Summer Training Report

IMPACT OF ETHICAL CHALLENGES IN PHARMACEUTICAL MARKETING AMONG MEDICAL PRACTITIONERS (with respect to UCPMP)

RESEARCH PROJECT

By

Deshna Awasthi

MENTORS
K.C Zingade
Professor Rahul Sharma

MBA IN PHARMACEUTICAL MANAGEMENT
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The IIHMR University, Jaipur

1, Prabhu Dayal Marg, Sanganer Airport

Jaipur-302029, Rajasthan

Ph: 0141 3924700, Fax: 3924738

Website: www.iihmr.edu.in

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Contents

I. INTRODUCTION

In Pharmaceutical Marketing Ethics are established from executive moral which are subject to structure conformity, organization culture and responsibility (Cohen, 31 December 2013).Ethical marketing refers to the application of business practices within marketing strategy. Ethical marketing typically results in a corporate environment that is both environmentally conscious and sensitive to the society. Establishing business ethics has the ability, both in the short and long run, to benefit society overall (Pradhyuman Singh Lakhawat).It proposes that an organization should anticipate the needs and desires of consumers and satisfy these more effectively than competitors in attempt to reach its organisational goal (Pradhyuman Singh Lakhawat).Marketing strategy is an art and science of finding target audiences and interesting, recalling and increasing customers by making, providing and communicating superior value to consumers (M. Ahmad, 2011). Marketing strategy can be divided into five categories : (1) Physician-targeted promotions; (2) direct customer marketing; (3) improper recruiting of doctors; (4) conflicts with notice for researchers; and (5) clinical trial data manipulation (Pradhyuman Singh Lakhawat) .Drug makers are much like all other money-making corporations; they operate to make a profit. Consequently, the goal of commercial drug marketing is to raise revenues by growing market appetite for prescription drugs (M. Ahmad, 2011). According to an estimate more than $5.8 billion was spent on reporting, i.e. medicinal sales reps meeting doctors to sell their company's products, in 2002. Furthermore, the market value of the free samples of medications given during these visits is valued at $11.5 billion (Health, 2003). According to a report Johnson & Johnson, the highest spender, bombarded out $17.5 billion in 2013 on advertising and promotion, relative to $8.2 billion for R&D. Just Roche in the top 10 was investing more on Research and Development than on distribution and marketing. Most of this public spending goes for the doctors who make the treatment, rather than the customers. Drug makers, as Oliver points out, spent more than $3 billion a year selling to U.S. customers in 2012, with an additional $24 billion selling specifically to health care providers (Swanson, 2015).

Given these strong mutual goals and advantages of collaboration, both the medical profession and society have raised questions of an ethical nature.

The risk that partnerships between doctors and drug makers will serve competitive purposes of business and the acquisitive interests of physicians rather than genuine aims of treatment, education or science, thereby jeopardizing the prime ethical responsibility of doctors towards patients, dividing doctors' loyalties and undermining the fundamental trust in which depends on clinical relationships.

The risk of drug promotion having negative effect on the practices of doctors.

The risk of engaging corporations in science leading to inconsistencies of scientific findings and avoiding unbiased data evaluation (Kerridge, 2002).

In view of the development of the medicinal industry and with the purpose of creating a uniform code for pharmaceutical marketing practices (Chaturvedi R. S., 2015). Department of Pharmaceuticals, Ministry of Chemicals and Fertilizers (Government of India) issue UCPMP guideline (Uniform Code of Pharmaceutical Marketing Practices), is voluntary in its present form, but the Government has been discussing on and off

whether to make it compulsory or not-if not successfully enforced by pharmaceutical firms after 6 months from the date of issue, i.e. on 1st Jan 2015 (Om Prakash Singh, 2017). The major objective that leads us to the study is whether these statements justify the fact that UCPMP Guideline should be made mandatory or not.

II. LITRATURE REVIEW-

(R.R. Gaur, 2010) in his book had discussed the idea of ethics as a meaning, action, and character mix. We said ethics is a feature of human beliefs, reasonable and generally true. The regulatory body issued the guidelines which here refer to the policies that are good for all. (Poirier, 1994) In a study and stated that decisions made by people about US formularies agreed that it was unethical to provide benefits to doctors in influencing product-related decisions. (Avorn, 1982) Find that 20 per cent of physicians surveyed regard PSR knowledge as "very significant" in affecting their prescribing behaviour. In addition, PSRs are trained to persuade the doctors. He also adds that physicians had recognized that PSR are neither trustworthy nor experts in medicine. (Connelly, 1990) Specifies the information provided by PSR is biased against the drug being marketed and is unlikely to be unbiased or even reliable. These business practises lead to some unethical issues.

The pharmaceutical companies spend billions of sums on publicizing or marketing management. Free locus assignments are issued to doctors or surgeons. Gifts, and charges to prescribe the corporation's own medicines. The locus assignments are always Which are not given to doctors for patients. Instead, Doctors prescribe the medicine to their patients when the medicine is benefiting them in one or the other way. The firm's marketing experts influence doctors to prescribe their medicines, no matter how active or exclusive the medicines are to the patients (Connolly, 2017).Regulatory body posts on ethical practises which sometimes doctors are not aware of. Many doctors think that accepting promotional items from pharmaceutical companies is not an unethical practice (Parker, 2003). It is up to the doctor to determine which things he finds immoral. Pharmaceutical firms currently spend over $13 billion on product marketing, along with market powers (Sibbald, 2001).The more the drug is promoted the more it is trend to be prescribed by doctors. Pfizer is spending around $86 million on promotional products like pens, coffee mugs, and umbrellas (Strout, 2001).

In some cases, the pharmaceutical companies charge the customers unreasonably high prices. There are some instances where product premiums are increasing that are comparable to inflation levels or medication costs. The US is facing rising drug costs as firms are free to determine the costs and the FDA is limited in authorizing generic drugs (Lupkin, 2016). The pharmaceutical firms often get embroiled in the unethical or improper activities. For instance, Valeant, a US drug company, adopted a new business model and overestimated the company's earnings by $600 million in 2015 (Gandel, 2016). In certain cases, the company fails with the drug testing protocols. That demonstrates how businesses deal with patients' health and safety. A lot of drugs have failed in India recently during their tests. It contained an Abbott India antibiotic, Glenmark cough syrup and many more (Patel, 2016). Unethical product marketing benefits from intensified rivalry among pharmaceutical firms, which has only escalated over the years. Rational and unnecessary use of medicinal products by patients has also increased significantly in recent years due to motivated physician prescriptions. Today, when the prices of most essential medicines are beyond the reach of the common man,

the need to eliminate such avoidable costs on medicines is extremely relevant (Chaturvedi P. , 2017). The law ministry also requested clarity as to whether the draft Universal Code of Pharmaceutical Marketing Practices (UCPMP) was equivalent to the Indian Medical Council's ethical code of behaviour, conduct, and ethics, which physicians would obey in their relationship with pharmaceutical and allied health services providers (Thacker, 2017).

Silent features of UCPMP according to NDA report are:

Claims for the efficacy of a drug should be centred on correct evaluation of all the Proof. Proof not to use the word "new" for any Medicine which was generally available, or medical sign for which in India generally promoted for more than Twelve months. The word "safe" should not be used without requirement, nor should it be stated categorically that a medicine has no side effects, toxic hazards or risk of addiction.

