTUNITIES

- People are hungry for good in-person learning again as the appetite is back and MasterClass is well placed to meet it
- AI, real-world evidence, and health economics are topics Medical Affairs teams are asking about and nobody is teaching well yet
- A digital badge on LinkedIn costs almost nothing to implement and gives every graduate a reason to talk about the program
- APAC, LATAM, and MEA are growing fast and there's real demand for MasterClass-quality training in those regions
- An alumni community turns past participants into an ongoing referral engine

THREATS

- Getting corporate travel and training budget approved is harder than it used to be, even for strong programs
- Big pharma L&D teams are building more training in-house and relying less on external providers
- Other associations and training companies are moving into the Medical Affairs space
- If MasterClass feels like just another conference add-on, it gets treated like one
- Free and low-cost AI-powered learning tools are raising the question of why people should pay for training at all

• A virtual or modular format can bring in professionals who would never make the in-person trip • L&D leaders at pharma companies are a largely untapped buyer and they can send whole cohorts if the pathway exists	• Industry layoffs have reduced the pool of mid-career Medical Affairs professionals who are the program's core audience • Managers want to know what the ROI is before they approve the spend, and right now that's hard to show them

SWOT Analysis: MasterClass Onsite

STRENGTHS	WEAKNESSES
• The training is built around the client's actual situation, not a generic curriculum applied to their context • No travel costs for the team means the budget conversation is much easier to have • One or two days, onsite or virtual, it fits into how teams actually work • Faculty bring genuine therapeutic area and functional expertise, not just facilitation skills • Participants leave with tools and templates they can use on Monday morning • Learning together as a team builds shared language and alignment that individual training can't • The MAPS name gives an external credibility that helps internal champions make the case for the investment • Content can be scoped for a global leadership team or a regional field medical group, it works at any level	• Prospects have to reach out before they can learn anything substantive, there's no way to self-educate on the website • No pricing, no sample agenda, no case studies visible online, buyers are being asked to commit to a conversation before they know if it's worth their time • Each engagement tends to be treated as a one-off rather than the start of an ongoing relationship • There's no standard way to measure whether the training actually changed anything, which makes renewal conversations harder • Getting a contract through large pharma procurement takes longer than most people expect, and that's easy to underestimate • The Onsite program gets far less marketing attention than the open-enrollment MasterClass • Clients can't give their team a credential or certificate to mark the investment, there's no formal recognition • Delivering to multiple clients simultaneously can stretch faculty and program management capacity
OPPORTUNITIES	**THREATS**
• There's a real opening to build annual Medical Affairs Academy partnerships rather than one-off bookings • Corporate L&D budgets for Medical Affairs are growing and L&D leaders are actively looking for credible external partners	• Large pharma L&D teams are building more in-house and buying less from outside, that trend is accelerating • Budget freezes and cost-cutting mean training decisions get delayed or cancelled, sometimes at the last minute

• Biotech companies heading into launch are under time pressure and genuinely need this kind of help • Regulatory and compliance training requirements mean some of this spend isn't discretionary, it has to happen • Integrating with client LMS platforms would make MAPS a permanent fixture in how they train their teams • Early-stage biotech and MedTech companies are often underserved and easier to reach than big pharma • Virtual delivery opens the program up to global teams that would never fly everyone to one location • Consultancies and medical communications agencies could refer clients or co-deliver: the partnership model is largely untapped	• Getting through procurement at a major pharma company is slow, political, and often relationship-dependent • First-time clients are being asked to spend significant money on something they can't easily evaluate in advance • Lower-cost competitors are entering the custom Medical Affairs training space and will compete on price • Reorganizations at client companies can pull the rug out from under planned programs mid-engagement • Relying too heavily on a few large clients creates real vulnerability if one relationship changes • Growing the program quickly is difficult if the faculty and delivery team can't scale at the same pace

Strategic Recommendations

The following ten initiatives are organized across four strategic pillars: Program Innovation, Technology Integration, Market Expansion, and Commercial Model Evolution. Each is designed to address specific SWOT findings and can be prioritized and sequenced based on available resources.

Program Innovation

1: MAPS Certification and Digital Credentialing

Provide a portable digital badge upon MasterClass completion and explore a form of credentialling, beyond a certificate of completion, aligned with the overall MAPS credentialling strategy.

- Provide a portable digital badge upon MasterClass completion; explore credentialling options beyond a certificate of completion, aligned with the overall MAPS credentialling strategy
- Digital badges (via Credly) provide visible, shareable proof of expertise on professional profiles
- Tiered pathway: Track Badge → MAPS Certificate → MAPS Advanced Practitioner Designation

2: Annually Refreshed Track Topics

Introduce one new trend-driven course per year while retiring outdated content to keep the program options current and relevant.

