

EphMRA NEWS

EUROPEAN PHARMACEUTICAL MARKETING RESEARCH ASSOCIATION

Issue: December 2004

From the EphMRA President

At the AGM in Basel in June it was a privilege for me to be voted in as the next EphMRA President and I have now been 'in office' since 1st October. First we would all like to take the opportunity to thank the outgoing President Georges Andre for steering EphMRA through a successful and vibrant year, leaving the Association in good shape to face the challenges ahead. As President I would also like to welcome Francois Feig, Merck KGaA as Vice President and members of the Executive Committee - Kurt Ebert (Roche), Kerstin Lilla (Solvay), Anne Loiselle (Abbott Laboratories), Achilleas Papachatzis (Novartis Hellas) and Ulrich Wuesten (Bayer). As a team, we look forward to working with all members over the next year.

Earlier in the year Christian Hoecker was appointed as EphMRA Treasurer but he has now had to step down and Ulrich Wuesten has been appointed by the Full Members as Treasurer 'ad interim' until a new Treasurer can be voted in at the 2005 AGM.

An important addition to the EphMRA calendar will take place on 20th January 2005 at the Sheraton Airport Hotel, Brussels - an Interim Full Members meeting and all Members Networking event. This is a one day event, complimentary to Full and Associate members. In the morning there are separate meetings for Full and Associate members followed by an afternoon Networking event with a stimulating speaker. The morning meetings will give an opportunity for all members to be involved in discussions concerning items of relevance to the Association's work and for the cross-fertilisation of ideas and learnings on best practice. Full details are on the web site at www.ephmra.org where you can register on-line.



Looking forward, the Programme Committee for the 2005 conference in Berlin is already working hard to produce a thought provoking and attractive agenda with details being available in January. Building on the success of our Basel conference is our primary aim.

At all times the work of the Committees and Chairs is vital and needs to be recognised since it is in these forums that the groundwork of the Association is done and topics of importance to members in their daily work are addressed. Thank you to all involved and giving of your time.

I look forward to having open and frank discussions with all members during the coming year - feel free to contact me.

Barbara Ifflaender

EphMRA President 2004 - 05

Altana Pharma

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Visit the EphMRA web site
at <http://www.ephmra.org>

The easiest way to produce a crazy forecast

**A trend is a trend is a trend,
But the question is when will it bend,
Will it alter its course,
Through some unforeseen force
And come to a premature end?
Anon**

Some of the most breathtaking errors in forecasting come from the mindless extrapolation of strong growth. I keep a file of the best examples. Here are a couple of samples for your amusement:

A recent headline in the UK's *Daily Mail* newspaper: "Faster than the male: Women runners will beat men, say scientists (but not for another 150 years)". The "scientific" study in question has taken men's and women's 100m sprint times for the last few *decades* and extrapolated them forward *hundreds of years*. The lines cross in about 150 years. The "scientists" thus conclude that women will, in the future, be faster sprinters than men.

In April 1999 at the height of the dotcom and tech stocks bubble, an article in another UK newspaper, the *Daily Telegraph*, noted the meteoric rise in Microsoft's share price and predicted that "if his wealth continues to grow at the 61 per cent compound annual rate it has enjoyed so far, (Bill Gates) will become *the world's first trillionaire in 2004*". (Emphasis added.) Actually by October of 2003 Bill's wealth had fallen to a 'mere' \$18 billion and he was overtaken by Warren Buffet as the world's richest man.

Here we have two examples of outrageous extrapolation. A moment's reflection could have told the authors that these trends just cannot continue like this...

First, taking the women sprinters: If we are going to project a few decades of finishing times hundreds of years into the future, we can also conclude that around the middle of this millennium, women will have finished the 100m sprint *before they have started!*

Second, taking Bill Gates wealth: If we project the 1999 growth rate out one year further to 2005, his wealth would become greater than the entire output of the UK economy. This is plainly inconceivable. (Amazingly, the article in question *did* actually point this out "If Mr Gates' wealth continues its relentless rise, it will over take Britain's output by 2005." without realising that they had just invoked a sanity check which their projection failed to pass!)

The lesson in all of this is that aggressive trends do not persist. The only question is when they will end (hence the poem at the start of this article.) This is a simple fact that is often overlooked in pharmaceutical forecasting.

One pharma example from a few years ago: A company was forecasting sales for their statin in an important country. They entered the sales for statins for the past few years onto an Excel spreadsheet. Around 8% of the population were taking a statin. The current compound growth rate was around 30%. So, for the next year, they entered a formula of: This year = Last Year x 130%. (Actually, for a one year forecast, this might not be so bad.) Then they clicked on that little "handle" at the bottom right hand corner of the cell and dragged it out for the next twenty years.

Now, with a compound growth rate of 30%, the sales of statins will double about every 2½ years. So, in just 10 years 130% of the population will be taking statins! This illustrates the danger of extrapolating vigorous trends even a few years into the future and the power of very simple sanity checks to see when trend projection is not making sense.

Continued >

Facts & Figures about the Newsletter publication

Deadline for advertising in the
March News is January 20th 2005.