Drug analysis must be accurate, rational and substantiation in nature. When making a contrast, to ensure that it is not inaccurate by exaggeration, by undue focus, exclusion or some other form one should take care of it. If the express consent of the entities involved has been given, the brand identity of such firms must not be used for reference. Where promotional material is meant to provide eligible people with adequate details to make a prescription or usage determination, the following least details must be openly and legibly given and must be an essential part of the publicity material. Person who is not qualified to prescribe these drug substances should not be given free sample. No favors, financial advantages or benefits in kind may be supplied, offered or promised to persons qualified to prescribe or supply drugs, by a pharmaceutical company or any of its agents i.e. distributors, wholesalers, retailers etc. (Associates, 2017).

The biggest challenge that comes out to us is how impactful these ethical guidelines are to bring a change in society or to bring a change in the actions against unethical practise by making the UCPMP Code of conduct mandatory. According to (Valverde, 2012) There is an immediate need for the pharmaceutical industry to eradicate internal misconduct of certain leaders and to reaffirm its true contribution to science and the advancement of medicine for the good of mankind and society as well.

III. RESEARCH OBJECTIVE –

The objective of the study is –

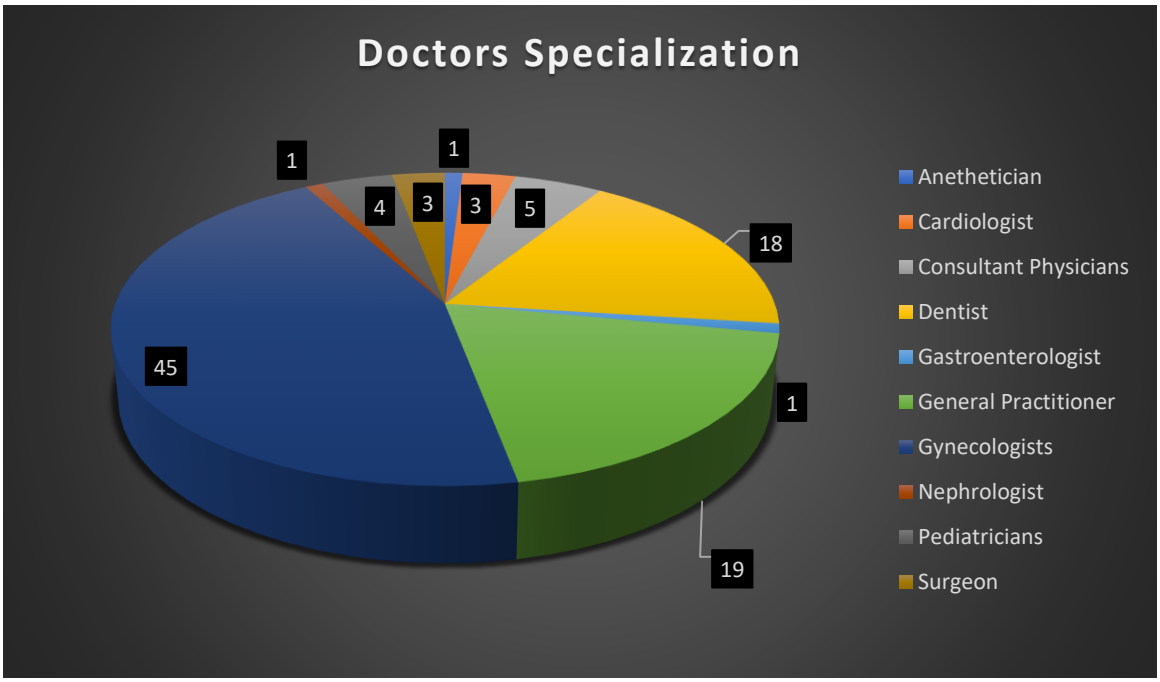
1. To find the reasons behind unethical practise of pharmaceutical marketing by medical professionals.
2. Impact of unethical marketing practise on consumers.
3. Overcoming challenges of unethical marketing practises by performing ethical guidelines.

IV. RESEARCH METHODOLOGY-

- **Type of Research:** Descriptive Study
- **Data Collection**: For the survey online google form was generated with multiple choice questions. Pilot Study was performed to smooth out the difficulties to administer the main survey. Primary data was collected from the doctors throughout the Pan India. Secondary data was collected from PubMed Articles, Published journals, etc.
- **Duration:** 3 months **(**1/04/2020 – 30/06/2020)
- **Sample Size**: 100 Doctors (Specialised in different field).
- **Data Analysis:** The data analysis had been done by using MS Excel.
- **Study Area**: Pan India.
- **Data Collection Method**:
- Primary Data Collection: A Pretested Structured Questionnaires was framed for Data Collection.
- Secondary Data Collection: Journals, PubMed Articles, Books etc.
- **Measure of Ethics**: Respondents were assured of Privacy and Confidentiality.
- **Data Collection and Analysis**:
- The responses obtained was collected, filtered, and statistically analysed using Microsoft Excel.

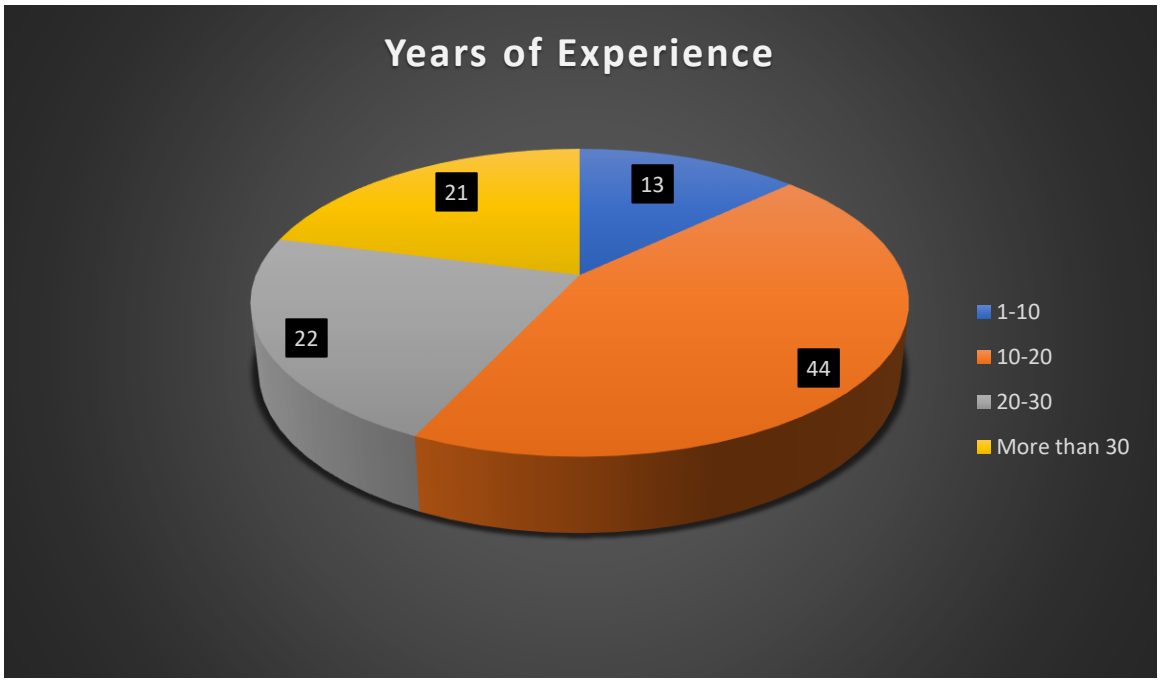
V. DATA INTERPRETATION-

01) Doctors Specialization?



