

Out of Hours

Are we selling ourselves short?

An international survey of large companies ('The new high performer', The Corporate Executive Board Company, British Airways, Business Life, 2009: link no longer active) identified the most effective qualities in their sales teams. Professionals described as 'challengers' were considerably more successful in changing their client's behaviour than 'relationship builders'. Could training and consultation outcomes in general practice be improved by taking note of these results?

CHALLENGERS RATHER THAN RELATIONSHIP BUILDERS?

It's not often that parallels are drawn between GPs and sales representatives. But suppose for one moment that medical professionals are in the business of 'selling' health advice and modes of treatment. I know it's an imperfect model, but bear with me.

In 2009, a large survey of sales teams was conducted across 90 recession-hit companies across the world. Sales managers were asked to assess three reps from their teams, two average performers and one high-performing star, against 44 different attributes. The aim was to discover which characteristics were associated with the greatest success in generating sales during a difficult economic climate. Five profiles were identified — 'hard worker', 'challenger', 'relationship builder', 'lone wolf', and 'problem solver'. As you can see, with the exception of 'lone wolf' these epithets represent attributes we would wish to see and encourage in developing our GP registrars.

The assumption was that the 'relationship builder' would turn out to be the most successful. These individuals were identified as having a greater willingness to serve the customer, build and nurture ongoing

relationships, remain highly accessible, and respond to the specific needs raised by their clients. Ideal you would think for large companies looking for good value and reliable relationships in a harsh financial climate. And, of course, all of these features are considered to be highly desirable in general practice.

In fact the most successful of the five groups by far was the 'challenger'. They are described as having a deep understanding of the customer, not afraid to share their own views, tended to be assertive, and able to push people out of their comfort zones without alienating them.

Their customers valued the ability of 'the challenger' to teach something new and important, to tailor messages to individuals and their desired outcomes, and to maintain control in conversations by creating a constructive tension.¹

By comparison, conversations held with 'relationship builders', although considered highly enjoyable, were seen as 'working around the answer' with too much unnecessary agreement in order to relieve tension. Such interactions were deemed to 'feel good', but were thought to be neither memorable nor valuable.

WHAT CAN WE LEARN FROM THIS?

Am I stretching things too far to suggest there may be a resonance with GP training? Are we not at risk of placing strong emphasis on relationship building in the belief we are doing what the patient wants but may in fact be losing sight of a more valuable outcome desired by both professionals and patients?

And before you say it — yes, I know we are *not* sales representatives and we are *not* working in a commercial environment (though that may change), and, *of course*, we need to be very careful in drawing comparisons. But aren't there elements

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of human nature that remain consistent in different arenas? As a GP trainer, the results made me think.

Do I want my registrars to give the patients a comfortable, enjoyable, and non-confrontational medical experience or do I respect my patients enough to see them challenged by asking them leading questions and provoked, by offering opinion with authority? You never know, they might be better for it.

A good sales person tries to understand their client's needs and assures them that they have a unique solution tailored to the client's situation. Isn't there a parallel with our attempts at negotiating a management plan? Perhaps one of the fundamental differences is that 'challenger' sales reps are more likely to be assertive than the average GP.

Have we been so undermined by accusations of paternalism that we are reticent about offering information and advice that we believe to be true?

Could our fear of destabilising a therapeutic relationship be at times counterproductive in terms of the patient's outcome?

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REFERENCE

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