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Piggy in the middle

There will always be a need for first-line managers, but what role will the traditional RBM play in the changing pharma marketplace?

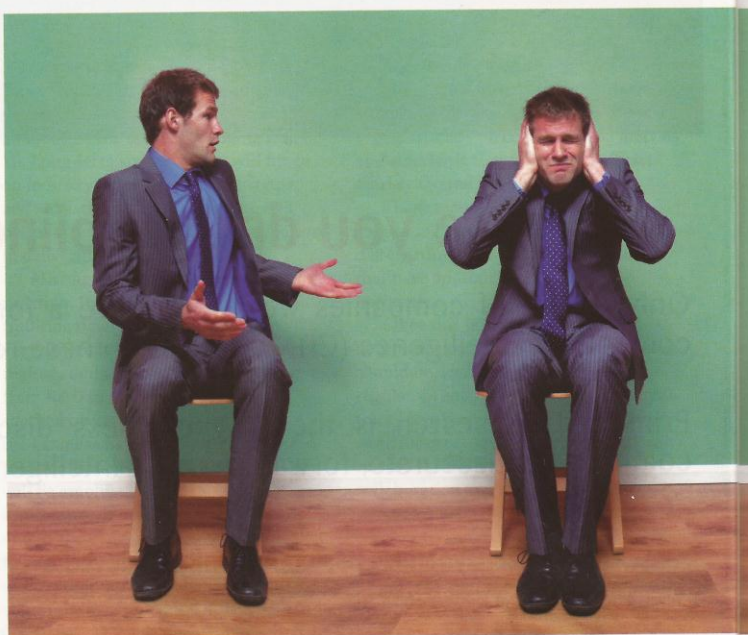
The past few years have provided much soul searching for pharma. Where is innovation coming from? How should the industry communicate via social media? Is the role of sales representative dead? But perhaps surprisingly there has been little talk about how some of these changes will affect other intrinsic roles, such as the regional business manager.

"There has been a lot of discussion around the role of the representative, the key account manager, the market access manager, etc, but very, very little on the changing role of the regional business manager," says David Round, general manager, UK, at Cegedim Relationship Management. "Their role is almost getting lost amid the other noise."

While it is inevitable that the pharma industry shake-up will impact first-line managers, but how companies are approaching this is very much up in the air. What does seem to be emerging, however, is a general consensus that the traditional RBM role is in decline.

Understandably this reflects the industry-wide salesforce cull – less representatives require less RBMs – but another trend is also starting to develop. "Clearly there is still a place for the 'traditional' RBM," says Darren Mercer, commercial director at Nycomed UK. "But as pharma looks at the structure and type of sales personnel it requires, this is having an impact, both in the overall numbers of RBMs required and the type of role an RBM undertakes."

And this is something that companies are struggling with: just looking at the variety of emerging job titles highlights this – regional manager, regional account manager, regional



account director, healthcare manager, integrated healthcare manager, senior business manager...

"I could quote the alphabet to give you a list of the different names companies call their sales managers," says Jennine Clark, from Otsuka and winner of the recent PharmaTimes New RBM of the Year Award. The different titles, she says, are indicative of the seismic shift occurring within the healthcare sector. "Nowadays we need to be more strategic rather than just implementers and have well-rounded sales, communication and performance

management skills. Certainly the hottest topic at the moment is 'change management'."

A business management role

Not surprisingly, the evolving RBM role is becoming far more wide reaching. As Jean-Francois Delas, vice president at Kinapse says: "The role of the RBM is evolving from one almost solely focused on team management to one centred on regional business management." In other words, the role is becoming more strategic and customer focused, says Mercer. "Companies are seeing the



importance and value of having their best people in front of customers where they can interact and engage at a high level and also have autonomy to make immediate decisions."

Chris Wilkinson, national sales manager at Galderma, suggests the traditional RBM is being forced to up-skill both themselves and their teams. "Gone are the days when an RBM could simply spend four days a week in the field and one day on admin without a further purpose in mind," he says. Now it's about field visits in relation to key account management, market access

strategies and disease management – instead of simple product sales.

Simon Brander, managing director of CSL, agrees. In the past, representative coaching, development and direction was probably all that was required of an RBM, he says. "But now the RBM will be expected to have more of a business management function; coordinating activity in accounts and generally ensuring that coherent business plans are being developed and followed through."

For example, in Germany, the role of district manager is shifting from "pure people management" of up to 20 sales representatives, to a more differentiated role as market access and key account management tasks become increasingly important, notes Arnim Jost, general manager, Germany, at Cegedim Relationship Management. "We see department managers managing local and regional market access tasks, visiting local and regional health authorities or health fund representatives, in parallel to managing their direct reports. Meanwhile, in several companies department managers cover local and regional KAM and key opinion leader activities as well."

Retrain or bring on new talent

"And where there is a change in service strategy and business model, companies have to question whether they have the right people and skills", adds Dan Goldsmith, general manager Europe at Veeva Systems. The RBM role itself is being "redefined" – and this redefinition is something that varies between companies. For instance, he continues, comparing the RBM role with that of



60 SECONDS with... Jan Cox
Resourcing Unit Director
at outsourcing specialist,
Apodi

How is the industry responding to the challenges of the changing NHS?

