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# Are you the KAM for the job?

A key account manager is not a re-branded sales representative. So what skills should you include on your curriculum vitae? And what capabilities should employers look for?

**T**he year 2012 is promising many things for the pharmaceutical industry, but getting to grips with key account management must be near the top of the New Year's resolution list. Implementing KAM has been an uphill struggle for the industry as many sales representatives jumped – some were pushed – into new KAM jobs only to realise they weren't the glorified sales roles they had expected.

While many representatives can make this transition to strategically focused relationship building and problem solving, many also feel out of their depth. Part of that is because a KAM way of working is often counter intuitive to what traditional representatives have been taught, but equally the skills required for KAM can't be captured by a "laundry list" of capabilities. As Chris Morgan, London office managing principal at ZS Associates, says, an applicant might tick 80% of the boxes but the missing 20% could be the critical difference between success and failure. "There's no reason why good representatives can't make good KAMs but not all of them will – it's important to remember this is a very different job. If you have a laundry list there is a tendency to lose focus on what really matters."

So in order for pharma to make key account management work, understanding what "really matters" is imperative, as is moving beyond the traditional sales representative skill set. As Murray Stephenson, national sales manager, reproductive health division at Ferring, notes: "The level at which a KAM works needs a higher level of intelligence and competency and the ability to work in a self-directed way according to the opportunities identified." So what exactly should one look for in a KAM?

KAM should be stripped back to its basic behaviours and objectives, says Morgan, who identifies five main attributes that distinguish a key account manager from a sales representative: creating events that disrupt and break down the barriers of the traditional scepticism-fuelled relationship between pharma and healthcare; developing trust with high-level stakeholders over a period of time rather than offering quick fix solutions; asking questions, listening and being genuinely interested in the customer, their business and needs, plus those of the customer's customers; knowledge of the steps needed to provide a solution; and the ability to mobilise other people within the pharma company to produce a result.





From this, he believes there are three key capabilities to look for in a KAM “that reveal a depth of understanding that is greater than we might look for in a representative”.

The first capability, is the ability to solve problems: “A representative,” Morgan explains, “delivers a message; a KAM solves a problem”. That means possessing questioning and listening skills. As Bernard Quancard, president and chief executive of the Strategic Account Management Association, points out: “The key to customer-focused selling – which is the basis of key account management – is to listen to the customer to identify which of your company’s solutions – if any – will work best for them.” And that, says Morgan, is why just listening is not

enough. “What you need is someone who listens then understands and uses that understanding to identify what the company can offer in order to bring value to that customer”.

### **Not a quick fix**

This capability also requires a long-term view to problem solving – it’s not about quick fixes. It is about knowing what steps to take and when to provide the right solution for a customer, while at the same time being adaptable to ensure the KAM is always aligned with their changing needs. A good KAM, notes Jason Bryant, commercial director at Data Intelligence, is someone who has the ability to identify, adapt, flex and facilitate dynamically according to the situation, while recognising that

other people in the KAM team will have different key skills that can be used in various ways to produce the optimal result. “If the KAM possesses that critical commercial and self-awareness, and can harness the team’s collective skills” then good account management and problem solving is in the making, he says.

A KAM also needs “senior level credibility” in order to be successful. Trust is one part of this but, Morgan explains, it involves the ability to talk on a peer-to-peer level to healthcare organisation managers so they recognise the KAM understands how they run their business, is knowledgeable of the customer’s customers and the implication of changes to their environment. For Bryant, a KAM can only achieve this capability if they display empathy – but empathy linked to commercial acumen. “They should be able to rapidly build deep trust, get to the heart of the customer’s issues, empathise and align with these issues, but still be able to convert the ‘problem’ into a commercially recognisable outcome.” Some of the empathy is natural, says Bryant, but equally some is from experience, background and education. “It really is a case of matching the right KAM personality with the right accounts and not being afraid to make change if the relationship starts to show signs of strain.”

These first two capabilities are essential but they are nothing if the KAM does not have ‘indirect leadership’. “Good KAMs can move people who don’t have any real power or authority,” Morgan explains. This is important because a KAM needs to change behaviour, whether it’s the customer’s prescribing patterns or others within the pharma company, to provide the greatest value to the account. “Good KAMs understand groups, have influence, personal impact and integrity,” all of which, Morgan says, are critical in providing a solution to the customer’s problem.

### **Reaching the SuperKAM level**

These attributes might shed some light on the KAM recruitment process, but there is a noticeable skills gap when



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☉ it comes to KAMs in pharma.

For instance, according to Quancard, most companies are lucky to have just 10% of their KAMs working at what he calls the "SuperKAM" level, while a further 10% are considered to be underperforming. Indeed, even if the results produced by SuperKAMs are "staggering", Quancard does not believe anyone is 'perfectly' skilled in every category and even SuperKAMs, he says, can benefit from additional training. Morgan and Bryant agree saying no single KAM will possess every skill required. "Having the self-awareness and maturity to analyse, understand, accept and deal with this is part of what makes a good KAM and a good KAM team," Bryant adds.

Yet this problem is further compounded in pharma. Morgan says companies are struggling to uncover the right people for these roles, suggesting no more than 30% can be found internally. Stephenson shares his experience at Ferring: "In my current role I started with a team of nine in 2001. By 2003, I had replaced seven of them. The two I kept have the KAM mindset. In the past few years I have seen many hospital sales

people recruited who ticked all the boxes at the time and are good at what they do up to a point, however they have been unable to grow and adapt to the newer demands of the KAM role – this is a challenge for many sales managers."

Morgan says the skills gap is a real conundrum. "Pharma doesn't have anywhere near the number of pre- or half-formed KAM people it needs and other industries can't fill the gap because there simply aren't enough skilled people available – so it is essential for industry to figure out how to develop this internally, through training and apprenticeship." However, he does believe the best way for pharma to move forward is to adopt a hybrid model, which has both internal expertise and some outside capabilities.

Quancard considers a pharma company would probably be better served with a KAM who possesses pharma experience over one who doesn't, but in saying that "a SuperKAM from outside the pharma industry is likely to be able to learn the industry more quickly than a super pharma representative with zero KAM experience". Additionally, Quancard

## What Ferring looks for when recruiting KAMs

### Attributes:

- » Engaging
- » Adaptable
- » Intelligent
- » Sensitive
- » Vision
- » Self-driven
- » Desire for self-improvement

### Skills:

- » Influencing
- » Selling
- » Planning
- » Analysis
- » Leadership
- » Networking
- » Decision making
- » Ability to communicate at all levels
- » Commercial awareness

### Experience:

- » Interaction with the NHS in some capacity
- » Understanding of the healthcare environment
- » Good degree, and going forward, additional diploma/ masters/etc

suggests that pharma shouldn't limit itself to simply up-skilling representatives – "good KAMs," he says, "are just as likely to come from procurement, R&D, operations, marketing or any other function within the company".

However, sourcing the right people and developing the right skills is only part of the solution. The key account management model isn't just about changing job titles, it's about a change in mindset and behaviour throughout the whole organisation. Indeed, Morgan warns that one of the risks in talking about KAM is investing in one person. "If you want to do KAM well it needs to be an organisational behaviour not an individual behaviour. KAM by itself won't work – it needs a number of people who are intrinsic to the KAM team."

However, he adds, pharma's current approach to KAM is just part of the journey. "Pharma getting to grips with KAM is a reflection of the experience pharma is having at the moment – and it needs to go through this process to learn." Once the right skills and people are identified the next stage of the journey can take place. **PT**