

KEY ACCOUNT MANAGEMENT IN UK PHARMA

THE ARTICLES

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PARTNERS



Introduction

In April 2021, just as the COVID-19 Lockdowns were being put in place, I took the decision to leave full time pharma to take up my passion of supporting organisations to develop their workplace teams in order that they become true high-performance teams. This was to be my real focus, but it quickly became apparent that my beliefs and passions as a result of nearly 40 years associated with the pharmaceutical industry, extended beyond high-performance teams and I quickly found myself becoming involved in healthy debate around pharma's quest for commercial excellence. I had been a strong advocate of a more focused and customer centric commercial model and have been pretty vocal both internally with the recent organisations where I was an employee and through speaking at numerous European & Global Pharma conferences. The main topic of the debate and the conference talks was that of key account management in pharma and I have found that in the last year I have been involved in some great discussions around where pharma goes next with the account management model.

To this end I have created this short e-book which is a simple collation of all the articles that I have written and published on LinkedIn over the last year. The debate has been healthy and whilst this is not a key area for my own business moving forward, I am still keen to progress the debate as I truly believe that there are still major changes needing to happen in pharma if a true account management philosophy is to be applied to achieving commercial excellence.

Please note that this is purely a collation of articles and you will find the 'flow' is perhaps not what you would expect in a proper book! Also, there is a fair degree of overlap but in many ways, this is not a bad thing as reinforcement of key points is very necessary whenever change is a possible (and hopefully probable) outcome!

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Key Account Management in Pharma – The Struggle Continues?

In 2001 I left the pharmaceutical industry (for the first time) after almost 20 years to start my own management and team development consultancy. This was prompted by a combination of the first of several mid-life crises, a desire to discover how other industries worked, a need to put my own ideas into action and a frustration that pharma was not as customer focused as I really thought it should be. This was a time of 'rep-heavy' field forces driven by the 'noise, coverage and frequency' model together with these field forces being tasked with simple 'marketing message delivery'.

Whilst some products (which were widely available for prescribing) responded to this model, there were many newer products where this model was ineffective. The increasingly complex NHS with the increased number of decision makers and processes that had to be negotiated before a product was even considered for patient access, required a far more customer focused approach. The key account management model used by many industries for decades was one I was interested in and would potentially provide the industry with a solution to overcome this new challenge.

Over the next 8 years I was extremely fortunate enough to work with a few industries such as engineering, distribution, aviation, finance, retail, drinks, the NHS, and pharma, and it was fascinating to compare the different approaches that each took to engaging their customers and their key accounts. I passionately believed that pharma should be looking at its own form of key account management to get closer to working in true partnership with the NHS.

In 2009 I was extremely fortunate to be tempted back into full time employment in pharma and was attracted to a company where the National Sales Director and the Head of Training were strong advocates of a key account management approach. At last, I thought, pharma is getting its act together and really attempting to get close to the customer, working in true partnership and not ramming 'key marketing messages' down customer throats. 12 years later, with experience at two pharma companies, and together with feedback from fellow pharma company executives at European Conferences I have presented at, I am not sure we are as far ahead in implementing key account management in pharma as perhaps we should be.

There are potentially several reasons that are behind this:

- 1. The Senior Leadership Group does not fully buy-in to KAM.** If the whole senior management group does not buy in the concept of KAM, then in many ways it is a 'non-starter'. KAM is a cross functional approach so there is no point in having advocates at Sales, Patient Access, and Training level when Marketing and Medical are not true advocates and are simply playing 'lip-service". I use the above functions as an illustration – the actual function advocacy may vary! Senior managers must show leadership and be united across functions in advocating the key account management approach. There is no point moving forward until this is achieved.
- 2. The Implementation Team are inexperienced and 'reading it from a book'.** There must be a competent and committed KAM Implementation team who, if they are not fully experienced in KAM, have access to consultants who are and who are available to support the implementation team through the process. Too often it appears that companies will recruit an implementation team from within their own ranks and with very little hands-on experience of KAM, try to work through the KAM models from the various textbooks that are out there. Also given that the 'KAM Project' may be lumped on to the team member's role objectives, the importance of the KAM project may be down the priority list of a few of the team members. Some of the larger companies have created a KAM 'Centre of Excellence' whereby great importance is placed on the KAM plan and the roles created to drive the plan. This approach must be seriously considered by companies if they are to ensure that KAM implementation is effective.
- 3. The KAM Implementation Plan is a big secret.** If KAM is to succeed it has to be launched effectively and the KAM Implementation Plan has to be transparent so that everyone in the organisation fully understands what KAM is, what it means to the organisation and what it means to each and every individual role within the company. The benefits of KAM and the change needed to implement it effectively must be fully transparent and understood by all. Clarity and understanding are vital at this point. I am still hearing of pharma companies who are trying to implement KAM, who supposedly have a detailed plan but very few people know what exactly is in the plan and how it affects them. Total transparency is a must.
- 4. KAM Means real Teamwork not 'playing at it'.** Pharma companies are great at talking about teamwork and teams and yet struggle to put the team basics in place. Some companies have teamwork highlighted either as a key company value or at the very least highlighted within role competency frameworks. However, they do little to train managers and teams in the absolute essential basics of teams whether they be sales teams, management teams, project teams or function teams. Where KAM is involved, cross functional teams are thrown together and then expected to fly into task without any real leadership or the basic team building blocks put in place. The result is usually a 'talking shop' of individual function roles driving through their own agendas and not focusing on the accounts and the customers within these accounts. Teamwork needs to be taken seriously if KAM is to work cross functionally.

- 5. Sales Representatives are Simply 'Re-Badged'.** One minute you are a sales representative or hospital specialist and then when the company decides to go down a KAM route, you are a key account manager. There is a much more complex competency profile for a key account manager than there is for a sales rep or hospital specialist. You cannot simply re-badge without ensuring the new key account manager has all the skills required to be effective or at the very least have a specific development plan to address the skills and knowledge gaps. There are some good key account managers out there who have been demonstrating a KAM approach for years so companies need to celebrate these people and ensure that their success is transferred to others through learning and development. In one company, all sales representatives had to go through a process whereby they had to demonstrate that they were operating as a key account manager or at least partially operating but with the potential to develop into an effective key account manager. This was, by all accounts, a stressful process and there were some who did not make the grade. However, it was a necessary step and showed that the company was serious about getting the right people to be key account managers and have the appropriate development plans in place.
- 6. Some Companies will try to implement KAM without a Training Team.** You cannot lump the implementation of KAM and the associated training and development requirements on to a project team or a group of first line managers. As pointed out earlier, a Centre of Excellence would be the way to go but at the very least the KAM skills and knowledge development should sit with a dedicated training team. There will be lots to work on – new customer engagement models, multi-channel customer engagement skills, KAM software user competencies, facilitation skills, networking skills, teamworking skills, account planning – and more. And this is not just for the key account managers – this is also for the first line sales managers, and any other customer facing roles that are in place. Make sure that there is a competent and experienced training and development team in place if you are going down the KAM route.
- 7. Do not take a 'broad brush' approach to accounts.** Not all accounts will need a full KAM approach whereby marketing, medical, patient access, sales etc are all involved in the account plan. Choose your accounts wisely. The company will need to segment and prioritise accounts so that those accounts which will need the most attention and deliver the most for both company and customer are worked in a true key account fashion.
- 8. Keep the Account Plans alive!** Many companies spend a lot of time and effort in new account planning software and the training of key account managers to make sure they can create good account plans. And then.... they sit there.... gathering dust in the hard drive and server as they are not updated as frequently as the business needs. Account plans are meant to be dynamic and are meant to be updated frequently so that at any point in time any member of the key account team can extract the necessary information from them to inform product strategies, brand plans, or sales strategies. Learning from these should be dynamic and in real time.

Too often learning is shared by manual monthly reports that go from key account manager to regional manager and then on to sales director with copies to the various heads of the associated functions. This process is archaic, probably repetitive in terms of the content and it is questionable as to whether these are even read.

What is needed is a system whereby at any point in time cross functional account teams and functional teams can access the information contained within account plans knowing that the customer and environmental information contained within them is bang up to date. That way more informed strategies can be developed, and success can be shared quickly across accounts. At the moment, I am not aware of a company that is achieving this and KAMs are not as proactive as collecting real time information from customers about their environment as they should be. There is still too much reliance on customer ad-boards (with in many cases the same old faces) and 'time lapsed' information and data from 'web scraping' tools. The greatest source of intelligence is via the customer facing key account managers and companies have to put more effort into ensuring the KAMs are supported and developed to collect this insight and collect it consistently, compliantly, and expertly.

- 9. Stop using traditional sales measures such as daily activity.** KAM is a new approach which will mean that different approaches will be used in different areas in order to drive and grow the business. A particular approach may be needed in South West England and this may differ compared to that in North East Scotland. As such the measures of success will be different for these accounts and for the key account managers managing these accounts. At present many companies still rely on a 'one size fits all' approach to measurement and one based on the old 'noise, coverage and frequency' model. It does not work unless you have 100% market access across countries and no real prescribing barriers! Whilst it is a sales director's, regional manager's, and HR Department's potential nightmare to have the same 'role' measured in different ways, if you are to make KAM work, the right measures have to be in place in order to drive the right behaviours needed for that account. If the measures were focused on actual delivery of the account plan objectives, then this would be a better measure of success and whilst the activities may be different in different accounts it is the outputs of the individual account plan that matter.
- 10. Shout from the Rooftops – Both Success and Failure.** As mentioned earlier if the organisation is not transparent about the KAM implementation plan then mistrust and scepticism will increase. The same is true about communicating progress and also where it is not working. There should be regular updates of progress and especially where success is being gained. Every small win should be communicated but where things are not working then this should also be communicated so that mistakes are not repeated in other accounts. It is vital that the communication is always kept high using a decent variety of communication media.
- 11. Stick with it!** I have seen examples of where senior leadership teams have panicked as the sales have not come in as expected and they have 'knee-jerked' back to what they know – coverage and frequency. And yet the results have still not come in. Activity is up but morale is down, and they wonder why? Also, I've heard of KAM

initiatives being ditched due to new senior leadership not buying into the philosophy and not being convinced by the remaining senior leadership team due to fractures in the senior team being evident with the 'lip service' to KAM finally being exposed. If you start off on a KAM journey, then you have to realise that this is for the longer term and that there may be a dip in performance measures as the company gets used to the new processes. Stick with it if you honestly believe that KAM will benefit your company and your customers. Real leadership will shine through.