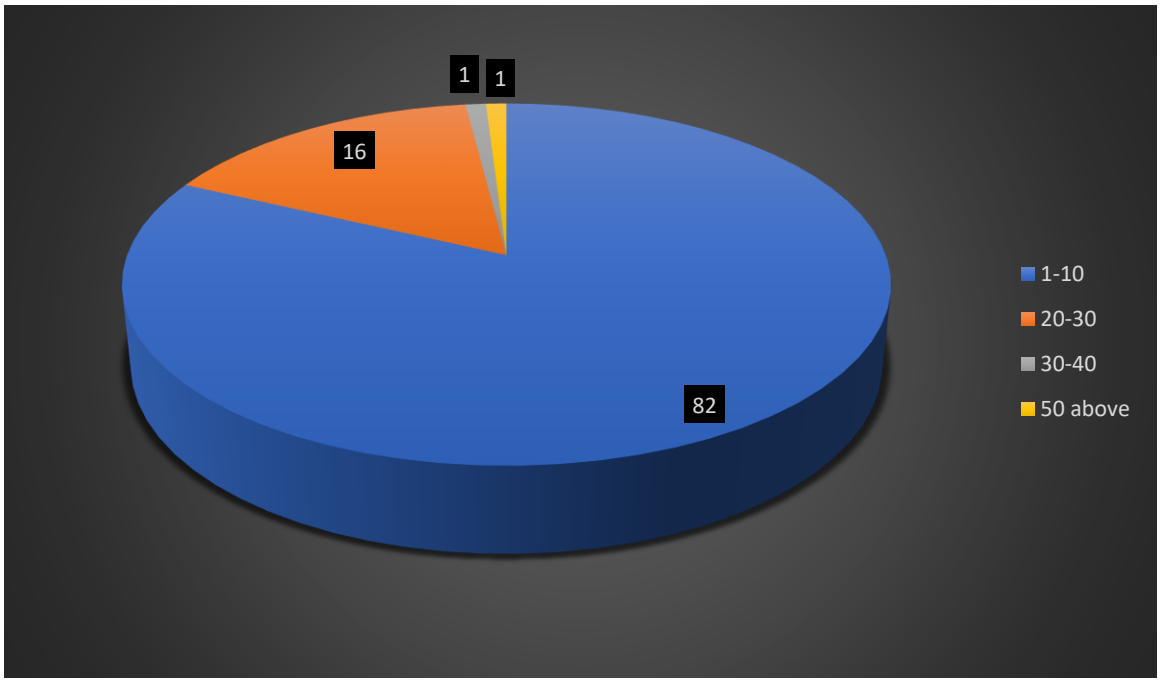
Interpretation – Doctors with different specializations participated in the survey where maximum 45% of the participants were gynaecologists and minimum 1% of contribution was made by Nephrologist, Aesthetician and Gastroenterologist.

02) Years of experience of doctors?



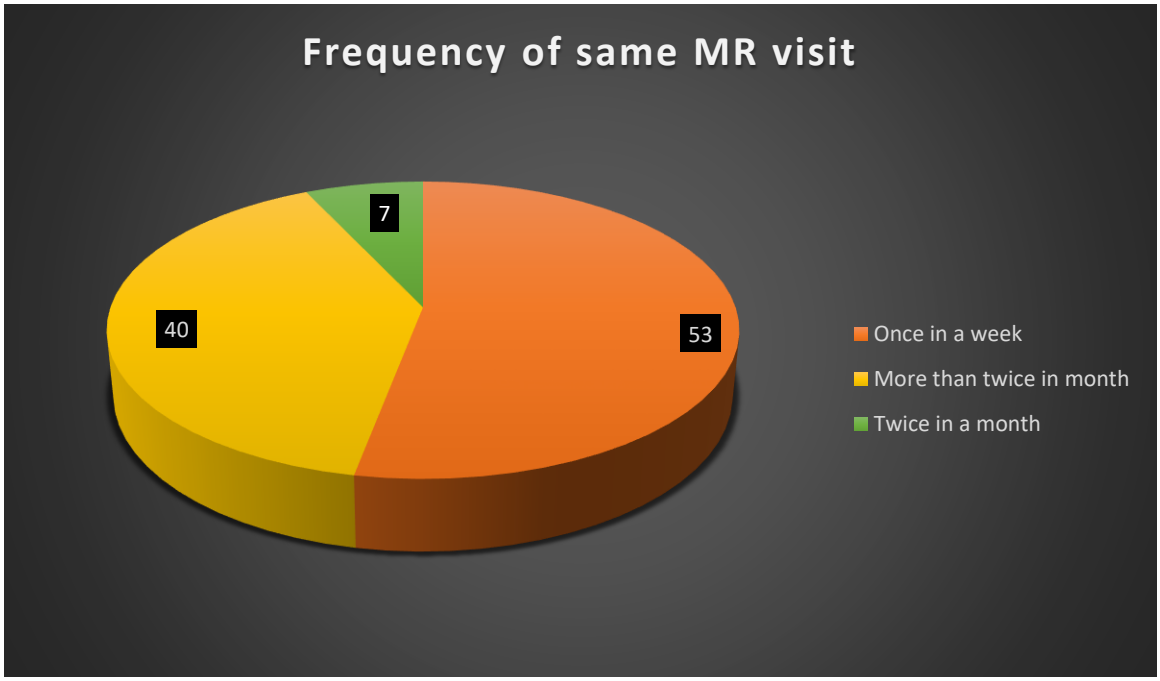
Interpretation- 44% of the doctors was experienced between 1-10 years whereas 13% of the doctors were experienced between 1-10 years.

03) The number of medical representatives visiting you in a week.



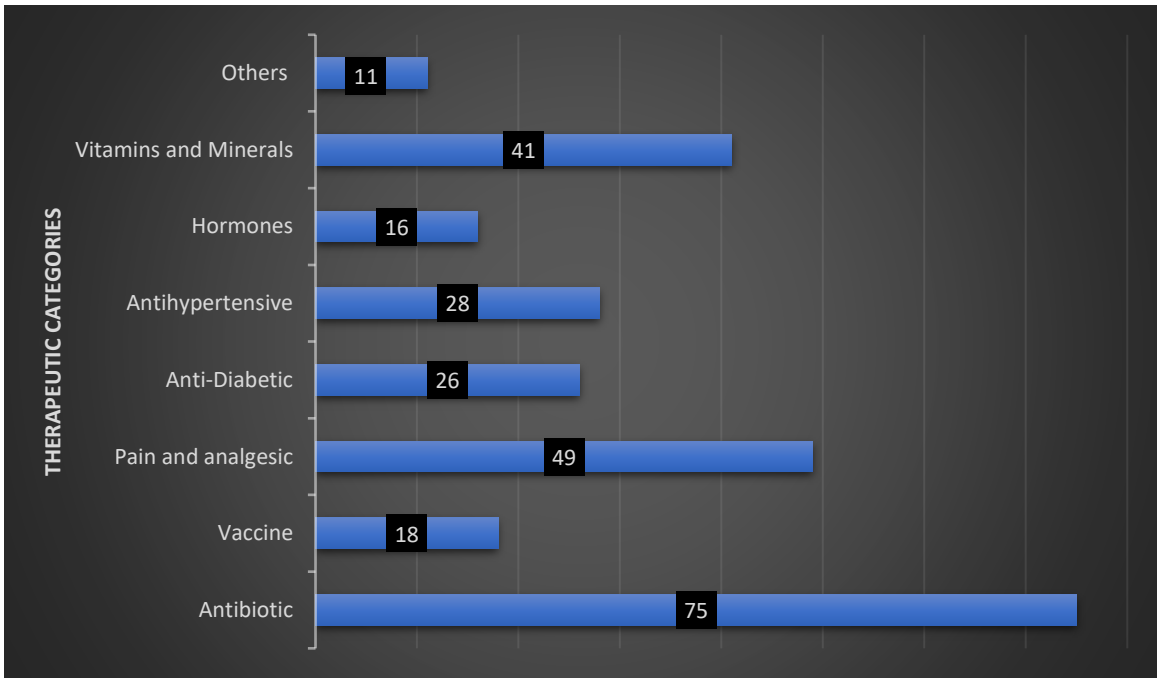
Interpretation- According to the data it is clearly understood how doctors avoid visit of number of MRs. 82% of the total participants said that they only allow 1-10 MRs visiting their clinic.

