



The Role of a KOL

Dr Martyn King and nurse prescriber Sharon King explain the role of a KOL

What is a KOL?

Key opinion leaders (KOLs) are physicians or other healthcare professionals who influence their peers' medical practice, including, but not limited to, prescribing behaviour, meaning to prescribe one product/drug over another.¹ However, an online survey of 185 pharmaceutical professionals and 199 KOLs in Berlin revealed that 62% believe the term KOL should be replaced due to its negative connotations. These include the fact that peers may feel KOLs judgement and promotion of a product may be dependent on what they are being paid by a company.² Often KOLs are chosen due to their prescribing behaviour and spend, although other practitioners are often more interested in thought leaders with academic standing

and publications to their name, as companies often use KOLs to consult for them, conduct trials, give lectures and presentations, as well as publish clinical data. Marcia Angell, former editor-in-chief of the *New England Journal of Medicine* once said, "To buy a distinguished, senior academic researcher, the kind of person who speaks at meetings, who writes textbooks, who writes journal articles — that's worth 100,000 salespeople."³

What makes a good KOL?

In our opinion, a good KOL will always be striving for development and growth. They will be educated to the highest level and have access to the most current information and trends, sometimes way ahead of their peers. A KOL should be naturally inquisitive in their own field of practice and will want to, or already will, make contributions to scientific and medical publications. Naturally, with the opportunity to work with the newest of treatments and devices, comes the real possibility of improving patient care and satisfaction.

The Royal College of Physicians' 'The Seven Principles of Public Life applied to doctors' (Figure 1), provides an excellent basis for governing the relationship between doctors and the pharmaceutical industry.⁴ These seven principles relate to personal attributes every health professional should portray to maintain a healthy, transparent relationship when engaging with a pharmaceutical company.

Training

KOLs are often expected to demonstrate or train on behalf of a company. In these circumstances, the KOL must take responsibility to ensure standards are met, treatments are conducted in an appropriate facility, models are fully consented and appropriate aftercare and follow-up is arranged. When training other practitioners, the KOL must ensure this is done safely and training protocols are adhered to (most companies will have a training manual stipulating appropriate product, injection technique and volumes), and be prepared to stop a delegate from treating when patient safety is compromised. Training is not a time for KOLs to disregard the training manual and show off their own skills or techniques, as this may be replicated by delegates and lead to an adverse event which the company must deal with.

The KOL should only allow the company to issue certificates of successful completion of training when they feel the practitioner is competent to undertake the procedure in their own practice. There have been numerous circumstances over the years, in our experience, where we have had to intervene and either refused to issue a certificate, or recommended attending a further training course. Prior to training, the KOL should ensure that the company has verified the professional status and current registration for all

Selflessness	Doctors should act solely in the public interest. Their responsibility to patients must override all other interests.
Integrity	Doctors should not place themselves under any financial or other obligation to the industry, which may influence the performance of their duties as a doctor.
Objectivity	Doctors should make decisions based on the best available independent scientific evidence.
Accountability	Doctors are accountable for their decisions and actions. They must submit themselves to whatever scrutiny is appropriate to assure the integrity, objectivity, and honesty of their work.
Openness	Doctors must be as open as possible about the decisions and actions they take. They must be prepared to give reasons for their decisions.
Honesty	Doctors have a duty to declare any private interests relating to their public duties. They should take steps to disclose or resolve any conflicts arising in a way that protects the public interest.
Leadership	Doctors should promote and support these principles through leadership and example.

Figure 1: 'The Seven Principles of Public Life applied to doctors' from The Royal College of Physicians⁴

The KOL should only allow the company to issue certificates of successful completion of training when they feel the practitioner is competent to undertake the procedure in their own practice

delegates as, in our opinion, the number of aesthetic practitioners who have been removed from their professional register and continue to practice regardless is rather alarming. It is of equal concern the number of aesthetic doctors who claim to be aesthetic surgeons without ever completing their surgical training.