Pharmaceutical companies have recognised the need to employ candidates with a different skill and talent set, in particular, in the area of market access positions, where there is a high demand in the industry. We have responded to this by employing highly robust resourcing methods to ensure we attract and engage with highly skilled professionals. Fundamentally, we deploy methods of candidate assessment that, in addition to the traditional measurement of competency, skills etc. focus on identifying people with real talent for the role in question.

How have you changed your candidate resourcing strategy?

Alongside traditional methods, we proactively seek the most talented individuals through our extensive network and search approach. We also utilise a wide range of assessment tools to ensure that we present our clients only with the most suitable candidates. This includes talent-based interviewing and relevant assessment tools such as role-play with real customers, comprehensive psychometric analysis, and business presentations/simulations. This enables us to focus on the distinction between measuring talent rather than merely measuring competence.

What's the most interesting project you have worked on recently?

We were appointed to resource for a highly specialised non-commercial market access team for one of our highly valued pharmaceutical clients. Against very tight deadlines we were successful in employing a very strong and extremely experienced team which, in a short space of time, has added significant value to our client's business in a highly demanding and challenging environment.

What key services are offered by the resourcing unit at Apodi?

We have a highly experienced resourcing team, capable of working across all roles within the pharmaceutical and healthcare industries, from entry level to board level. With a wide and varied client base, we can offer our candidates significant opportunities within the industry, and help our clients find talented individuals who will quickly become an asset within their organisation. We are well positioned to work on individual roles and to support new ventures for our clients by quickly building specialist teams.

To discuss how high performance resourcing can help your business, or if you are seeking a new position within the industry please contact our specialist resourcing team on 01628 500894 or visit www.apodi.co.uk



60 Seconds with...

**Simon Brander,
Managing Director,
CSL**



So what is the big opportunity for pharma right now?

To engage more meaningfully with the NHS and be considered as a partner working towards the same goals.

How does it do this?

By talking to the NHS using its language: patients, outcomes, cost savings. The industry business model is changing to a business-to-business relationship, in other words account management – but it isn't fully embracing the NHS language and metrics throughout the organisation.

Nothing new here?

The move to account management is well recognised and underway. More and more data is becoming freely available through the NHS and patient support services, but these need to be used systematically rather than on an ad hoc basis. We think most companies are underestimating the opportunity this provides.

So what is the problem?

There is a conflict between cost cutting and the globalisation of information systems on the one hand and the increasing complexity of supporting the local account management process on the other.

Solutions?

At CSL we are helping companies manage data so they can provide information in the right language for the whole organisation. Our aim is to complement in-house solutions and plug the increasingly large gaps that these systems have.

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> KAM and deciding which is a better fit in the new healthcare environment is what "many companies are trying to figure out right now. The big question is whether pharma can retool individuals in these roles or whether they should bring in new talent". However, Erik Jan Scholten, director of Your Insight, is concerned about the variety being explored in this area and the internal focus of the role, despite it being cited as "customer focused". As he notes: "Have you ever heard of a doctor or a hospital talking about themselves as an 'account'?"

Of course, with uncertainty and change, there is no clear path that companies should take. As Kavita Oberoi, founder and managing director at Oberoi Consulting, notes, the role has been muddled as others carrying some of the same responsibility pop up in parallel, including healthcare development managers. And the RBM title could go completely, she adds, especially if more specialist roles are preferred. Wilkinson too is concerned that if pharma loses the sales representative as the link between company and customer, "the RBM job will no longer exist in its current form and they will move from managers to senior account sales people" – but the likelihood of this happening in the foreseeable future, he says, is doubtful when managers are clearly still needed.

Likewise, Amanda Flanagan, sales director UK and Ireland at Almirall, believes the RBM role is still an important one within the industry. "They may have different titles," she says, "but fundamentally we still need managers managing teams."

At the same time this role of people manager also now includes health outcomes management. As Flanagan asserts: "The RBM role now combines people and business management that is ultimately associated with driving outcomes – both in terms of business results for the company, and value and better patient management for the customer. The role has had to evolve – outcomes and improved patient management is our customers' objective and our roles need to align with that." Delas echoes this, saying the emerging RBMs will ultimately be accountable for outcomes – "but in order to be successful, they will have to deliver through people and their team".



Indeed, it is likely to be a hybrid role in the future as RBMs seek to understand their local health economies and market access boundaries, while providing a service that may not in fact be solved by that company's medicine. According to Goldsmith, RBMs are in a unique position to be the voice of customers and to deliver the value that is increasingly demanded. "Individual sales representatives do not have the influence they used to over the customer and their buying behaviour, and this increasingly integrated ecosystem for decision making means there is a real role that RBMs can play," he says. "It's something the representative can't do because there is no visibility or incentive; neither do they have the bandwidth to understand marketing at that level."

As quality, outcomes and value become the new catchphrases of the global healthcare environment, Clark says it is essential for pharma to speak the customers' language and understand their priorities so that industry can work in partnership with them. Indeed, she believes RBMs are closer to the business than ever before. Moving forward, the path pharma will take in redefining its RBM role is still unclear. **PT**

PharmaTimes Magazine is interested to know your thoughts on the changing role of RBMs. Please either email yourview@pharmatimes.com or take part in our short survey online at: www.pharmatimes.com/rbm-survey