04) The number of times the same medical representative visits you?



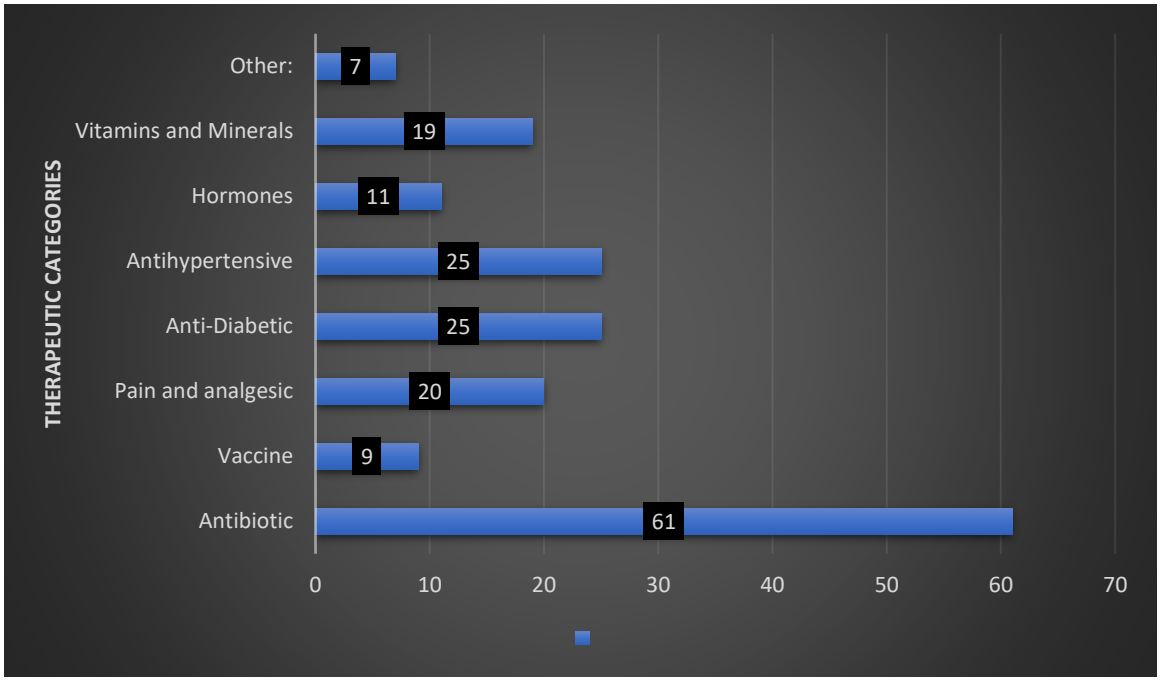
Interpretation – From the above data it was understood that 53% of doctors say that same medical representative visits them once every week then if we suppose a year of approx. 52 weeks then it means that in a year the medical representative visit the doctors 52 times. And out of 100% only 7% of the doctors suggests that same MR visit them only twice in a month.

05) Which therapeutic category you are getting more emphasis on prescription?



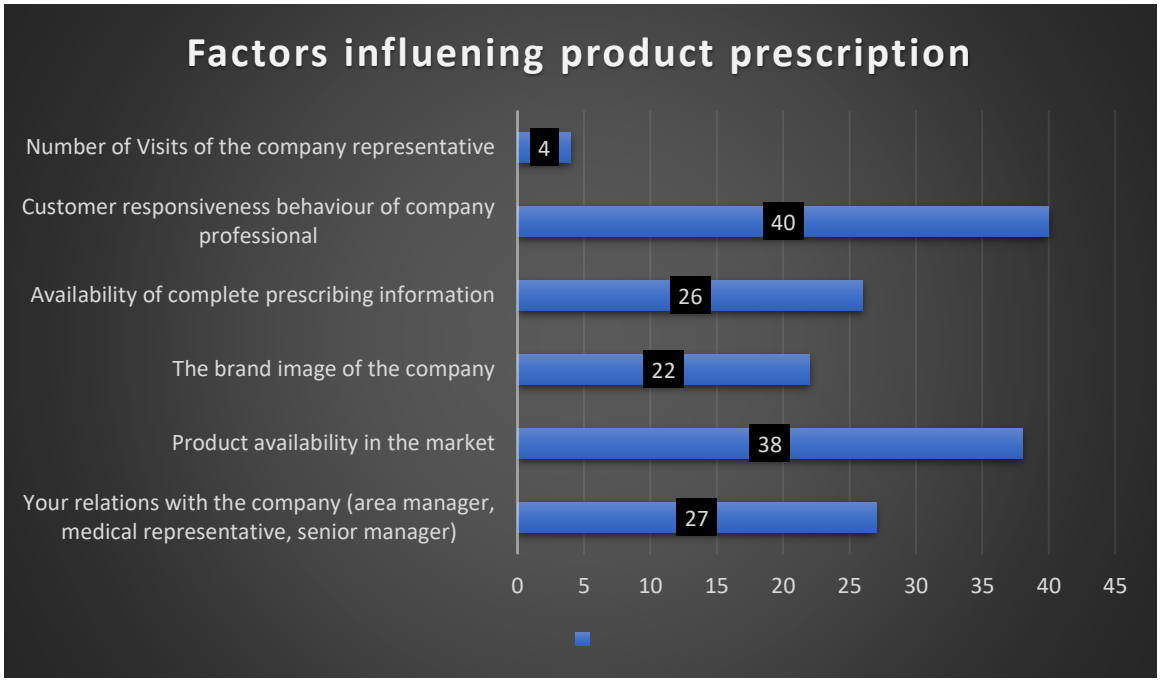
Interpretation- 75% of the doctors choose antibiotic as one of the therapeutic categories for getting more emphasis on prescription which also conclude the fact that how much of the antibiotics are prescribed and why we are getting resistant to antibiotics. In others 3% of the doctors justified that they do not prescribe drug on emphasis whereas 8% of the doctors mentioned the medicine or drug category like for antiplatelets and statins, dental material, supplements for pregnant women's etc.

06) From the above categories, which one do you feel pharmaceutical companies provide services (scientific accessories, gifts etc.).