Payments

Payments made by, and received from, pharmaceutical and device companies can often be a double-edged sword. Practitioners partnering with companies should always be mindful of their own professional codes of conduct about payments, coercion and bribery and should make themselves familiar with the Association of the British Pharmaceutical Industry (ABPI)⁵ and Medicines and Healthcare Products Regulatory Agency's (MHRA)⁶ Blue Guide regulations on financial payments and endorsements.

In January 2015, the ABPI, an executive agency sponsored by the Department of Health that regulates medicines, medical devices and blood products, started to collect data recording the amounts paid to individual doctors and to other healthcare professionals by pharmaceutical companies, and recorded the type of work for which the payment was made.⁵ They did this to highlight openness and transparency within the industry. Up until this point, pharmaceutical companies only needed to disclose the amounts they had paid for services on an aggregate basis. The data was made available for the public from 1st July 2016 and is freely available online.⁵

Being a KOL often attracts payment; this may be a retainer, a training/speaker fee, out-of-pocket expenses or a combination of these. Any fees should be justifiable and relative, and not prejudice best practice or patient safety, as this will be taken into consideration in the event of a complaint to the regulatory or professional bodies.⁷

Finally, if a KOL is acting on behalf of a company, there must be full disclosure at the outset, so all participants are aware of any conflicts of interest. Often, and ideally, a contract is signed

but a disclosure may simply state the practitioner's name and involvement with the company.

Other considerations

Often, companies may insist that their KOLs only use products in their portfolio as a pre-requisite to becoming a KOL. As practitioners, our duty of care is to the patient and, if there is a more appropriate procedure or a safer product to use for an indication, we are professionally obliged to inform our patients of this and give them the option to choose a different product or procedure.

We have found that there are many 'self-professed' experts in the aesthetics specialty who are very active on social media forums, as well as other platforms, and approach companies with their own demands to become KOLs. This can be awkward for both the company and the practitioner and, in our opinion, if you must ask to become a KOL, you don't deserve to be one. Similarly, buying a lot of products from a company might make you a key account for them but does not necessarily make you an expert and does not automatically entitle you to become a KOL. From our experience, there will already be a good working relationship between the company and practitioner and the company will approach the practitioner themselves.

Conclusion

Over the years, we have acted as KOLs and speakers for more than 15 different pharmaceutical companies and distributors, but we have also declined a few when we felt their stipulations compromised our own clinical practice and morals. As a KOL, it's important to be well educated, inquisitive, and have a strive for growth and development in the specialty. We would certainly advise any practitioner who is approached to be a KOL to be fully aware of any demands imposed by the company and to make a decision based on their own professional standings and not on financial inducements.



Dr Martyn King is the director of Cosmedic Skin Clinic, medical director of Cosmedic Pharmacy, chair of the Aesthetic Complications Expert Group, member of the British College of Aesthetic Medicine and board member for the British Association of Sclerotherapists. He is a national and international accredited trainer and speaker and has written articles for leading journals.



Sharon King is an NMC registered nurse, an independent prescriber and a board member of the British Association of Cosmetic Nurses (BACN). King is also a member of the Aesthetic Complications Expert Group and is the nursing director of Cosmedic Pharmacy. In addition, she is a clinical trainer and regularly trains on behalf of many leading aesthetic companies.

REFERENCES

1. Nugent, T. Director of Marketing, Medical Marketing Services Inc. [<http://www.pharma-mktg.com/glossary/keyopinionleader.htm>]
2. Mack, J. A KOL By Any Other Name. Pharma Marketing News, April 2015. 14(3)
3. Seife, C. How Drug Company Money Is Undermining Science. Scientific American, December 2012. 307(6)
4. Committee on Standards in Public Life, Guidance The 7 principles of public life (1995) [<https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2>]
5. ABPI, Disclosure UK [<http://www.abpi.org.uk/ethics/ethical-responsibility/disclosure-uk/>]
6. MHRI, The Blue Guide – Advertising and Promotion of Medicines in the UK (2014) [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/376398/Blue_Guide.pdf]
7. GMC, Good Medical Practice - Financial Arrangements (2013) [https://www.gmc-uk.org/guidance/ethical_guidance/30188.asp]