Reps approach sell-by date

Adam Knights presents his top tips for good account management

Adam Knights joined the pharmaceutical industry in 1998 after a successful career in the armed forces. He applied military strategy and tactics early on to develop an account model that challenged traditional thinking and planning. He then went on to pilot successfully the regional account director (RAD) role in Takeda before becoming the first RAD in the UK and then sales director for the RAD team. Adam is now the managing director of 15Healthcare, which acts as a healthcare broker between the NHS and pharma through holistic and strategic key account management.

Why are so many sales representatives nervous at the moment? After all, you get a nice car, the pay is good and, essentially, you only have to see a couple of customers a day. Sounds like an easy life.

The truth is that many pharmaceutical companies have not yet adapted their selling strategies to meet the evolving needs of healthcare professionals, and it's getting more challenging for the rep. Many medical departments will only tell the salesperson what they cannot do and some marketing departments come up with bizarre and often useless campaigns.

The poor old rep is perceived as, and used as, a talking head to deliver so-called 'key messages'. These fall on deaf ears in the NHS, as they are so product-focused. Real key account management involves a holistic approach and providing problem-solving, often by lightening the load for the doctor.

Coverage and frequency models do not work in a fragmented NHS. Why would you expect to get the same results in Swindon as you do in Devon? Yet, the idea of sending lots of talking heads out on the road with some key messages and a one-size-fits-all strategy is still commonplace in our industry.

First, accept that healthcare in the UK varies by region; then start to segment campaigns to fit that. Senior managers must let go of measuring inputs all the time and concentrate on outputs, not only in sales but also for patient benefit. No other sales models are measured by inputs as happens in pharma. Just because a representative sees more doctors and attends more meetings does not mean more sales are made.

Farcical set-up

Field visits should be used as business days where the rep can study regional analyses and practise the latest data with the regional manager, rather than the farcical set-up that some reps do with their manager. This will allow the salesperson freedom to relax and learn in what is valuable time.

Time spent sat in with a sales rep reviewing a call does not drive sales and will have a marginal effect on that person's call quality. More value would be gained through analysing the account and the key stakeholders within it.

Effective stakeholder management may involve several people from the company interacting, depending on their level and status. In line with this, reps must accept that, just because they work a particular region, this does not mean that a customer is theirs exclusively. The best reps are great at calling in and utilising company resource for their gain and company benefit.

I understand that sometimes we need to look at inputs to evaluate the business. Over the years, I have met reps with high call rates and great meetings numbers, yet their sales are poor. All too often, the rep is pushed into attending expensive 'stand meetings' that achieve very little. One company was charging £500 for a stand meeting near a hospital recently. Remember, the local GP is not attending the meeting to see you, but to hear the speaker. However, it may be a great opportunity to dump some of those branded tissue boxes you had in the garage.

Totally degrading

It's totally degrading to make a good salesperson set a stand up and vie with the rest of the industry to catch the attention of a local physician at the coffee break. We spend thousands of pounds training and developing in this industry. Surely it is not the best use of this resource to make the rep dish out promotional items at a stand meeting? Over time, we have fallen into the trap that these types of meetings are effective and, as a result, the NHS customer expects to see us in this environment and not necessarily in the correct selling environment, namely a one-to-one meeting.

Every sales director has been in the position where some of the vacant regions are selling more than the occupied ones. In order to understand this, you must accept that the UK is fragmented. It's what you do with this fragmented knowledge that makes a difference. Some primary care trusts (PCTs) in the UK do not need any primary care reps any more, as the marketing mix in the region is different. You must consider other options that will work with the PCT. In key account management (KAM), you must be prepared to walk away from business when resources are limited and when there are restrictions and barriers, not only for your product, but also for the therapy area as a whole.

It is very hard for the sales rep who is busy working in primary care when the drug is "not on formulary yet" or "the PCT has red-lighted it". It will not matter how many GPs you visit, as the medicines management team has control. If you know it can take up to two years to gain formulary status in some PCTs, you can do something different or wait until the time is right to invest.

Perhaps those in head office do not trust salespeople to get on with their jobs and that is why they need to keep control. However, if an organisation wants to be really effective at KAM, it must allow salespeople more autonomy and control and not be risk-averse. At the same time, the salespeople must accept that with autonomy comes responsibility.

Real sales organisations allow their people to go out and sell and enjoy it. Most sales are made through the use of intelligent, compelling cases and a good relationship with the customer. This is the same regardless of whether you are selling pharmaceuticals or broom handles door to door.

I know a lot of senior physicians in the UK; many of them have become close friends. When I ask them what and why they prescribe, they all give similar answers: "the guy knows his data well"; "we have common interests and she is a real laugh"; "although the drug may be a me-too, it is the person that matters".

Though a business guru once told me that we only get on with one in five people, for some people it's more. Bearing that in mind, the nature of training and development in KAM needs to be reviewed. No longer should people stick to a script with a six-cycle selling method. I believe 'sales immersion' is the way forward, whereby salespeople are made aware of everything around them and are not so product-specific. They should start with the customer's needs in mind and be aware that there are so many more triggers and levers now that lead to the prescribing decision. Healthcare professionals must see the salesperson as more than "just a rep".

Morphing roles

The future of selling in pharmaceuticals is an increasing concern. Most sales representatives know that change is coming and, as a result, there will be fewer sales roles, as so many are showing little or no return. It does not matter whether you are called a key account manager, customer specialist or territory manager; these roles are starting to morph into the same thing. Who will be called forward from the crowd to continue?

The top performers will take all the top sales roles; these roles will have to cover all types of customer. For some, that will mean going back into primary care and working with selective targets. Many will be pulled out of their comfort zones and some will not survive the necessary transformation into good all-rounders, but perhaps that will be a good thing. Like the disease areas we have all worked in, the treatment doesn't always work for everybody.

So, for those that adapt to the new environment, here are my top tips for good account management. The first is communication; keep all internal and external stakeholders informed. Many accounts have been ruined because one person was left out. Skype in on Monday mornings and Friday afternoons. Share success and celebrate it.

Next, make sure there are no hidden agendas, especially when working as a team. Put your ego to bed and work together effectively.

Third, measure outputs, not inputs. This will change the mind-set on the account and the inputs will come once the business is viewed properly.

Fourth, make a plan. This sounds obvious, but it is amazing how often salespeople have none. Build a simple account plan and stick to it with realistic timelines. Remember, no plan survives contact with 'the enemy' – competitors, so have a contingency plan ready.

Finally, enjoy it. If you are miserable selling and building key accounts, look for another job, as lack of belief and enthusiasm will be obvious to the customer.