There is some real progress being made in the pharma industry by taking on a key account management mindset and approach and some companies and leadership are being more successful than others. Above all it takes commitment, belief, unity, investment, resilience, and drive. It is worth it!



Key Account Management in Pharma – Taking Account Teams Seriously.

I highlighted in a previous article the various struggles that some companies in UK Pharma are facing when attempting to move their working philosophy to a key account management approach. One of the key struggles I highlighted was that not all the companies are taking account team working as seriously as they should do. When an account team is created little attention is being paid to ensuring the essential team performance basics of creating a high-performance team for the account, are being put in place. The result of this lack of attention to the key essentials of a high-performance account team will mean that the team lacks direction, clarity, adequate levels of responsibility and low levels of accountability. When this occurs, sales results and customer satisfaction may suffer detrimentally.

In this article I will highlight what needs to happen if the account team are to function at the highest level of performance possible so that sales targets are exceeded, and customer engagement and satisfaction are enhanced.

Let us consider a fictional pharma company. The company have just completed their segmentation process for deciding which accounts are going to be the priority for the company. It's a medium sized pharma company so there are just enough resources across the various functions to enable five key account teams to be formed to cover the top five priority key accounts that will be essential to the company's growth. There is one key account which is a standout in terms of present and future business and so a cross functional key account team is created, composed of a lead KAM (key account manager), their Regional Manager, a marketer, a market access manager, a medical advisor, and the company General Manager. There is already an account plan in place, created by the KAM and signed off by the Regional Manager so there is a basic framework to work around.

What happens next?

Two things can happen.

Firstly, the present plan can be the focus of this new team and this will continue to be driven forward by the KAM and their Regional Manager. The other roles can play a bit of a 'waiting game' and simply assist whenever the KAM and their regional manager call them to help with aspects of the plan where their expertise is required. The General Manager can be called in whenever a 'big hitter' is needed in order to support the KAM with perhaps these more 'difficult' influential 'high level' customers who don't really want to deal with 'reps' but will see the 'top guy'. And that is it. Job done – team created.

This is still a pretty common approach to key account 'teams' in UK Pharma today. This is not a team in any sense and is simply at this stage a 'working group'. The KAM (who may just be a sales representative with a fancy badge) may just continue to work as they always have done focusing their activity on their usual measurements such as 'target customers per day' with the hope that their sales skills will see them through to hitting their sales targets. Their regional manager will go along with this game as their measurement is similar to the KAMs in respect to sales and activity. The more enlightened and proactive KAMs will focus on the account plan and be proactive in calling in the relevant expertise that will be needed in order to achieve the key objectives within the account plan. Whilst they recognise that the account plan is key to achieving the overall objectives for the account, they are still aware that they will be measured on customer activity and hence will probably undertake some customer activities and contacts that they know won't enhance the business but 'what the hell', they will keep the Regional Manager and the National Sales Manager 'off their back'. As for the other 'team' members such as the marketer, the medical advisor, the market access manager, and the general manager it is highly possible that their 'activities' will not even be recorded or communicated. The result will be that there is no actual measurement as to how successful these activities are being in relation to the delivery of the account plan. There will certainly be no team review of how well each team member is doing in relation to achieving their actions and in many cases, it may even be that the activities are not recorded in the account plan and within the CRM system. There could be a huge loss of learning across functions, an account plan that is not as dynamic as it should be, an unacceptable level of confusion in the minds of the customers as to what value all these different company roles bring and a lack of use (or even misuse) of important KAM software tools such as Customer & Environment Analytical Tools and CRM systems. All in all, this could end up as a fragmented 'mess' with the KAM and the Regional Manager being held solely responsible for an inadequate account plan for a priority key account.

There is a second way.

As soon as the Company identifies a priority key account, a key account team is formed using the roles that need to be active and provide value to that account. Before any further action is taken this group of potential team members get together and sit down and work out and agree how the team will work together. They agree a process of team basics that must be covered before the team can start working together effectively. The process looks like this and the outputs of the process should result in a 'team contract' being formed and one that everyone signs up to.

1. What is the purpose of the account team? Why has this team been put together? What is their 'reason for being'?
2. What specific aims, goals and objectives does this team need to achieve and within what timeframes?
3. What are the specific roles and responsibilities of each of the team members? Who is doing what?
4. In terms of each persons' roles and responsibilities what the team's strengths and weaknesses? Are there any overall team development areas? What about individual training needs? How will these be addressed?
5. What standards will the team members adhere to as regards updating their activities in the account plan and CRM system? How will each of the team utilise any other KAM software such as customer and environment insight tools that are used by the company?
6. What are the team members' individual needs as regards working in the team? What behaviours does everyone want to see demonstrated positively and consistently?
7. How is the team going to make decisions around the account plan? What decision making process will they agree on?
8. How will the team communicate with each other?
9. The team contains different levels (seniority) of management. How will this be managed within the team? If the KAM is to lead the team how will they manage directing their regional manager and perhaps even the general manager? How will each of the team members manage working out-with their own functional 'silo' team? All these expectations will have to explored and managed.
10. How will the team 'reward' each individual team member? Will the responsibilities and objectives that each member has, be built into their core role responsibilities and how will these be measured?
11. How will the team review its progress against the final account plan that they all agree to? How, and when, will they review how the team is progressing against the team contract that they all signed up to?
12. Who are the key stakeholders that the team must engage within the company and who can they enlist further support from?

As you can see there are a good number of questions that need to be asked around a number of key team performance areas. Simply 'flying into task' to deliver an account plan may seem the natural thing to do to get 'stuck in' right away, but it inevitably ends up in frustration and stress as clarity and understanding around the key team processes are not present in the first place. This may also result in a completely fractured team which will not hit its aims and goals and will 'force' team members to seek 'refuge' within the comfort of their core functional team. The 'silo' mentality is reinforced, and effective cross functional working (a key aspect of key account management) is lost.

Whenever a key account needs a specific cross functional team to create and deliver a key account plan then time must be taken to pay heed to the essential basics of team performance. Get these basics right at the start of any team's life and you stand a better chance of creating and executing a top-class account plan which will drive the business forward. Ignore these basics and you potentially have a recipe for disaster.



Key Account Management in Pharma – Why the Big Secret?

I highlighted in a previous article the various struggles that some companies in UK Pharma are facing when attempting to move their working practices to a key account management approach. After writing last week about whether companies take account team development seriously, it was during conversations on team development with a couple of KAMs that it became apparent that despite being told that their companies were going down the key account management route, both KAMs had no idea what the actual key account management development and implementation plan actually entailed.

This intrigued me, so I spoke to six other pharma employees in several customer facing roles across six different companies and asked the question as to whether they had seen sight of their company’s development and implementation plan for KAM. The lack of knowledge of what was happening with KAM in their companies was ‘telling’ to say the least with most of the roles not having had any sight of what the KAM Implementation plan contained.

This article explores this KAM ‘struggle’ in a little more depth.

One of the absolute essentials to ensuring that key account management is fully embedded within a company is to ensure that there is a robust, practical, transparent, and appropriately time-framed implementation and execution plan. Ideally this plan would be created by a specialist project team composed cross functionally and sponsored (possibly led) by one or several of the senior leadership team. The project team and the plan would have the full support and backing of the entire senior leadership team and may possibly have external support from specialist consultants experienced and expert in key account management implementation. All in all, a lot of effort, time and most likely funding will go into the creation of this plan.

Why then, in some companies, does it appear that the real ‘end-users’ of this plan, the Key Account Managers have no idea of the actual contents of the KAM plan? This would appear to be madness if this is truly the case. Everyone in the organisation should be made aware of the plan and its progress. They should be able to ‘buy-in’ to the plan and recognise how it impacts them, how it benefits them, and what they can do to support the effective implementation of the plan.

So, what could the reasons be as to why this vitally important plan is not on the radar of everybody within the organisation?

1. Simply an oversight by the Implementation Team.

It could happen but this is very unlikely. It might be that the implementation team are so focused on getting senior leadership approval of the plan that they forget to fully keep all stakeholders, including the KAMs, involved. It could also be due to the fact that the overall project plan is not as extensive as it should be and that the project leader (and the project team members) lacks the necessary experience and / or skill in running such an important project.

2. No communications plan from the project team.

This could be linked to the 'oversight' scenario and it can be quite common for a project team that is inexperienced in major project planning to omit a specific communication plan for all stakeholders due to being totally focused on the key tasks of implementation. This may be a project team leadership 'deficit' situation, and this is where a senior leadership stakeholder who is experienced in complex projects should be a project 'sponsor' in order to keep the project and the project team on track. This may also be a situation whereby external experience is brought in to guide and support the project team.

3. Company Culture.

This may be a very realistic cause. If the company culture is 'top down' and not as empowering and collaborative as it could be then a 'just tell them what to do' attitude and culture can mean that there is a mindset from senior leadership that simply does not believe that the KAMs need to know the details of the actual implementation plan. The question then begs that if that is the actual mindset and culture then why is the company even considering a KAM approach?

Another 'culture' aspect could be that the culture is very task orientated where the number of tasks completed is more important than the actual quality of the tasks. The culture is not a 'less is more' culture and is more of a 'hamster wheel' culture where everyone must be seen to be constantly 'busy'. This can cause 'burnout' and mistakes in plan implementation and execution are common. Senior leadership will have to fix this.