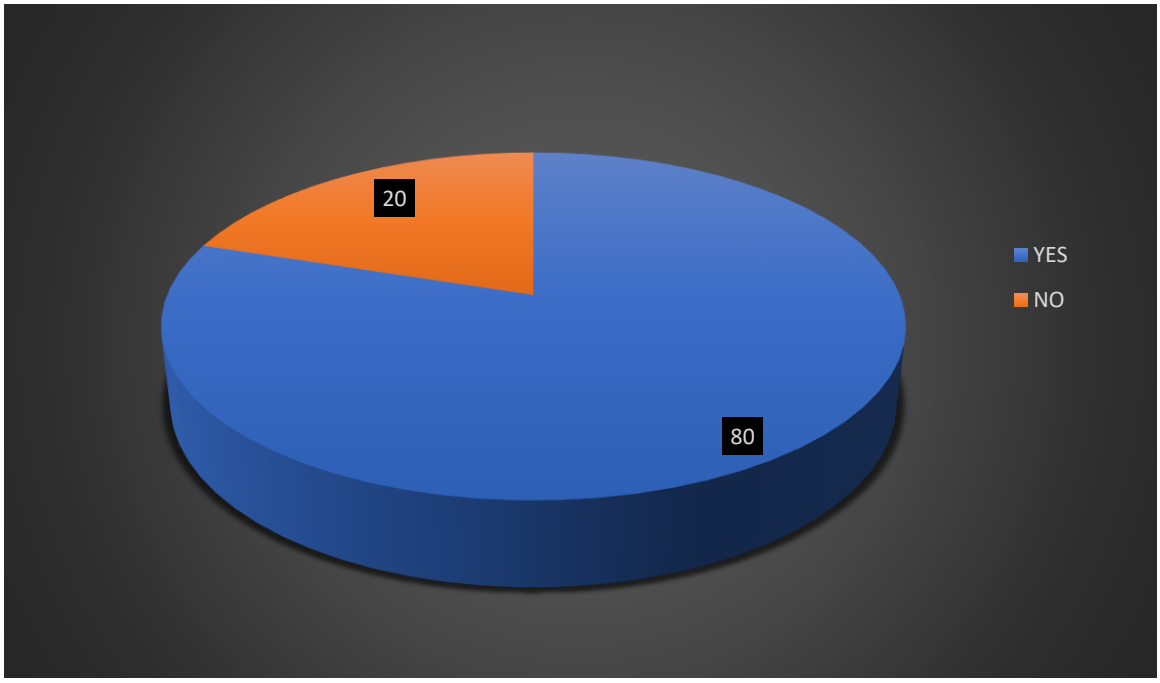
Interpretation- About 61% of the doctors speak that antibiotics are therapeutic category which provide them services like gifts, scientific accessories, free samples etc. In others 4% of the doctors said that they do not take any of these services rest 2% said that they take these services for category or medicine which were not in the option rest 1% said that all the above category provides free service on their table.

07) Factors that influence your product prescription.



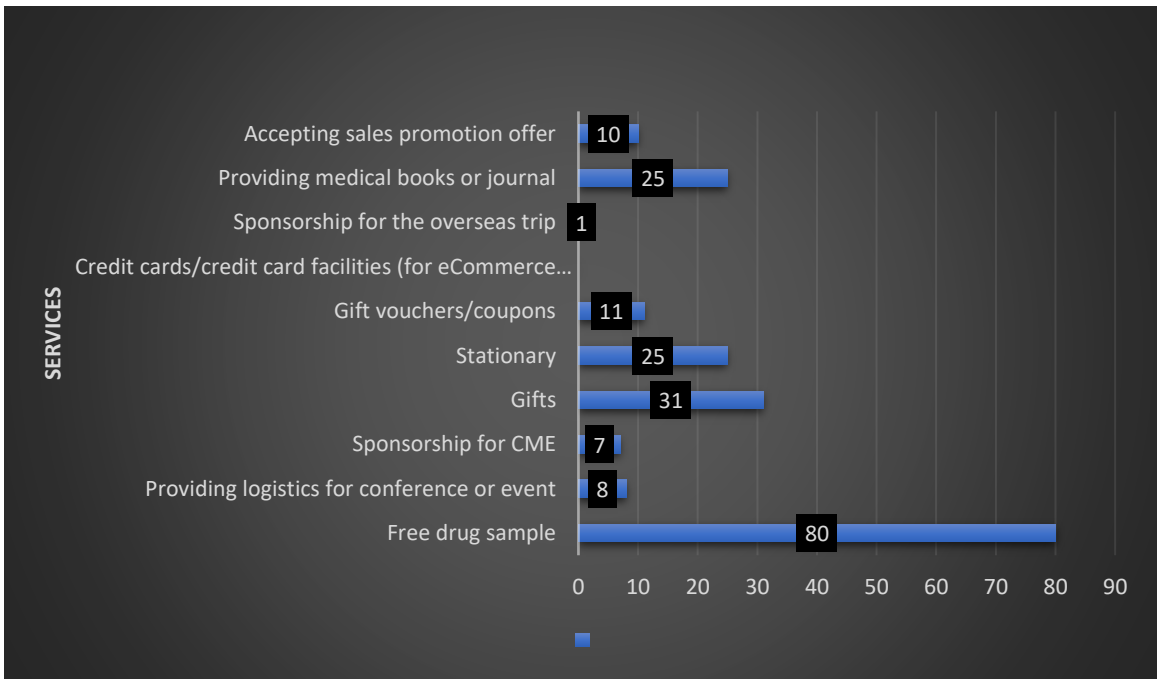
Interpretation- Maximum 40% of the doctors believe that the most powerful factor which influence them towards

08) Do you believe pharma companies are doing enough to convince you to prescribe their brand through science and evidence-based information?



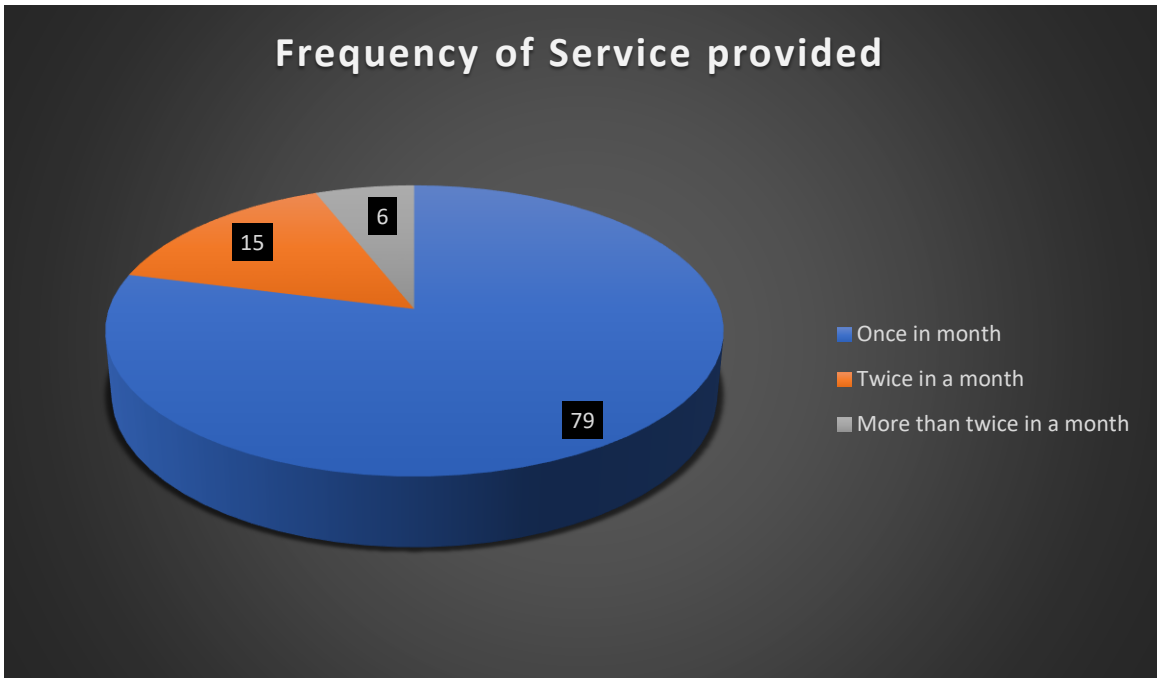
Interpretation- According to the data 80% of the doctors believe that pharmaceutical company are doing enough to convince them to prescribe their brand. Whereas other 20% deny to this fact.