Advertising rates and details are as follows:

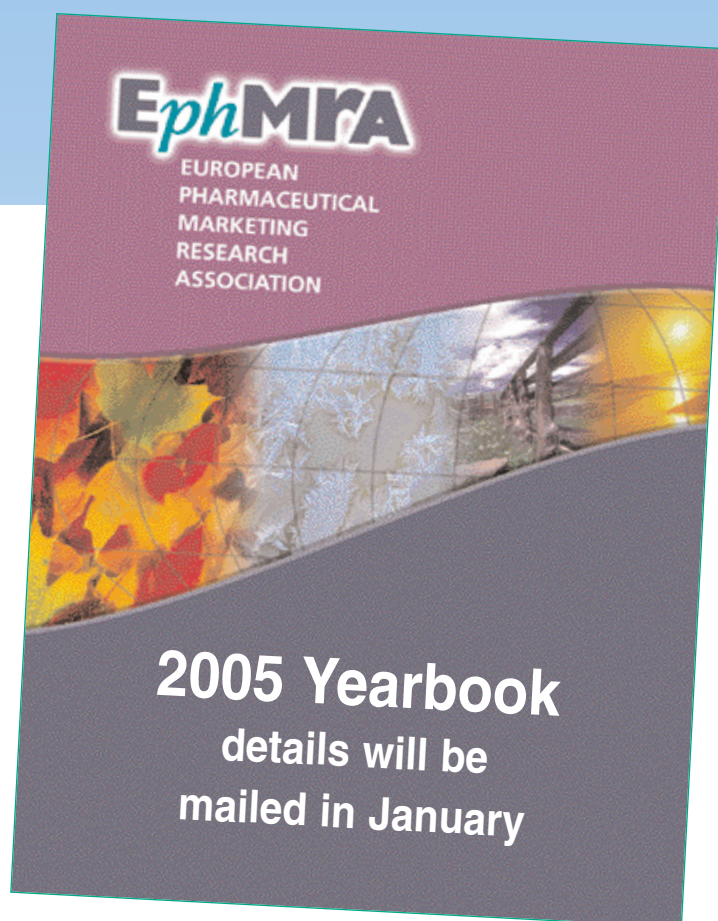
Four colour and B&W ads can be carried.

Prices are quoted in Swiss francs.

	Quarter Page	Half Page	Full Page
B&W	300 CHF	500 CHF	800 CHF
4 Colour	500 CHF	750 CHF	1200 CHF

Prices do not carry VAT

EphMRA is a Swiss based Association and invoices will be issued in Swiss francs - you transfer the relevant amount into our bank account (details of which will be on the invoice).



So, if projecting strong trends into the future using a straight line (the sprinters example) or even worse using exponential growth (the Bill Gates and the statins examples) is the problem, what is the answer? Obviously, we have to assume that the growth *will level off*. We need to replace the 'continuous growth' straight line or curve with a curve that levels off. Indeed, a wealth of empirical data indicates that most of the trends we want to forecast in pharmaceuticals do follow simple curves that *level off*. For example: The number of patients with a particular disease tends to follow a 'logistic curve' - just about the simplest S-shaped curve possible. The proportion of patients treated with a given therapy class tends to follow a 'Bass Curve' - another very simple S-shaped curve. And so on.

Fitting one of these 'levelling off curves' to past data will always tend to produce more accurate forecasts than fitting a 'growth-forever' curve. (In fact, fitting one of these curves to past data *before* there is any sign of levelling off will produce pretty inaccurate forecasts, but nowhere near as inaccurate as fitting a 'growth-forever curve'!)

So, to summarize: Strong growth tends to be short-lived. Mindless extrapolation of strong trends can produce crazy forecasts. Two simple remedies: First always 'sanity check' your extrapolations. Second, have a preference for 'levelling-off-curves' rather than 'growth-for-ever-curves' when making your projections.

Gary Johnson
Inpharmation Ltd
gary@inpharmation.co.uk

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What's going wrong with market segmentation?

Over recent years market segmentation has taken centre stage for many pharmaceutical companies striving to make sense of increasingly complex and competitive markets. The advantages are clear: the identification of target groups that will be more receptive to marketing effort and whose profiles have greater congruence with a brand's claims.

As a result the number of segmentation studies conducted by the industry has increased dramatically and 'segmentation' has become the brand manager's mantra.

As an industry we are well stocked with techniques to generate customer typologies. A whole range of qualitative and quantitative methods and techniques such as patient case record studies, factor and cluster analysis, psychographic profiling and brand positioning studies are used to good effect, and some very ingenious and relevant typologies often emerge.

Yet a recent client survey published in the October edition of the MRS' Research magazine has concluded that a lot of these studies are wasted. Of 215 marketing professionals polled, 81% had conducted segmentation studies, but almost half said that the studies were unused.¹

The problem, I believe, lies mainly in implementation. The problem starts with the companies themselves. Many still remain too sales rather than marketing driven. The representatives simply do not accept this type of approach. Our case is not helped by the fact that we do not yet have comprehensive enough data sources that allow us to profile all the doctors and place them in the relevant segmentation buckets. So we rely on providing cues or proxy indicators for the representatives to assess their doctors. Very often these cues are too crude and provide too blunt an instrument for the representatives in the field to use with any real conviction.