4. Fear of Project Failure.

KAM is a new way of working for many pharma companies. If an internal project team without external support has been created (and there is a lack of experience in KAM) then there may be a degree of hesitancy in promoting the plan widely for fear of the plan being extensively challenged. If this approach is kept up, then the project team run the huge risk of a lack of buy-in and commitment from the key 'end-user'

stakeholders – the KAMs themselves. If this happens then the project leader and team may have to ‘answer’ to the senior leadership team as to why the project is seemingly starting to fail when there is little ‘buy-in’. This can also be linked to a company culture where there is a fear of calculated risk taking.

5. Lack of importance relative to perceived priorities.

If you look at the present situation, COVID-19 has resulted in a lot of senior leadership teams becoming the proverbial ‘rabbits in the head-lights’. Suddenly all focus has been switched to how COVID-19 has impacted on the company’s engagement with their customer base. Field forces are ‘off the road’ and in some cases furloughed. Online meetings and training are now the short to medium term focus for many companies and there is a mad dash to ensure all customer facing roles are now adequately trained in virtual engagement using both the virtual media and the enhanced skills needed to effectively engage the customer through such media. Zoom, Skype and MS Teams ‘fatigue’ is fast becoming a reality. It is understandable that perhaps some projects may have to now ‘take a back seat’ through this period. Surely though, as Key Account Management is a major strategic priority and has huge impacts for both company and customer, then the project cannot afford to be ‘put on hold’? Those companies who have kept the KAM development momentum going will be best placed as we start to emerge from the pandemic.

6. Lack of 100% commitment from senior leadership.

If the senior leadership team is not 100% behind the plan in the first place (and by 100%, I mean every single member of the senior leadership team) then the KAM project will be doomed to failure from the onset. Despite every effort from a dedicated KAM Implementation project team, without the support and backing from every member of the leadership team then it will be a challenge for the project team to ensure full transparency and communication of the plan.

This challenging period for pharma will surely test the capabilities and strengths of senior leadership and their teams. They will have to keep their employees across all functions motivated as working lives are turned ‘upside down’ in many ways. Strategic priorities must continue to be worked on and although there may be added challenges to these priorities, senior leadership and key project teams cannot afford to lose focus on what the company needs to do to survive the present climate but also grow as a result of the learnings from adversity. Important projects like KAM implementation need to be maintained and all those roles which will be impacted by KAM should be engaged, involved, and communicated to on a regular basis.

A ‘stop-start’ approach to KAM will only prolong the ‘struggles.’



Key Account Management in Pharma – Are you Utilising Your Greatest Resource?

Ever since I joined the pharma industry in 1982 there has been conflict between the various key functions that drive and support pharmaceutical sales. If it's not marketing 'pointing the finger' at the sales division for possible non-adherence to a brand campaign or for 'correct' iPad usage, it's sales then doing similar back to marketing for not producing the 'right' materials or not listening to what the sales reps or key account managers are feeding back in terms of what they actually need. Add in potential conflicts between medical and sales and marketing around compliance and between market access and sales around roles clarity and customer approaches and you have a potentially toxic mixture which makes key account management a complete 'pipe dream' for many companies.

While all this 'conflict' is taking place then huge amounts of customer and environmental insight along with shared learning is lost between functions and to the company as a whole. It is time to get this sorted as the company is missing out on effectively using its greatest resource – its people.

But how do you eliminate the toxicity? Here are 6 key points to consider.

1. Ditch the Silo Mentality.

If you are to ensure that key account management works then all the functions need to ditch old 'rivalries' and start to work together collaboratively on mutual aims and goals. Senior leadership in the form of the function heads need to get their act together and ensure they lead the way by working closely together as a senior leadership team. They need to agree mutual aims and goals and work out how they are going to work productively together to ensure that they are a solid and dynamic team. When the other roles see the function 'heads' working well together then their example is usually followed.

2. Take the Account Team Approach Seriously.

I have discussed this at length in a previous article, so I am not going to labour the point here. I will though, reinforce that the approach to teamwork across the organisation must be taken seriously and not only should team managers and project team leaders be trained in how best to lead teams, the key account managers who will be expected to lead key account teams will also need to be trained in all aspects of creating and maintaining a high-performance team.

3. Challenge the Mindset around Key Account Managers.

We still live in a hierarchical society and with key account managers appearing at the end of a line management chain then there is still an attitude in some quarters that says that key account managers are just there to 'sell' as opposed to actually run and lead key accounts. If key account management is to flourish, then key account managers should be given the total respect that their position deserves. After all, if the key account manager cannot sell and cannot deliver against the other disciplines and skills needed to ensure account success then the other roles do not succeed either!

4. Be Proactive in collecting up to date Customer and Environment Insight across the functions.

Good line managers and capable key account managers know the value of ensuring they know what is happening with their customers and what is occurring in healthcare marketplaces in real time. Knowledge is key and the more knowledge a key account manager has, the more business opportunities are identified and created. When the customer recognises that the key account manager is so knowledgeable about areas out with their own products then respect and trust rises considerably. However, this acquisition of knowledge can be impinged upon due to pressures on the key account manager to deliver sales and marketing messages in every customer contact, when what is actually needed, is for the key account manager to take the time to ask their customers about what their aims, goals, pressures, and challenges are. When this information is gained it not only informs the account plan but can play a huge part in ensuring the correct and focused brand strategy for that account is created. Too often brand strategies are based on 'ad-boards' of key opinion leaders and where the 'ad-board' tends to have the same key opinion leaders from one year to the next. Also, it may be that many of these key opinion leaders are now 'removed' from the day to day 'coal face' of patient interaction and hence may not be the best people to get up to date feedback from. There is also an increased reliance of insight and intelligence being gleaned from what I would describe as 'web scrapers' where intelligence is gathered from the web by particular software and then distributed to the key account manager. The challenge I have found with these 'web scrapers' is that whilst the intelligence gathered is useful most of it tends to be well out of date (e.g., CCG / Health Board minutes, D&T Bulletins etc) and probably not the best intelligence to base brand or account strategies on.

Thankfully, there are new AI (artificial intelligence) software packages (e.g., XLens) that can be utilised to ensure that the latest customer and environment intelligence is used to inform account and brand strategies. This does rely on the key account manager and the other customer facing roles acquiring and then inputting the up-to-date information and as such these roles need trained in asking the right questions and inputting the up-to-date intelligence.

5. Change the Reward and Recognition Process.

If the organisation has reward and recognition processes that simply reward individual and individual function performance, then it will be challenging to ensure full key account management engagement across the functions. Whilst individual performance assessment against individual objectives is important, the individual's team responsibilities and objectives related to the team purpose and aims should be included in the person's overall measurement. And this applies to all roles involved in the key account team including senior leadership roles because accountability and responsibility are absolute essentials in key account management and as such everyone, regardless of role and seniority, needs to have their performance measured.

A decent starting point in this journey is to ensure a decent split (% wise) in terms of individual versus team objectives. When I was line managing in Scotland and was part of a management team working across roles and therapies our split was 50% individual performance and 50% Scotland team performance. This meant that even if your own team goals were hit but the overall country goals were not then it hit your pocket and your overall performance rating. It certainly focused the mind! As everyone in the team had overall Scotland team projects and had individual objectives that contributed to the overall Scotland aims, no one had any complaints. This allowed us to develop as a management team to the extent that we ended up doing our own appraisals and performance ratings together as a team. Empowering stuff!

'Blanket' role descriptions and objectives will tend to limit the ability to embed key account management effectively and efficiently. All individuals involved in the key account team need to have specific performance objectives and measures which are related to their accounts and there should always be a team element included.

6. Share the Learning more Efficiently.

In a lot of organisations learning is shared infrequently and can be 'discouraged' by the culture (competitive and individualistic) and the reward and recognition processes in place. I have worked in sales organisations where there were sales league tables and a traffic lights system - i.e., Green on target, Amber – there or thereabouts and Red – Not on target. These were communicated widely, and many assumptions were made about individuals (many of the wrong type!) with the results

that learnings from successes were not shared. Some people in the 'green and 'amber' areas would not share success information for fear of slipping into the 'red' as colleagues in the 'red' benefited from others' success and started to 'climb the table'. Very team oriented! Success and failure should be communicated widely and frequently along with the learning taken from these and in these situations, there needs to be more responsibility from all function leads to ensure this learning is shared across functions. But it doesn't just sit with the leads, it's everyone's responsibility to share this. Traditionally this is usually done through the monthly report – you'll know these by the various 'cut and paste' jobs done from one month to the next with very little new information included in them as they are seen as a bit of chore by those compiling them!

The best source of information should be the actual account plans themselves and with new AI software now being introduced within account plans, the collation of information about what strategies are being successful and where this is occurring should be a lot easier and simpler. And with all this information being accessible by all the customer facing roles then there should be no excuse for not knowing who and what is being successful within an account.

A company's greatest resource is its people regardless of role. In the case of the key account manager this is particularly true. They (and the associated customer facing roles) are key sources of up-to-date customer and environmental insight and intelligence and they should be trained in ensuring they are capable of collecting this alongside their other key customer engagement skills requirements such as selling, education and service optimisation. For this to happen then other influencing factors such as a silo mentality, ineffective team working, and inappropriate reward and recognition processes need to be worked on and developed accordingly.



Key Account Management in Pharma – The Account Plan – How much ‘Dust’ is on yours’?

With the impact of COVID-19 creating great change in both the NHS and in the Pharmaceutical Industry with potential changes to structures, roles and responsibilities, the need to adapt and redefine business plans is paramount in many senior leaders thinking at present. This is now the time to start to ‘get it right’ and ensure that account planning capability both in terms of creation and execution is of the highest order.

I think it is fair to say that everyone would consider that account planning is an essential and core skill in the multitude of capabilities that are needed to implement effective key account management. But how seriously is account planning taken from creation through to execution and completion? In this next article on key account management in pharma I will outline my experiences and thoughts on how the account plan should be created, executed, monitored, and rewarded.

I remember many years ago attending a very motivational seminar by one of the UK’s top motivational gurus at that time. Whilst most of his talk was very enlightening and inspiring, one of his quips that surprised me at the time was that one of the best things a sales directorate could do was to ‘sack the planners’! His view was that planning interfered with creativity and that as such it was creativity and innovation that made people successful. In some ways I agree but I believe that if you do not effectively plan to utilise this creativity and innovation effectively, then you ultimately will fail and as such potentially ground-breaking ideas may get lost never to reappear.