- Introduce one new track per year based on trending topics, Domain Lead recommendations, and member-reported capability gaps (e.g., AI in Medical Affairs, RWE Strategy, HEOR)
- Implement a formal content retirement policy where older tracks are reviewed and retired annually to make room for new ideas
- Retiring outdated content is communicated as a quality signal, not a reduction in offerings

3: **MAPS Community Forum and Alumni Engagement**

Launch a private, branded platform for alumni to connect, collaborate, and continue learning year-round through forums, roundtables, and post-program case studies.

- Launch the MAPS Community Forum: an online platform for discussion forums, interest groups, and live sessions
- Host quarterly virtual alumni roundtables via the Forum with faculty and/or Domain team member participation
- Deliver post-program applied learning (case studies, peer challenges) through the Forum to extend learning beyond the event

4: **Global Access: Modular and Virtual Delivery**

Deliver MasterClass programs virtually to professionals in APAC, LATAM, and MEA to expand the reach of MC programs through modular formats and a purpose-built virtual platform.

- Modular series (three to four half-day virtual sessions over four to six weeks) targeted at professionals in markets where no MasterClass programming currently exists, with locally adapted case studies and faculty
- Purpose-built virtual delivery platform with breakout workshops and live simulations, not recordings of in-person content
- Offer hybrid attendance at existing in-person events; develop virtual-only editions of highest-demand tracks as a lower-barrier entry point to the full program

Technology Integration

5: **Personalized Learning Pathways**

Use a competency self-assessment and AI-powered Learning Passport to guide each member toward the programs most relevant to their career stage and development needs.

- Deploy a competency self-assessment tool aligned to the MAPS Medical Affairs Competency Framework
- Generate a personalized Learning Passport that maps current skills to recommended programs
- Present this as a premium member benefit to support MAPS membership value

6: **Post-Program Continuing Learning**

Extend learning beyond the event with structured case studies, reflection prompts, and peer challenges delivered through the MAPS Community Forum.

- Deliver post-program continuing learning through the MAPS Community Forum: track-specific case studies, reflection prompts, and peer challenges over six to eight weeks
- Measure knowledge application via pre/post assessment and self-reported behavior change surveys
- Use post-program data to inform the annual track content refresh

7: **Medical Affairs Start-Up Program**

Purpose-built curriculum for early-stage companies building Medical Affairs from the ground up, with investor and accelerator referral partnerships.

- Develop a “Building Medical Affairs from Zero” curriculum designed for early-stage teams across therapeutic areas and company types
- Package MasterClass Onsite as a launch readiness offering for companies 12–18 months from first product launch
- Build relationships with investors and innovators so that MAPS is the first call when a new Medical Affairs team is being built

Market Expansion

8: Corporate Enterprise Partnerships via IPP

Offer discounted multi-seat MasterClass enrollment to existing IPP member companies, deepening corporate engagement and driving renewal; explore an additional IPP tier that includes one MCO program per year.

- Offer discounted multi-seat MasterClass enrollment as an exclusive benefit to current IPP member companies, scaled to partnership tier
- Proactively engage existing IPP contacts to identify Medical Affairs training needs and match them to the right MasterClass tracks
- Track and report organizational training outcomes to reinforce the value of the IPP relationship at renewal
- Explore an additional IPP tier that includes one MasterClass Onsite program per year as a core partnership benefit

Commercial Model Evolution

9: Redesign Onsite Discovery Experience

Enable buyers to self-educate with public agendas, pricing guidance, and a program configurator, compressing the sales cycle.

- Publish sample agendas, indicative pricing ranges, and client case study testimonials publicly on the MAPS website
- Create a self-service “Build Your Onsite Program” configurator that captures requirements and generates a preliminary scope
- Implement a content nurture sequence for Onsite inquiries that educates buyers while shortening the sales cycle

10: Impact Measurement and ROI Reporting

Implement a rigorous evaluation framework and publish an annual Impact Report to substantiate MasterClass ROI for sponsors and budget approvers.

- Implement the Kirkpatrick Four-Level Evaluation Model across all programs: Reaction, Learning, Behavior, and Results
- Conduct 30- and 90-day post-program surveys to capture on-the-job behavior change and application
- Publish an annual MasterClass Impact Report and use ROI data proactively in all sales and renewal conversations

Conclusion

The MAPS MasterClass programs are built on a genuinely strong foundation: authoritative content, credible faculty, a respected brand, and a curriculum architecture that aligns with the function's most critical competencies. The core challenge is not a deficit of quality, it is a structural mismatch between the programs' current delivery model and the evolving expectations, constraints, and opportunities in the market.

The highest-leverage near-term actions are those that reduce friction without compromising depth: launching digital credentials, redesigning the Onsite discovery experience, and establishing a rigorous impact measurement framework. These three initiatives require relatively low capital investment but directly address the barriers most frequently encountered in the sales and enrollment cycle.

The medium and longer-term investments (AI-powered personalization, virtual delivery infrastructure, emerging market expansion, and enterprise partnership programs) position MAPS to scale the programs significantly and capture a larger share of the growing global demand for Medical Affairs professional development.