09) Which of the following services do you avail from pharmaceutical companies?



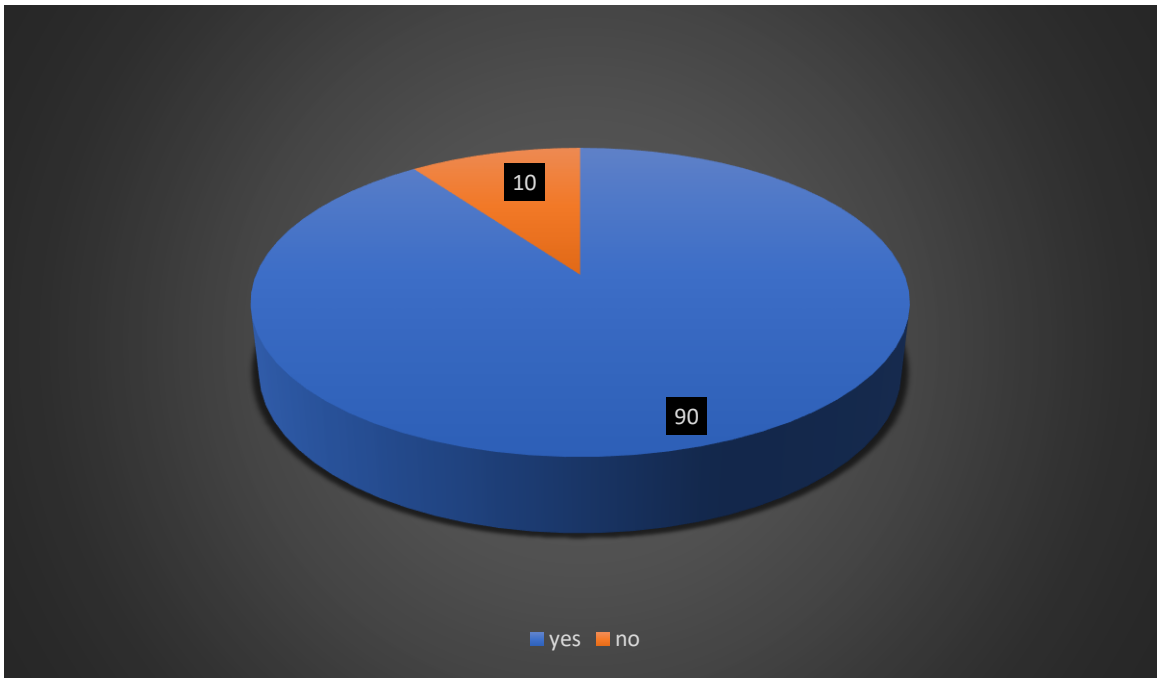
Interpretation- 80% of the doctors stated free samples as one of their options to avail the service from pharma companies. Where only 1% of the doctors choose sponsorship for the overseas trip which clearly presents that the scenario of pharma marketing has changed but not completely as gifts, CME sponsorships, sales promotional offers, logistics for events and other practises are still made.

10) To ensure effective promotion and a reminder of the brand what is the frequency of services provided in a month?



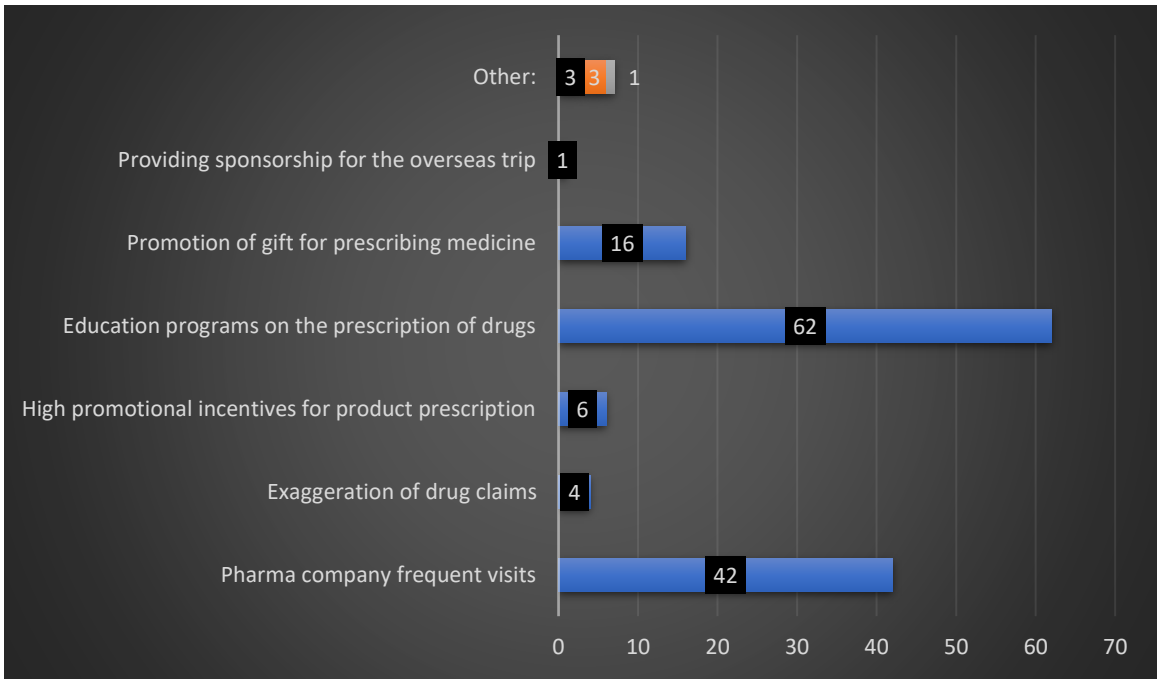
Interpretation- 79% of the doctor's state that they avail the above chosen services once in a month. Only 6% of the doctors said that they avail the service more than twice in a month.

11) Do you believe that the use of the above-mentioned services helps you to remember brands better?



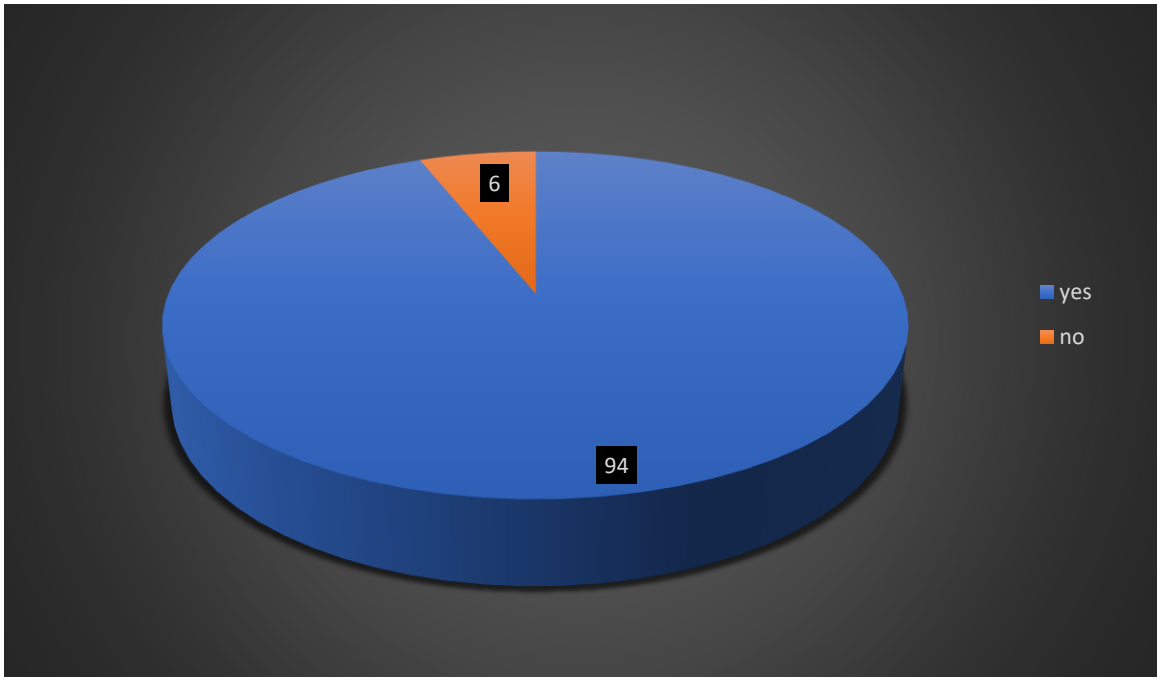
Interpretation- 90% of the doctors said that yes above-mentioned services help them to remember the brand better as they come in frequent contact with the brand products as services.