Traditionally in pharmaceutical sales, account or territory plans were almost non-existent save an activity plan and perhaps a weekly work plan that would deliver the activity. It may well be that a number of today’s key account managers still have that ‘activity beats planning’ mindset and with their organisation still focusing on activity performance measures then this only serves to reinforce the ‘activity is more important than planning’ mindset. As a result, many key account managers see account planning as a chore and despite there now being some decent CRM systems which contain fairly easy to use account planning templates, once these are filled in, then the plans may simply gather ‘dust’ on the computer hard drive, only occasionally having a ‘dusting down’ when the mid-year review or year-end review comes along.

So why is account planning so important?

- The account plan provides focus and should generate the right activities for that specific account.
- As a result of this focus then it acts as a guide to ensure that the account manager is kept on track towards successful completion of the objectives needed to fulfil the plan.
- The account plan is the best 'stakeholder management' tool that a key account manager can have in that, in addition to the sales directorate, other company functions such as marketing, market access and business intelligence can see what is happening in specific accounts. As the visibility of the plan is widespread across the functions, then the better the plan, the better the perception of the ability of the key account manager responsible. The opposite is also true!
- Assuming that the account plan is of high quality and contains up to date customer and environmental information, then the customers will notice a real customer-focused approach from the key account manager as opposed to simply being 'treated as a number' if activity is the sole focus of the key account manager.

Why do account plans, then still potentially 'gather dust'?

- Inadequate communication as to the importance of planning and real benefits it can bring to the key account manager, the account team, the organisation, and the customer.
- Ineffective training and development support of the account planning process.
- Non user-friendly CRM / Account Planning tools.
- Ineffective managerial support and coaching.
- No real reward and recognition links to effective planning or plans – e.g., traditional activity measurement.
- Infrequent and ineffective review processes.

How can we 'sweep the dust away' and ensure complete buy-in and high-quality plans?

- Highlight the benefits and reinforce the benefits through sharing of best practice showing the high-quality plans that are delivering the results. They are about!
- Make sure the CRM / Account Planning tool is user-friendly in terms of adding data and information and is easily accessible and can be updated easily.
- Make sure the training of how to create high quality plans and how to use the account planning tool is first class. Do not 'broad brush' everyone with the same 'tick box' mentality and have a training programme that meets individual key account manager needs and learning styles. This is challenging but well worth the effort and make sure to have a follow up coaching programme to embed the initial learning from the core training.
- Ensure that line managers can lead by example in terms of their regional account plans and in their practice of regular review and updating.
- Build into the line managers' and the key account managers' objectives, activities around quality of plans, the execution / completion of plans and around regular updating of plans.

- Regularly 'showcase' best practice plans particularly those that are on track and generating results.
- Switch completion of 'activity plans' for completion of 'account plans. A completed account plan, where all the objectives have been achieved because of completion of the associated activities will drive the desired activity anyway! In fact, it may even surpass the targeted activity!

The ideal account plan?

- The ideal account plan is one which is easy to create, is understood by all those involved with actions within the account, is easy to review and the objectives are achieved!
- In terms of structure, I've seen a variety of templates over the years with some too simple and some incredibly complex so that most key account managers do not buy into them. My preference is for each account plan to have those key objectives that will deliver against the account and brand CSFs (critical success factors) and that each objective has a series of actions or 'steps' that when carried out and completed will ensure that the objective's outcomes are achieved.
- To determine what specific objectives need to be achieved for each account you could use a 'supportive framework' such as my '6A KAM Model™' (Access, Autonomy, Advocacy, Awareness, Ability, Advancement) If you want to know more about this model [e-mail](#) me and I'll send you an overview of the 6A KAM Model™
- Many plans are made 'detail heavy' by adding in the likes of 'Key Issues' and 'SWOTs' etc and whilst this information and data is important to inform the CSFs and Account Objectives there is a school of thought that this customer and environment insight should be kept out of the actual account plan. The development of AI customer and environment software such as [XLens](#) is a real advancement in that real time information and data can be collected from customers and the information and data used to inform the strategies and subsequent CSFs and Objectives for specific accounts.

In summary, account plans are the bedrock of successful key account management. All those customer facing roles who have input into key accounts should be capable and confident of creating, understanding, reviewing, and updating these plans if the company is going to be successful in delivering both sales for the company and value for the customers. They need to be kept simple and focused and their success built into the reward and recognition systems of the organisation. Regular and disciplined review is essential.

After all we all know what happens when too much dust collects.



Key Account Management in Pharma – Confusion Reigns?

There have been a few questions whirring round my head at the approaches of some pharma companies as regards them implementing key account management and a couple of conversations with pharma key account managers recently brought a couple of these questions to the surface. I am not sure I have answers to them but maybe the senior leaders who are spearheading their company's key account management implementation plan can answer them for me.

The first relates to the definition of a key account manager (KAM). I was contacted by a KAM last week who was concerned. "How can I be a key account manager when I don't have any key accounts?" he queried. I asked him to elaborate and he told me that the company had analysed their accounts and decided that the top 20% would be classed as 'key. As a result, the specialised resources such as medical science liaison managers, market access managers and health care policy managers would only be working in these key accounts and not available in other accounts due to simply not having the time to be able to do so. In addition, marketing would focus in on these key accounts as well and not be available to work on local marketing initiatives outside the key accounts.

"So basically, I am left to work my non-key accounts on my own without being able to call on the support of specialist resources with the exception being that I'll have my line manager to support me. My badge says that I am a key account manager but basically, I am an account manager. But am I even that?" I was now more intrigued. "How do you mean?" "We've been told that because of compliance we cannot undertake non-promotional activities such as education activities, clinic set up initiatives and market development initiatives as these are deemed non-promotional. These must be undertaken by the relevant non promotional role which in effect are now dedicated to the key accounts and not available to the non key accounts. I now must focus on selling and where market access activities are concerned, I must work on these with my line manager. In effect, I am simply a sales representative with some market access activity and as a result I am now restricted in the support of my customers with reference to educational and service development activities. I now feel that I am restricted in developing the business in my accounts and at a disadvantage to some of my peers who work key accounts. My account plan at present (which was signed off) is based on specific objectives across sales, market access and

advocate development as well as medical education and clinic initiation and expansion. The plan will now have to be changed and focused on sales activity”.

His frustration was palpable. A key account manager without any key accounts is a strange one. Why not just call him an account manager? And this then poses the next question – is he actually an account manager if he cannot access and mobilise specialist resources to enable the account plans to be realised? Is he not, as he says, just a sales representative? You could argue he is still managing his accounts to a degree but let us not ‘beat about the bush’ here, his ‘management capability’ is being severely limited to sales representative activities. He could, potentially, look at his accounts (assuming that they are all similar in some aspects) and analyse just how much they are worth to the company in terms of present sales and future potential and then argue the point that whilst his individual accounts appear ‘small’ compared to the key accounts, his whole business compares with that of a key account and as such deserves the specialist support required to deliver the present account plan and hence a decent chunk of business for the company. That approach would be deserving of the title key account manager. That then throws the company a bit of a ‘googlie’ as, if this argument is accepted, then their % of key accounts rises and the question is now posed as to whether they have the required resources to support this newfound ‘key account’. And seeing this example, others will follow as key account managers around the country who feel they are being treated as sales representatives, rush to show the company that their accounts should be treated as key when they accumulate them together! Bit of a Catch-22 here - no one said key account management was going to be easy!

The second point about promotional versus non-promotional activities is a very valid one as, while compliance is vital, personally I feel that we have gone too far as regards restricting the activities of account managers. A good account manager will be seen as a support to assist healthcare professionals to achieve their goals and aims for their patients and to do this they can be seen as more than just a ‘salesperson’ by providing value in other areas beyond simply selling their products. This value can be delivered through a combination of specialised individual roles providing this value all facilitated by the account manager, but many healthcare professionals would prefer that they were only dealing with perhaps one or two individuals as opposed to possibly four or five. And going back to the first question what do you do in the situation where these account managers do not have the specialist roles to call on? Back to the Catch-22. The introduction of more virtual engagement with healthcare professionals may actually help in this respect as the specialist roles will have less time travelling to accounts and as such could partially handle more key accounts than if they were physically travelling. Time will tell.

So, to summarise:

- Do not ‘badge’ a role lightly simply because there appears to be a need for uniformity – if the role is a key account manager then great. If the role is that of an account manager or a sales executive, then call them that. Too many people are being ‘hoodwinked’ into taking on roles by name only to find their expectations dashed when the reality of what the role entails sinks in. If this ‘badging’ is being done as a ‘ploy’ to attract talent, then stop it! Be authentic!
- If you are working non-key accounts, then do not just accept the fact that resources are being restricted to key accounts. Build a case for the extra resource – you might

not get that full physical resource you require but you may initially get virtual support to help you grow your business. Do not 'throw your toys out of the pram' just yet – show key account manager desire and entrepreneurship!

- Compliance is here to stay and rightly so. However, in this new age of providing value and increasing virtual engagement, the compliance authorities should be working closely with the industry and with healthcare professionals to ensure that compliance can still be maintained by those roles that, in order to provide real value to healthcare professionals and patients, have to 'mix and match' promotional and non-promotional activities.

Lots of questions to answer but they are important ones.



Key Account Management in Pharma – What’s in a Name?

I was having a conversation with one of my associates (who is a good sounding board for my articles) over one of my latest articles which was focused on a mixture of the role of a key account manager, the definition of a key account and the impact of compliance. In his own words, he said, “I don’t get it” meaning that he felt that there were too many points contained within the article and that he found it ‘confusing’. Ironically, the article was entitled “Confusion Reigns”! He pointed out that to me that as far as he was concerned there were probably three separate articles within this one article! So here we go with the first – “The key account manager – What’s in a name?”

A former colleague called me during the week to ‘catch up’ and it became obvious that they were not particularly happy in their new role. They had been taken on as a ‘key account manager’ and they had been impressed with the company’s vision and the Sales Director’s enthusiasm for key account management. My former colleague was excited about the role and was looking forward to the autonomy that was supposedly being given to the role in terms of the variety of business activities that were expected and encouraged. This appeared to be a real business role encompassing several important business activities centred around a core of selling. The reality is that the expectations of his role are quite different to what he had been ‘sold’ at interview. Firstly, he supposedly is a key account manager, but he has no ‘key’ accounts to work as the company has only identified around 20% of their accounts as fully ‘key’ to their business. When I asked what they had defined as a ‘key’ account his reply was that they had not given him a full explanation – it was something around market size and sales volume. OK, so he is a key account manager without any key accounts, but he still has accounts that he can work, yes? He replied that this was true although given that he had no key accounts his access to specialist company resources like medical, marketing and market / patient access were now only limited to email and possible virtual engagement and even this limited form of engagement was not guaranteed given the limited nature of the specialist resources. I highlighted to him that it sounded like he was managing his accounts on his own with perhaps only having actual support from his line manager. He replied that this was now very much the case and he’s been told by his manager (via the company line) that he shouldn’t undertake any ‘non-promotional’ activities such as education of healthcare professionals and other market development activities as he could not combine promotional and non-promotional activities

due to compliance restrictions. With his frustration very apparent, he said, “What it boils down to, is that I am simply a sales specialist. Overall, I now recognise that this is what the company require for my territory given the nature of the accounts and I accept this. However, why was I sold the role as being that of a key account manager by both the recruitment agency and the actual company themselves? Why couldn’t they be right up front and say this is a sales rep job? I feel cheated.”

This intrigued me and fuelled a suspicion that perhaps certain agencies and some pharma companies were selling key account management roles to candidates to ‘attract’ them to interview when, in reality, the role was more of a sales representative role. I did a search on the internet and found that the vast majority of roles were advertised as key account managers or account managers. There were very few actual jobs in pharma advertised as ‘sales representatives. There were Primary Care Specialists, the odd Hospital Specialist and a few Territory Business Managers advertised which tended to reflect more a sales role than an account manager role, and to be fair, when you looked at the role descriptions and responsibilities, they were quite clear that sales was the key focus. The account manager role descriptions did outline some key account manager tasks so my advice would be for any prospective candidate to ensure that at the interviews a full discussion is had as to the actual reality of what are the actual responsibilities that have to be undertaken. Dig deep, make sure that the role you are applying for is the right role for you.

The above situations though now pose a few questions in my own head:

1. Are agencies and organisations inflating the importance and complexity of the roles they require filled by calling them ‘Key Account Manager’ roles when the actual role does not reflect this complexity? Are they doing this to attract the most capable candidates and then ‘glossing over’ the reality of the role in order to get them into the organisation? I would like to think this is not the case.
2. Are agencies and organisations putting enough thought into what they are calling the roles so that the role name truly reflects what the core responsibilities are?
3. Are ‘blanket’ role competency frameworks one of the challenges here?
4. Do organisations think that they are operating in a key account management fashion and as such feel the need to call their salespeople, key account managers to reflect this?
5. Do organisations really know what key account management as a working practice is?
6. Finally, (and this is a big question for me, given I have been a strong advocate of the principles and philosophy of key account management in pharma for many years) will pharma ever truly embrace key account management or is a new adapted model of operation required? In other words, is pharma ‘flogging a dead horse’ in pursuing theoretical key account management?

After much reflection and revisiting my experiences in pharma over the years, particularly around the key account management ‘journey’, I am beginning to wonder if not much has

actually changed in the commercialisation of brands over the, nearly forty years, I have been involved with the industry. There have been some shifts to be fair, with less reliance on the activity-based coverage and frequency model but, despite all the changes in the healthcare environment with greater complexity of decision making and increased decision makers, there still seems a reliance on the old models of operation and as such simply rebadging roles in name only, ain't going to cut it.

Organisations really need to look closely at how they are going about commercialising their brands in today's marketplace and I've long argued that key account management is only a business philosophy and whilst the model works well in a B2B fashion, pharma needs to take the founding and key principles of key account management and develop its own bespoke commercialisation model and not simply try to implement the model that works for other industries.

Simply rebadging roles and talking a good game around key account management is not going to get the industry anywhere fast.

Time to be flexible, innovative, and entrepreneurial. And as entrepreneurship is on virtually every pharma company's competency frameworks for numerous roles this shouldn't be too hard. Should it?



Key Account Management in Pharma – Dropping the Key?

In this series of articles on key account management in pharma I have tried to highlight some of the challenges that UK Pharma are continuing to face in terms of getting to grips with a more customer focused and business orientated approach which the industry has badged as ‘key account management’. In this article I would like to offer some personal ideas for pharma company leadership teams to consider if they are going to continue down the path of pharma key account management.

Here are some suggestions to ponder over:

1. **Drop the Key:** Key Account Management continues to be poorly understood due to a lack of clarity over its definition and how exactly it is implemented and embedded within a pharma company. There appears to be too much reliance on academic theory and external consultancy with not enough use of internal resources and experience to map out a business and customer focused way of working that works for both the company and their customers alike. Whilst there may be a lot of ‘traditional pharma’ expertise in companies, there is still a lot of entrepreneurial spirit which needs to be released and senior leadership need to encourage this. Why not just call it ‘Account Management’ and then devise a company specific way of working in order that the key business philosophy and principles of key account management are utilised? Individual companies can then brand it as their way of working as opposed to simply displaying ‘sheep mentality’ and saying they are doing ‘key account management’.
2. **Consider various ‘Levels’ of Account Manager:** Don’t simply rebadge the sales executives so that they are now ‘key account managers’. Not all ‘account managers’ will have ‘key’ accounts anyway so the role that they are being asked to deliver must reflect the level of expertise and skill necessary to manage the specific accounts they are being asked to manage. You may have to consider differing levels of ‘account manager’ if there are different types or levels of account to be managed. A simple example of this could be account manager, senior account manager and executive account manager.
3. **Differentiate:** Traditionally pharma companies operate on a geographical regional basis with each region having several territories. Why not have a ‘differential’ model whereby the true ‘key’ accounts have a cross functional team working them led by

an 'executive' key account manager and the other accounts are worked within traditional regions. For example, if I use my own experience, having managed Scotland for many years, I would consider (in theory based on size) a cross functional account team for Greater Glasgow & Clyde Health Board (GG&C) with the remaining Health Boards being treated as a 'Region' divided into a number of territories depending on present and future sales potential. How you resource this would be up for discussion and could be flexible, but the key point is that you have a whole company approach to the key account and a localised approach to the smaller accounts. So, if you applied this model across the UK, for example, you may have 5-6 key accounts with defined key account teams composed of key roles from commercial, marketing, medical, patient access, business intelligence etc. These would sit alongside regional sales teams composed of individual territories with each territory run by an account manager or perhaps simply a Territory Manager. If needed, occasional expertise for the local account team could be utilised to further the business if required assuming they had the capacity. The key point I want to make here is that the days of 'blanket' territory management in its old 'geographical' form need to be potentially ditched and a differential model considered. In a similar vein given the rise of virtual communications with customers does a key account manager need to live in the account – could a key account in Glasgow be managed from London? Perish the thought! Joking aside it is now a serious consideration and in other industries this has been routine practice for several years.

4. **Develop Account Manager Skills:** There is no doubt that the account (or even territory) manager today needs a greater skill set that goes beyond just the clinical sell. This has been recognised by all pharma companies and it has been good to see the rise of company training departments once again after a period of them being shelved or downsized. The trick now is to really ensure that key account managers, account managers or territory managers have the requisite skill set that is needed to be truly business and customer focused. Less attention has to be paid to the delivery of key marketing messages and more to ensuring that each customer facing individual has the required level of skill to collect customer and market intelligence and then utilise this to inform top class account plans that will drive the account forward. This intelligence can also be used to properly inform the brand plans so that there is less reliance on traditional market research from outside agencies.
5. **Recruit Better:** This needs to be freshened up. The industry has been guilty of recycling the same old faces in the hope that the good relationship representative of yesteryear will be the top-class account manager of the future. In some cases, this will happen as sales reps finally find their vocation after years of being subjected to 'coverage and frequency' and 'message delivery' measures. I would suggest though that there are a lot of traditional sales representatives who were quite happy with their x number of calls a day and detailing (how I hate that word!) a few sales and marketing messages repeatedly. Not any longer. We need to bring in some fresh faces straight out of University, College, or other industries to bring new energy, new ideas and new thinking.

6. **Inspirational Leadership:** You could argue the same points as above. Many senior leadership teams consist of personnel who have worked their way 'up the ladder' through being successful in their roles through the passage of time. But in this increasingly complex world of healthcare with all its challenges do we have the leaders of the future?
7. **Sensible Compliance:** Proper business and customer focused account management means that true account managers will have to be multi-skilled across several business areas. They need to sell, negotiate, educate, develop marketplaces and services which ultimately means that they may well be involved in both promotional and non-promotional activities. If you are leading a key account, you may well have the specialist resources in your specific account team so you can separate promotional and non-promotional activities but what if you are the lone account or territory manager and you do not have access when needed to the specialist resources? There now needs to be real recognition from the likes of ABPI and PMCPA that in order to provide real value to healthcare professionals and patients there needs to be an allowance whereby account or territory managers can truly account manage and provide a mixture of promotional sales and non-promotional activities such as education and service creation and development. And now given the multi-channel approach of delivery the Code perhaps needs to be looked at again.
8. **New Motivational Measures:** Finally, that 'old chestnut' of measurement. What are the best measures to ensure successful account management? To me, it is simple. Create a great account plan – have specific objectives and a dynamic action plan that will ensure the objectives are achieved. Deliver that plan and if it is the right plan, and the requisite energy and focus is put into it, then you will deliver the business outputs required including sales v target. In the process you will deliver the right activity against the right customers. This measurement is far more motivational, and business focused than an activity target based on a dubious target list (possible dominated by access ease) and a target activity plan that potentially deviates the account manager away from the key customers contained in the actual account plan.
9. **Technology:** At the moment, it appears that key account management is being supported by either simplistic excel spreadsheet account plans or by account plans being 'lumped' on to the back of CRM systems. In both cases these systems can be seen as purely the 'remit' of the KAM and as such the other roles who have an input into the account plan neither review or input into the plan or input customer contact information into the CRM system. Firstly, this attitude must change with everybody who has responsibilities within an account being totally accountable in not only carrying out actions but also updating the plan and the CRM system. One of the absolute 'essentials' in account management is that of collecting customer and environmental insight which will inform the account plans and indeed the brand plans. At present much of this is either not being collected as efficiently as it should be or is being reported on an ad-hoc basis and contained within KAM monthly reports many of which never really see the 'light of day' and as such valuable information is lost. There is also too much reliance on intelligence via Market

Research rather than simply using the resources at the companies' 'fingertips' – the KAMs and the other customer facing roles. There are newer AI (artificial intelligence) technologies becoming available and these will need to be seriously considered as a more effective and efficient method of capturing intelligence so that it is utilised effectively for the benefit of the organisation, the healthcare professionals and ultimately patients. These new technologies should ensure complete 'buy-in' from all account team members due to their ease of use and also as a result of the insight that they can generate from the information that is put into them.