12) Which of the following promotional activities help you to remember the brand better?



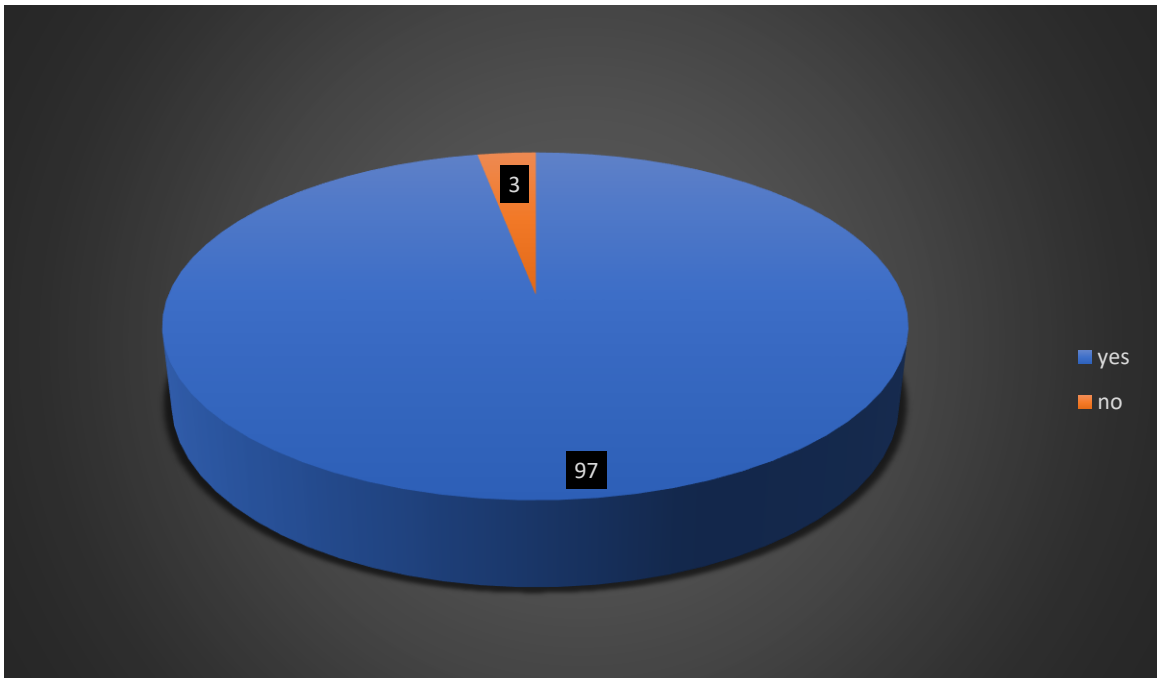
Interpretation- 62% of the doctors stated that education programs on prescribing drug help them remember the brand better. 42% stated that due to frequent visits of MR they remember the brand. 3% said none of these options are helpful to them as they prescribe drugs according to their knowledge. Other 3% said that based on quality of drug and response to patient's disease they prescribe drug. Whereas 1% of the doctor stated that frequent messages, mails and updates remind them of the brand.

13) Do you feel that Pharmaceutical product promotion should be governed by a regulatory body?



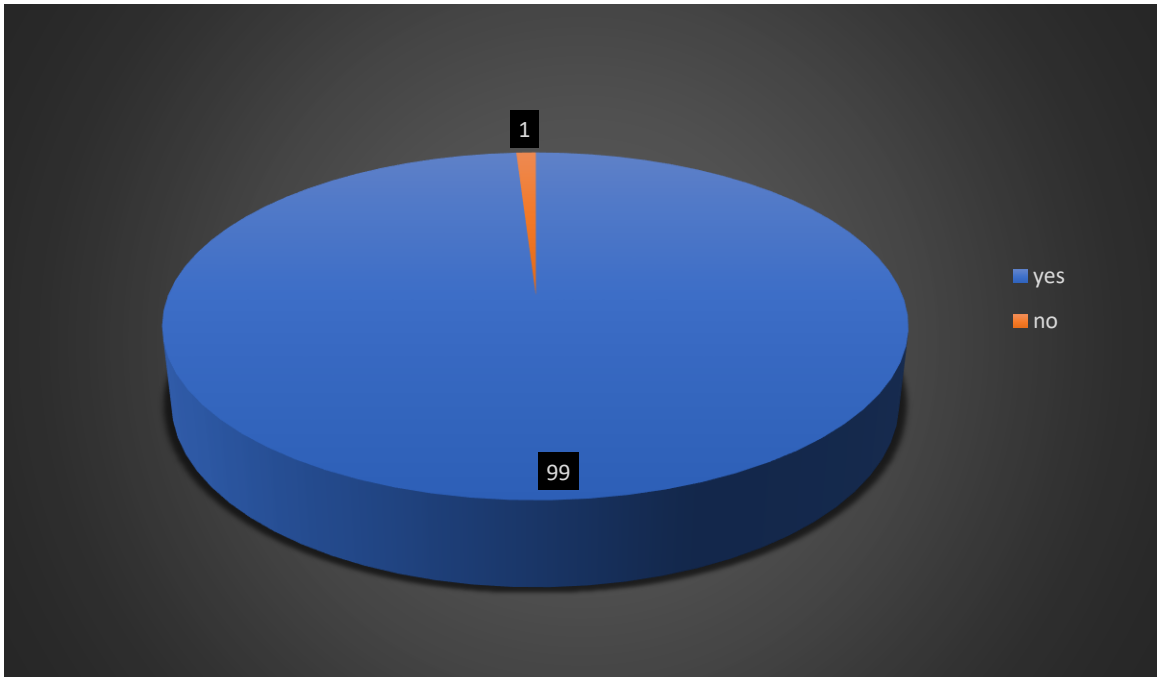
Interpretation- According to the survey data 94% of the doctors feel that pharmaceutical product promotion should be governed by a regulatory body.

14) Would you like to recommend that pharmaceutical company to be more ethical in product promotion?



Interpretation- 97% doctors suggest that pharma companies should get more ethical in terms of product promotion or marketing.

15) Should UCPMP (Uniform Code of Pharmaceutical Marketing Practise) guidelines be mandatory to Pharma companies?



Interpretation- This data concludes the research at a great outcome that 99% of the doctors wanted UCPMP (Uniform Code of Pharmaceutical Marketing Practise) guidelines be mandatory to Pharma companies) as a mandatory guideline in the pharma marketing practise.