10. **Buy-In and Belief:** Whatever commercial model the company employs there will be a need to ensure that the company's employees fully buy in to the model and have the capability and belief to implement and embed it within the organisation. No amount of mass 'sheep dipping' through mass 'Teams' or 'Zooms' coupled with mass produced 'playbooks' or 'workbooks' will enable this to happen. In my experience this approach alone will not produce results. If you want to ensure buy-in and belief and increased capability this must be done via strong 1:1 and team coaching via the senior leadership team and line management. If the line managers do not believe in the process and do not have the necessary individual and team coaching skill, then it will be an uphill struggle.

There is a future for account management for those companies that still want to go on this journey. It just needs simplification with extra effort and thought put into recruitment, skills development and differential territory and account planning. Put new measures in place to drive the right behaviours and ensure that compliance remains a priority and that this compliance allows a real customer focus allowing account managers to provide real value to their healthcare professionals.

And make sure your senior leadership and line management is up for the journey.



Account Management in Pharma – The Tale of a Lost Opportunity

In this series of articles on account management in pharma I have tried to uncover the secrets to making ‘account management’ work in pharma as well as highlight the challenges that are occurring which make implementing a true customer focused account management approach difficult. As a (probably temporary!) finale to this series of articles I’d like to relate a true story of a company attempting to implement account management whilst launching a new medicine into the UK market. There are some real key lessons here.

Firstly – a disclaimer. The following story relates to a real-life situation. The thoughts that I present here are purely my own and based on my experiences, although these have been backed up by colleagues who were on the same journey. There may be some differences in opinion from others who were on this journey.

There was great excitement about the forthcoming launch of a new medicine, and this was added to by the fact that the company was embracing a new way of working in ‘key account management’. This was the new ‘buzz phrase’ and the promises of a more customer focused, empowering, and self-directed team-based approach coupled with having a new medicine to promote, had excited the salesforce and the other functions that were to be involved. The prospect of sales, medical, patient access and marketing all working together in a ‘joined up’ team-based fashion with the focus being on the delivery of robust and dynamic account plans had energised and motivated everyone involved.

Things started well. The product and medical background training of the new medicine was good and whilst account planning had been ‘basic’ in the past (and in many ways ignored by the salesforce and sales management), the importance of good account planning was now accepted. A new more user-friendly CRM system was put in place and an account plan template was included to ensure that ‘everything was in one place’. The training behind the account planning was decent enough albeit a bit ‘functional’ with little coaching done prior to the training to really change the mindset of ‘ambivalence’ towards creating and maintaining dynamic account plans. Having said that it was a real step forward compared to the ‘finger in the air’ approach that had gone on previously with many customer facing employees.

Soon though, the ‘cracks’ started to show.

1. **Conflicting (& very little) Market Intelligence.** This was the first ‘crack’. There was a limited market research budget, and little was done to really explore the dynamics of the therapy area that the medicine would be launched into. There was an over reliance on intelligence from other markets (such as Europe and North America) where the medicine had been launched the year before and at a local UK level, a reliance on ‘advisory boards’ of highly respected and influential specialists. Many of these ‘specialists’ were now more academic and doing very little ‘hands on’ clinical work so whilst their expertise in the therapy area was good, the reality was that their up-to-date knowledge of patient pathways, funding processes and prescribing patterns and restrictions, was actually very limited.

The end result was the UK brand plan for the medicine was based on limited and inaccurate intelligence and not totally aligned to the UK market. In fact, given the diversity of the UK market with different health economies spanning the four countries of the UK, the overall brand plan made for depressing reading from a UK perspective. The ‘one size fits all’ approach wasn’t generally accepted as taking a tailored account management approach.

Whilst there was a degree of intelligence sought from the salesforce and from the other customer facing roles this was not fully encouraged to any great degree and what information was gleaned locally tended to be ‘lost’ in collated sales manager monthly reports and never fully utilised to inform the brand plans. This was a huge lost opportunity as the relationships most of the account managers (and the other customer facing roles) had with their clinicians and payors in the therapeutic area was good and by asking the right questions to ensure a full understanding of the local customer needs and the local healthcare environment would have resulted in far better and more in-depth intelligence than had been gathered via market research, other ‘country’ experience, ‘ad-boards’ and ‘web-scrapers’. This was probably the first mistake that was made and was very much against how true account management should work.

2. **“Sell, Sell, Sell”.** This was the ‘mantra’ that emanated from ‘Global’ and the ‘cracks’ started to widen. The managers had been ‘sold’ an account management approach where whilst ‘selling’ was still a major ‘piece of the account management jigsaw’, other business development approaches were called for. There was no quarrel with the sales approach as all the account managers had been predominantly salespeople in the past. However, in this market place a more rounded approach was called for with market access activities, service initiation and development projects as well as education initiatives needed in order to ensure the positioning of the medicine within the market was clear and understood by all relevant prescribing influencers. After a very ‘slow’ start to the medicine uptake, the pressure to ‘sell, sell, sell’ was intensified and where local intelligence said, “secondary care specialist and senior pharmacy support’, the brand plan shouted, ‘primary care focus’. There was a huge disconnect and all based on incorrect and unworkable local market and customer intelligence and insight. The customer facing roles were not being utilised effectively in relation to gathering intelligence and they were also not being listened to.

3. **“Activity, Activity, Activity”** – There was great discussion about what measures to put in place if the company was going down an account management route. There was agreement that actual sales were the key measure, and I don’t think anyone would argue with this as without sales you have no company! With all the training around account planning there was a move to have account managers measured on how well they constructed and delivered their account plans in addition to their sales target. This caused some controversy on a number of fronts. Firstly, as the account plans would inevitably be different for different accounts how could you benchmark the productivity and effectiveness of the individual account manager driving the account plan? It was also felt in some quarters that some accounts needed less activity than others so this would create an impression that perhaps not all account managers were putting in the same effort. This would mean a real challenge for sales managers to differentially manage their account managers and there would be dis-satisfaction that one account manager may be seen to delivering less activity than another. Secondly, as HR had constructed role descriptions and competency profiles for a single account manager role, this would cause issues as there would not be a uniform approach. Perfectly plausible opinions but not for a true account management approach and in many ways, this was very ‘old school’ when ‘noise’ and ‘frequency and coverage’ were the correct approaches to selling medicines in the UK. In this situation where the market and customer dynamics were complex and varied considerably across the UK, the old model was redundant in this instance. Whilst it would take more management (and HR) effort and capability this was the only way to go.

Unfortunately, Global had demanded that because of the initially poor uptake of the new medicine (and also that UK senior leadership has failed to manage global expectations) there was a demand for increased customer activity. Target lists of around 250 potential prescribers had to be constructed, and whilst compliance dictated how much activity could be planned in advance, there was an expectation that a minimal amount of activity was carried out with each key target. The challenge with this approach was that, when you analysed the account plans, the plans were based on objectives and actions that only related to around 30-40 really key influential customers. The reality was that if the account manager focused on working with these customers then not only would the new medicine be taken up more effectively, the customers would go some way to achieving their own goals as well. What happened was, because of the pressures on activity from the account manager, a lot of time was spent chasing the remaining 200+ customers of the target list most of whom would only play a support role in the uptake of the new medicine and the amount of time spent with key customers lessened. Yes, the 200+ needed to be seen at some point, but only after the key customers had fully bought into utilising the new medicine in their practice. In fact, many of the customers on the 250 list were put there because of ease of access and as such many were a potential waste of time and effort. If the company had continued to develop account planning capability and supported, the implementation of the account plans allowing the account managers (and the other customer facing roles) to deliver the account plan objectives and actions then it could have all been so different. In fact, the volume of

activity generated by the account plans, may have exceeded the activity focused on the fabricated target list!

- 4. The final major 'crack' centred around reward and recognition.** The above situation with the focus on activity as opposed to the account plan, rather than the other way round, was reinforced by the fact that reward processes were focused on the activity. Hit your activity plan and you will qualify for bonus. Don't hit it and you won't – even though you may hit your sales target! This was a real 'Catch-22' for many account managers! The good account managers knew that delivering their account plan would deliver the sales provided they focused on, and worked in partnership with, their top key customers. This inevitably would mean that they might not hit their activity plans (that they had only constructed to keep managers quiet) and hence miss out on bonus. The less able account managers would deliver their activity plans (as they were based on ease of access) but as their sales inevitably may not result they would not get bonus anyhow! Result – a very demotivated salesforce! Thankfully, the error of this was recognised and the reward scheme linked to activity was ditched and solely based on sales and sales growth. However, the activity plans remained in force and were still linked to 'recognition' through the competency assessment process. The sad thing about this whole episode is that a good account manager, creating and delivering a robust account plan, delivering the sales results, may have their competencies questioned because the activity plan wasn't up to scratch. There was a management mindset (in some quarters, not all) that even if an account manager was on target then if their activity was at the 'lower' level, then if they increased the activity rate then more sales would appear!