V. CONCLUSION –

The objective of the research was to understand the need of overcoming the ethical challenges in pharmaceutical marketing practice which is now clearly analyzed. Pharmaceutical industry practices some unethical practices by providing services to the doctors in name of sponsorships, expensive gifts, gift vouchers, study material, stationary item, drug samples, also sales promotion profit. These practices eventually divert the minds of physicians and influence them in one or the other way. The committee which suffers because of these wrong practices are the patients and the UCPMP guidelines should be made mandatory in order to sustain the pride and belief in medical industry by the people.

VI. DISCUSSION –

- Limitations and Recommendations-

There are some limitations that I found during the analysis of the project and that can be addressed here in terms of questions. These questions can bring up more clarity to the same issue or topic in consideration by adding some options as a list of answers or parameter of calculating the responses.

How do you think the influence of Pharma companies over the idea of pursuing the Doctors be more neutral rather than being persuasive with unethical gift offerings?

Answer to this question can be – (a) Uniform Code of Ethics for all the Pharma Companies (Irrespective of their big net-worth's in billions, or trillions of dollars), (b) Uniform code with Uniform application ethics like doctors being able to report the persuasive tactics anonymously to the Regulatory Panels, (c) Regulatory Panels consisting of Ethical Doctors, Former Pharma Heads, with neutral ties to any of the existing Pharma Companies, (d) Open platform for anonymously mentioning the persuasive tactics to the Board of Ethics, (e) All of the above, (f) Additional ideas to do so.

How can so many companies get licensing when they don't even have their Product description online in a common Forum of DCGI office, FSSAI, and ISO certification?

(a) Persuasion by the pharma companies by certain unethical methods there too,(b) Unregulated and continuous addition of such newer companies ,(c) Absence of FDA approved rules and regulations like structure, (e) All of the above, (f) None of the above, (i) others (j) The authorities are already very transparent and do not need these adverse measures.

How to measure the persuasive tactics and their influence on Doctors if most of them do not participate in such surveys (although officially such surveys are nonexistent) or be vocal about such things?

(a) Anonymous Twitter tips to the DCGI officials, simultaneously regulated by the Govt of India and Health Ministry (for everyone to see, which enforces visibility and transparency and accountability),(b) Anonymous tips by Civilians, as well as Doctors, Nurses, Healthcare service providers, (c) No use of actual Officers doing the surveillance, but use of technological advances and AI in the same future based surprise online visits, (d) All of the above, (e) Any other Innovative solutions for the same.

Can ethics be bought or manipulated or the acceptance of gifts by most of the Doctors is merely a show of false support to pharma companies and most of them do what they know or are trained to do the best?

(a) Yes, (b) No, (c) Partly True, but needs to be entirely true in Future, (d) The question of such inclination does not exist.

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PART 02 -

ONLINE COURSE -

Contents

- 01)

- Name of the course –
- Marketing communications as a strategic function

- Medium of knowledge-
- Online portal through online text reading or in PDF, word or Kindle format.

- Start date –
- 10th June 2020

- End Date –
- 17th June 2020

- Subject Area-
- Business communication

- Delivery Provider –
- OpenLearn

- Instructor-
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- Course content-
- Introduction -
- Rather of treating brand contact as simply a pragmatic method of encouraging the other components of the marketing mix, strategic value. Current communication strategies tend to understand the complexities of customer behaviour today. Equally ineffective are existing communication models, particularly those which view communication as a magic bullet shot at the minds of the consumer to ensure compliance with marketing plans. Marketing messaging tends to describe the relationships between a company and clients not only through the form of messages shared, but also through the option of medium and incentive to match their customers' tastes.

- Barriers to a strategic view -
- Marketing campaigns are not often recognized in corporations as being of strategic significance. This course explores some of the reasons for this, before discussing some recent claims in favour of a marketing relations strategic position. Another justification for seeing brand campaigns as pragmatic rather than technical is that a significant portion of its production and implementation has been outsourced to public management companies with a variety of specialties. Notice that strategic campaigns strategy as though there are different ways of targeting customers in isolation is simply a marketing perspective based on the enterprise.

- The changing role of communications-
- It sees communications management as a branch of marketing policy. Butterfield believes that because of the growing role of company-wide brand principles in creating strategic edge, marketing is now a method of implementing a contact plan, rather than the other way round. Under this 'new' paradigm, correspondence starts with the client and messaging is a part of the advertising strategy's 'delivery process.'

- The changing role of communications: customer preferences
- Finding out how marketing messages customers navigate exposes their priorities when accessing content. They will filter out the unnecessary and the uncomfortable as successful receivers of brand messages.

- Outcome of the course –

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Statement of participation

Deshna Awasthi

has completed the free course including any mandatory tests for:

Marketing communications as a strategic function

This 6-hour free course emphasised the strategic importance of marketing communications and their long-term effect on consumers.

Issue date: 17 June 2020

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COURSE CODE: B825_1

- 02)

- Name of the course –
- Google SEO Masterclass: Start Ranking Higher with Better SEO.

- Medium of knowledge-
- Recorded videos and resources.

- Start date –
- 5 June 2020

- End Date –
- 11 June

- Subject Area-
- Digital Marketing

- Delivery Provider –
- Udemy

- Instructor-
- Phil Ebiner, Ryan Breitkreutz and Video School Online Inc.

- Course content-

- Understanding SEO and Factors –
- SEO is showing up on google that is SEARCH ENGINE OPTIMIZATION.

- 10 factors Google looks at when determining authority and relevance:
    - Site Age - It applies to the period a domain name lived for. That is how old the name of a domain is. For example, if a domain name was registered in 2010 then by 2020 the domain age would be 10 years.
    - Active Content - Active content is a form of interactive or responsive material on the website that includes programs such as Internet polling, JavaScript apps, stock tickers, animated images, ActiveX software, action products, video and audio sharing, weather forecasts, embedded objects, and more.
    - Load Times - How long a given website has taken to load in its entirety, which covers all images, scripts, CSS and third-party tools (as well as, of course, HTML) that may be found on a web site.
    - Backlinks - A hyperlink that connects one website (that is to add the link) to another website (whose link is inserted and receives the connection back). A backlink is created usually when an external website adds a hyperlink on its domain referring to a domain or website.
    - Search Relevance - Search relevance is like a method to group the findings of the database close to the request database, with the greatest relevance for your query.
    - Traffic - The number of visitors that are the product of organic or paying internet traffic to the website.
    - Direct Google Searches – Searches direct from google search bar.
    - Click Through + Bounce Rate – No of clicks.

- Location SEO –
- Google Maps/My Business • For locally based businesses • Google Maps existence also boosts organic ratings and ranking Process:
    - Google My Business > Manage now (Start now) > LogIn >
- Add a Business Name > Add a Business Details > Fill an address > ask for a postcard with a code (may take up to 3 weeks) >
- verify your address
- › go for a specific location
- › the closer to the city centre of searched city, the better ranking

- Create a Ranking Game-plan-
- Find 3 to 5 keywords you want to optimize your web
    - Build one page for every keyword that you want to rate for
    - Write a long-form, well-written essay for each
    - Build a Subscription Network
    - In any sub-link to your main post.

- Backlinking Building & Building Your Website Authority
- Goal: to build 50 new backlinks to your website
    - number of backlinks needed depends on a location (it can be 3-5 or thousands of backlinks) How to calculate number of backlinks needed:
    - Ubersuggest > insert your keywords (location, product, etc.) > check backlinks of best ranking pages (in ubersuggest or ahrefs backlink checker)
    - either get keyword that is less competitive or get busy with backlinking strategy.

- Outcome of the course –