So, the major 'cracks' that appeared were due to a flawed brand strategy based on a lack of, and of dubious quality, market and customer intelligence. This meant not only dissatisfaction amongst the customer facing roles and teams (as they weren't 'allowed' or 'trusted' to collect local intelligence to the degree that was necessary) but they were set off in the 'wrong direction' promotionally, with the wrong materials and tools. The strategy of focusing on 'traditional' activity measures fuelled by inappropriate reward processes meant that the full potential of the new medicine was lost early on and to date this medicine has never fulfilled its full potential. There were other 'fissures' that caused the 'cracks' to get larger (structure, resourcing, and recruitment for example) but the above shows that if you get your brand strategy wrong (and based on dubious intelligence) from the onset and you rely on a 'one size fits all' 'traditional' approach with traditional measures, then your medicine may be doomed from the start.



The Cross Functional Team – Dynamic or Diabolical?

Cross functional teamworking is not new as many industries have been working in this fashion for many years. For industries like Engineering, setting up cross functional teams both within the organisation and with other organisations to work on major projects is now second nature. Just think about the aircraft manufacturing sector; companies like Airbus and Boeing rely on other companies to manufacture distinct parts of their aircraft and then bring all the relevant parts together at their assembly plants. This all requires expert project management capability aligned alongside the ability to work as high-performance cross-functional teams. Some industries though, who are relatively new to cross-functional team-working, are struggling to get out of the ‘silo mindset’. One such industry which I have major experience of is the pharmaceutical industry and this industry can still operate very much in a ‘silo mentality.’ Whilst they bring various functions together to achieve the best promotion for their brands, many organisations struggle to get their cross-functional teams to operate effectively and are ‘missing a trick’.

In this short article I would like to highlight what can go wrong with cross-functional teams and suggest some simple and effective ways to ensure that your cross functional teams can get off to the best possible start and achieve high-performance.

Cross-functional teams in commercial pharma are a necessity as regards enabling the best possible and most effective brand strategy to be put in place. Too often, though, the brand strategy is created by the marketing department with only marginal input from the Commercial Sales, Market Access, Business Intelligence, Learning & Development and Medical functions. This can result in dissatisfaction from each of the associated functions as the brand strategy does not fully fit with local market environments and may even possibly cause compliance issues. Therefore, having a high performance cross functional team operating to ensure a dynamic and compliant brand strategy that all associated functions really ‘buy’ into and believe in, is absolutely essential. So, how can it go wrong?

Mindset. Firstly, the set-up of the cross-functional team can go wrong from the very start as the mindset of the various functions is wrong from the start. The mindset is still very much of a ‘silo’ nature and cross-functional team members can go into the first meeting with their ‘department hat’ on and it may also be the case that they are unwilling ‘representatives’ of that department. The mindset must be that while the team member is

representing the function, they are there to lend their experience and expertise to ensure that best brand strategy is created for the company. It is not about 'flag waving' or 'getting their way' – it is about collaboration, cooperation, debate, and final agreement as to the best possible outcome. The 'silo mentality' must be left 'at the door' – you are joining a team and a team that needs to work together to achieve its purpose and its specific goals.

Some questions that need to be considered at the very start and agreement gained across team members:

- Have you agreed the exact purpose of the cross functional team?
- What specific aims and goals have the team to deliver?
- Are the team members there as 'representatives' of their function or are they there to be fully inclusive and committed members of the cross-functional team?
- Are all team members fully committed to the cause?

Measurement: Many 'function' members of the cross-functional team join the team and take on actions on behalf of the team. The challenge is that the team member may not be recognised for the actions that they take on and deliver on behalf of the team. They are measured using archaic and 'function only' objectives, usually based on a standard role description as opposed to a specific objectives document that outlines what the individual must achieve across all the functions and teams that they work with, and in. Many cross functional team members I have spoken to over the years highlight that this is a real issue as performance ratings, bonus and potential salary increase are at stake. If the rewards are dependent on the objectives in the original objectives document and are focused on their function role then it is no surprise that as time goes on the individual may focus on the core function objectives as opposed to the objectives, they are carrying out on behalf of the cross functional team.

Some questions:

- Are all team members going to be measured on and recognised for their cross functional team objectives?
- Are these cross functional objectives specifically written into the individual's objectives document for the year?

Leadership: This can be one of the key reasons as to why cross-functional teams struggle to get going. If the team leader has not got the capability and knowledge of teams and team dynamics, then the team can struggle to get out of the 'starting blocks.' The team leader needs to be able to facilitate a group of 'function' individuals and be able to ensure that the team starts to gel and work well together, having enabled them to fully buy into and engage with the team's purpose and specific aims and goals. Many team leaders have been 'appointed' by a function head as this is an opportunity for them to develop but support must be given via coaching and mentoring to ensure they develop into the role whilst still

ensuring that the team forms sufficiently well to be able to focus on delivering the purpose and the goals.

So:

- Has the Team leader got true cross functional leadership capability?
- Do they have the necessary knowledge of teams, team dynamics and team performance?
- Do they possess a 'cross functional team mindset' or are they simply heading the team with a 'silo mindset'?
- What support is being given to inexperienced team leaders? Who is coaching and mentoring them while they lead the cross functional teams?

'Diving' into Task. This is the downfall of many teams and not just cross-functional ones. The desire to 'get things done' before seriously looking at how best the team is going to operate can mean the difference between high performance results and total disaster resulting from conflict. Time must be taken at the very start of the cross functional team's life to work out how the team is going to work together and be that cohesive unit, devoid of 'silo mentality' that will deliver excellence. The only way to do this is to have a facilitated round table (or virtual) meeting whereby the needs and expectations of every team member is discussed, and the outcomes detailed in a Team Contract or Charter. Very few teams do this, and they plough on with the tasks and wonder why morale drops and people are generally getting demotivated as time progresses. Every cross functional team should ensure they have a team contract or charter that covers (at a minimum) their Purpose, their Aims and Goals, how they will work together (Needs and Expectations) and an agreed Review process.

Support. Cross functional teams in pharma are important. They have an important task in relation to enabling the correct brand strategy to be created. It is important to the company, the functions involved, the Healthcare Professionals and ultimately the Patient. To that end it is irresponsible of senior leadership to simply delegate the task to a more junior line manager. Even if a senior leader takes on the team leader role, support for that team should be sought from another senior leader and one who is capable of playing an effective coaching and mentoring role to enable the team to work effectively together to achieve its aims and goals. Too often cross functional teams can be left floundering with the result that attendance at meetings declines due to 'other core role priorities' and as such the team can struggle to hit their aims and goals. With the cross functional team having many stakeholders from each of the associated functions it is always best to discuss how the team can engage and gain the support of these stakeholders.

Review, Reward and Recognition. It is imperative (as it is with any team) that the team reviews its progress regularly to ensure it is on track to hit its goals. It is also imperative that the team reviews its team contract to make sure that all the agreed processes, and desired attitudes and behaviours are being demonstrated consistently, competently, and confidently. In addition, the team needs to make sure it recognises the efforts and

achievements of both the team as a whole and the individual team members, ensuring that individual success is reflected in that team member's own individual performance review. Above all the team needs to celebrate every 'small win' on the path to achieving the overall key aims and goals.

Cross-functional teams are vital to the successful completion of projects and their outcomes. In pharma in particular, the success of cross-functional team can mean the difference between a successful brand launch and a failed launch so time, effort and expertise must be put in to ensure they get off to the best possible start and are supported throughout their journey.



Key Account Management in Pharma – Assessing Performance in the Account Team

One of the huge stumbling blocks to ensuring high performance in key account teams is that of the measurement of the team and the individuals within the team. If it is not a big enough struggle setting up and maintaining an effective key account team (see previous article link) then actually measuring the effectiveness of each individual account team member is even more daunting for many organisations. In fact, many organisations still rely on existing and out-dated individual measurement which does little to support the account team performance and the individual's performance within the team.

In this article I will outline the process of peer assessment within account teams and how best this can work and what specifically to avoid when you go down this empowering and motivational route.

Around 20 years ago I was involved in a pilot project in Scotland whereby the pharmaceutical sales management team in Scotland came together to agree a common purpose to their activities. The team consisted of several sales managers and coaches who worked with individual teams, with each of their teams having responsibility for different products and activities. Up until the project was started each individual team and each individual sales manager and coach had individual measures and performance was appraised by a 1:1 meeting. There was a major project at the time to create self-directed teams within the organisation and as a result of the foresight of a couple of senior managers in Scotland each sales manager and team coach in the Scotland team had 40% of their performance measure focused on the overall sales performance of the product portfolio across Scotland and 60% of their measure based on their individual product. Whilst this team was not an actual 'key account team' the same principles could apply in that both this 'country team' and a 'key account team' are composed of members from individual separate functions and have been brought together to deliver against a specific purpose underpinned by agreed aims and goals.

So what steps are needed to be put in place in order that a key account team can learn from the 'Scotland' project and perhaps move to peer assessment where the account team's individual members are appraised by the team members as opposed to their line managers?

- 1. Agree the Process:** Assuming that a 'true' cross functional account team has been created and that the team have been through a basic team 'accelerator' process such as PARTNERS™ (with the resultant team contract) then peer assessment should be considered. In the Scotland project we agreed as a team that we would review the individual progress of our performance against the specific responsibilities and objectives that we had agreed, and we would do that as a team as opposed to the traditional approach of a 1:1 with the line manager. The timescales agreed were to review progress at the month following the end of each calendar quarter – i.e., April, July, October, and January. The January review would be where we agreed as a team each team member's performance 'rating'. Again, this would be done as a peer group and not as a 1:1 with the team member's actual line manager.
- 2. Manage the Fears, Hopes, and Expectations:** Once the agreed process and timescales are in place then it is important that needs and expectations are discussed and agreed. Do all the account team members have their line manager support for aspects of the individual's account team performance to be appraised by their account team peers? Whilst in reality, an account team will not fully appraise an individual's overall performance (as the individual will potentially work across a number of teams as well as having individual responsibilities), it is important that the individual's performance in relation to the account team is assessed and rated by the account team themselves. And this should be regardless of role and hierarchy, as it could be that a senior leader could have an important role within the team and should be assessed by the team. This can be challenging for some individuals given that they will be appraising a team member possibly several grades above them. This is where real leadership comes to the fore and the senior leaders need to lead by example and manage the fears of the account team members highlighting their support for this process emphasising that this is an important part of the peer assessment process and a vital component of a high-performance account team.
- 3. Adapt the Team Contract:** In the Scotland project, we discussed at length how we should approach the actual performance reviews, and everyone agreed that going into a review our attitude should be one of openness and realism. We added this to the team contract that we had already put in place. This meant that each team member would be honest about what was working well and what was not working for them. Only that way would support be forthcoming from the other team members. It was daunting at first for everyone and some took to the process more proactively than others, but everyone agreed that to present your progress to your peers was far more daunting and empowering than presenting to your line manager. It did though ensure that everyone was upfront to highlighting where they were on track and where they needed some support. The focus (and a key team goal) was to ensure that everyone remained on track to hit their team commitments as we went through the year.
- 4. Make it Supportive:** The key to any peer assessment is to ensure that the process is supportive, and that people do not feel judged and do not feel that they are presenting to justify their existence. The culture and 'atmosphere' around the peer assessment meetings has to be one of supportive collaboration. I have been in team

review meetings whereby senior management have approached the meetings with a view to being highly critical of individual's performance and as such the individuals concerned have either been very defensive, shifted the 'blame' or simply avoided areas where they were struggling. This approach by management will kill the peer assessment process and the power of the team is lost and a such performance will diminish. Always keep it supportive and what you will see are the individuals in the team becoming more upfront and more open as to their performance deficiencies.

- 5. Ensure Good Facilitation in the early Stages:** It is advisable to ensure that the early meetings are facilitated well, and it is probably well worth while getting a facilitator / coach from out-with the team to assist in the facilitation of the reviews in the first year. In the case of our Scotland project, we used one of the senior managers who was a skilled facilitator and who despite having a direct a managerial link to a couple of the team members was mature and skilled enough (as well as highly trusted) to facilitate the reviews effectively.

If you are to create cross functional account teams to drive business in your organisations' key strategic accounts, you need to take team development seriously. You need to ensure the basic are in place and you need to have a process whereby the team can review its performance against the team goals, against the team contract and also have a process that ensures that the individual team members' performance is assessed and supported. A well-run peer assessment process can be incredibly productive and motivational. It is well worth considering.



Must Change Mindsets – The Need for Change in UK Pharma.

In 2020, I wrote a series of articles on account management in UK pharma and I tried to highlight some of the challenges that UK Pharma are continuing to face in terms of getting to grips with a more customer focused and business orientated approach. The articles stimulated great debate and to conclude the series I would like to continue the debate by outlining the traditional pharma mindsets and attitudes that I strongly believe must change, or at the very least be adapted, so that UK Pharma, at last releases the true potential of its people and its medicines.

Mindset Change 1. Face up to the fact that a one-size promotional strategy may not always work in every country or account. Given the complexity of the UK NHS and the fact that there are in effect four different health services and economies across the four countries of the UK then a ‘one size fits all’ promotional strategy may not work. Whilst there may be a core strategy, organisations need to be able to adapt this at a local level and ensure the strategy is fully fit for purpose for specific healthcare environments. Even within the same healthcare environment there are different regulations, formulary processes, patient pathways and services that deem the one size fits all approach potentially ineffective.

Mindset Change 2. Make the shift from relying on ‘Ad-Boards’ and traditional, costly, Market Research to utilising your greatest source of intelligence and resultant insight – your customer facing personnel – the Account Managers, Market Access, and NHS Development Managers, MSLS and Regional Managers. Ad-Boards provide useful opinion provided the Ad-Board members are fully aware and right up to date with local healthcare environments and practices. Many Ad-Board members are retained year in, year out despite many moving to academic rather than clinical practices and as such perhaps their levels of knowledge of exactly what is happening in their healthcare environment is not as up to date as it could be. Market research can be costly and there are questions as to just how effective, and how in-depth the research is. By utilising the established customer rapport of regional managers, account managers and market access managers to gather real-time intelligence and insight, the organisation can have a greater amount of local intelligence that can be used to inform more specific and insightful product promotional strategies. With

new user-friendly AI (artificial intelligence) software now available this will allow more in-depth real-time intelligence to be utilised quickly to inform insightful promotional strategies.

Mindset Change 3. Ditch the Silo and Function mentality and ensure a true cross functional team approach to promotional strategies and management of key accounts.

There is no point in the marketing function creating a promotional strategy that the commercial function does not 'buy-in' to or have any ownership of. By taking a cross functional approach to creating promotional strategies through input from all functions then you gain both 'buy-in' and ownership of the strategies. Cross functional teams should be developed into 'real' or even 'high-performance' teams as opposed to just accepting working group behaviour. Cross functional teams need to be developed, nurtured, and upskilled to enable them to become true high-performance teams. Many attempts at developing cross-functional teams fail and they remain as simply working groups or 'pseudo-teams'. This requires investment of time and energy to change the silo mindsets to optimise the productivity of the team.

Mindset Change 4. Sales results should not simply sit with a Regional Manager or an Account Manager but responsibility for sales should sit with all the promotional members of the account team.

At present the only roles who are measured routinely on sales performance are the sales managers, account managers and perhaps the market access managers. In addition, market access managers will be measured around overcoming barriers to ensure the local healthcare environment is conducive to the positioning and the accessibility of the brand. If you create specific key account teams whose composition may include marketing managers and business intelligence managers, then these roles should also be measured against the sales and market access goals. Whilst the account team may contain medical input, at present compliance would dictate that the medical team members cannot be measured against promotional goals.

Mindset Change 5. Traditional activity measures alone do not drive business, Account plans drive the required and essential activity. Focus on creating business and customer focused account plans as opposed to focusing on activity plans.

There was a time when virtually every medicine that gained marketing authorisation was available for physicians to prescribe. This meant that high levels of activity, through 'coverage and frequency' tactics was the norm as 'noise' was the key promotional strategy and medical representatives were highly measured via call and contact rates. This form of measurement, in many ways, is now redundant as medicines now must go through far more complex approval processes meaning that the levels of accessibility for prescribing vary enormously from Health Authority to Health Authority; from Health Board to Health Board; and from CCG to CCG. This means that a 'blanket approach' to account manager measurement is not appropriate. There must be a move to creating high quality account plans with each key account team or account manager being measured on how well they deliver that account plan. A good account plan will drive activity and activity that is focused and relevant. Having activity measures based on 200 target customers and seeing 4 target customers a day across all

accounts is outdated, not business focused and simply drives the wrong behaviours. Many companies aspire to entrepreneurship and this type of approach is simply not entrepreneurial.

Mindset Change 6. Do not simply re-badge your Medical Reps into Account Managers – take their development seriously and in fact, accelerate their development, turning them into Trusted Advisors. Many companies have embraced key account management but have struggled to both understand the concept and implement the principles of this business discipline. When deciding to go down this route, suddenly the medical representatives, or hospital specialists, have now become key account managers. However little development of the account manager takes place except for perhaps account planning, and more recently (because of COVID-19) the use of virtual tools to ensure effective virtual customer engagement. The same old activity measures remain in place, the account plans ‘gather dust’ and with the focus on target customer activity measures as opposed to account plan detail, not much has changed. The key account manager role is vital to the future success of the organisation so real development of their capabilities must take place and the aim must be to ensure they become ‘trusted advisors’ to their key customers. They need to be experts of their local healthcare economy, be excellent account planners, have high levels of clinical knowledge and be able to create effective market development and service enhancement initiatives.

Mindset Change 7. Consider the old ‘regional team’ structure and ‘regional manager to account management’ assessment process as redundant. There may be a case for the old hierarchical structure of a regional manager leading a team of account managers as now being redundant as there will be a strong need to ensure that all relevant team members get ‘closer’ to the customer. With the account plan being the focus of business and market generation, and an account team behind the implementation and success of the plan, then perhaps a ‘self-directed’ team approach should be considered. There would be a key account manager facilitating the delivery of the account plan through effective leadership of the account team involved but they may not have line management authority. There would be no hierarchy and the team members would appraise the performance of each member of the account team via a team or peer appraisal process. There are major advantages to this self-directed and team appraisal approach in terms of motivation and morale as well as increased sharing of learning and success, problem solving, positive peer pressure and support, increased capability development and potentially increased results.

Key Points to Consider.

- Make promotional strategies fit the needs of the specific accounts and ditch the ‘one size fits all’ approach.
- Create the promotional strategies from intelligence and insight gleaned from direct customer contact via the customer facing teams and do not solely rely on the old traditional ‘ad-boards’ and market research.
- Ensure promotional strategies are created by specific cross functional teams to ensure buy-in and ownership across the promotional functions.

- Create cross functional key account teams that are focused on, and work on the key accounts. Go beyond simply having the responsibility lumped on to a single account manager and regional manager. Make sure all account team members are accountable and have measures based on the goals of the account teams and the activities that they must deliver within the account plan.
- Make the account plan the cornerstone of the activities needed to deliver the goals of the account. Ditch the traditional activity measures of 'blanket' contact or call rates that may simply serve to deviate the team members away from delivering the key activities of the account plan.
- Ensure that account managers are simply not 're-badged' medical representatives. Develop them into high class trusted advisors who are confident in leading cross functional account teams.
- Think carefully about your traditional structures and consider a more self-directed team approach that embraces a team or peer support or appraisal approach.

Whilst many of the above suggestions are starting to be implemented (and in some cases, for some time now) there are still many pharma organisations who are operating the same model as they did ten years ago with the result that they may not be fulfilling their full potential. Perhaps given the disruption of COVID-19, this is now the time to ensure that the necessary changes in mindset happen.