With patients we have greater success when segmenting by clinical features, but the same problems arise when including motivational factors.

Company structure and culture, combined with blunt typology identification cues, are therefore preventing us from implementing the type of marketing segmentation which can really make a difference to our businesses.

Yet segmentation is itself a blunt marketing tool. As soon as we group our customers together into segments we are making some compromises. No two people are the same, so to reduce a population of thousands, or even millions, down to four or five segments means we are making some very broad generalisations about the segments, no matter how clever and insightful our segmentation analysis. It's what the statisticians call 'unexplained variance'.

Nonetheless, segmentation is better than no segmentation. Having identified the problems we can strive to address our organisational issues and be more realistic about the role segmentation can play in marketing. Yet as we do this technology is changing the ground rules and opening up new and exciting possibilities for interacting with customers.

Technology is at last allowing us to be more refined in our segmentation. The ultimate segmentation is to treat each individual as just that, an individual. Each customer has his or her own specific needs, motivations and brand preferences. There is no 'unexplained variance' here. We are fast moving towards the situation, via CRM initiatives, where companies can have a one on one interactive relationship with individual customers; both doctors and patients.

Online companies such as Amazon, the office supplies company, Viking and TicketMaster do this already with their customers in personalised marketing and offers that reflect an individual's previous purchase behaviour.

Likewise, via e detailing and other touch points with doctors, companies can build up a detailed knowledge of a doctor's interests, concerns and even prescribing behaviour. This will drive company cultures and organisational structures to become more customer focused as direct interaction replaces indirect cues and proxy indicators. We will at last have the real thing.

¹ Incite Marketing Planning, MRS Research, October 2004.

Bob Douglas

Synovate Healthcare

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Anatomical Classification Committee

A comprehensive and useful booklet has been produced by the Committee outlining its work in classification, the rules of classification etc. This is available on the EphMRA web site and also in paper copy form - contact Bernadette Rogers MrsBRogers@aol.com



The New EphMRA Web Site is Launched

www.ephmra.org

We hope you have had the opportunity to look over the new EphMRA web site - completely restructured and redesigned, now based on a Content Management System called Immediacy. The new web site managers and designers are Unified Solutions based in Slough. It was reported in the last News how Unified were awarded the contract.

A brief overview of where you can find things on the new site is as follows - the main headings in bold are those you see on the site:

About us

Executive Committee
Questions and Answers
Contribution Award

Join EphMRA

Join EphMRA - Full Member
Join EphMRA - Associate Member
Members List - Full and Associate Members
Statutes

Recruitment

Job Vacancies

Publications

EphMRA Code of Conduct
EphMRA-PBIRG Internet Research Guidelines
Lexicon
EphMRA Newsletters
EphMRA Yearbook 2004

Annual Conferences

Highlights of past conferences

EphMRA Committees

The Executive Committee
Anatomical Classification and Standardisation Committee
Medical Data Committee
Database and Systems Committee
New Form Codes Committee
Primary Research, Methods and Training Committee
Sales Data Committee
Strategic Business Analysis Committee

Training Workshops

Research Toolbox
Segmentation Training Course
Previous Course Reviews

Anatomical Classification

Who we are
Anatomical Classifications Guidelines Index
Committee

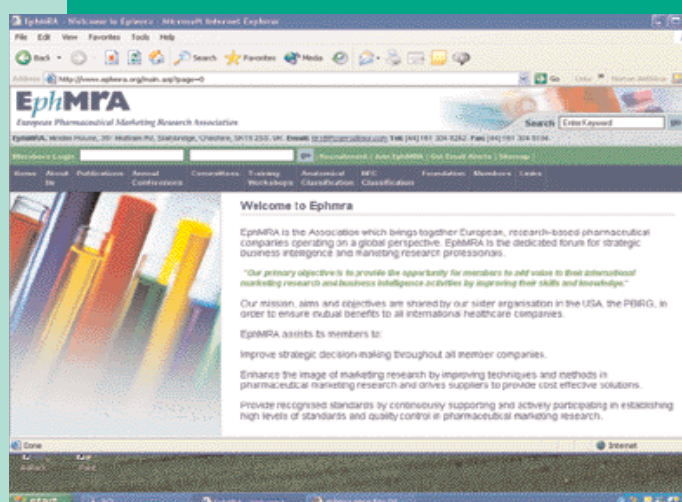
NFC Classification

Rules
New Form Codes Committee
Form Codes
NFC Poster 2004

Foundation

The Board - Who we are
Foundation Projects Previously Funded
Verification of the Internet project
Assessing the Cultural Impact
Perception and Reality
Guidelines for the Foundation

Members Forums



The site also now incorporates:

- Search Engine
- ClickTracks - web log analysis package which will enable EphMRA to track more closely visitors to specific areas of the site. This will enable us to determine site traffic and visits to certain areas.
- Snitz Bulletin Board - currently this is in the Associate members forum for notices and comments

EphMRA is also considering expanding the Recruitment section of the web site and working to allow Executive Search companies to manage and update their own vacancies section within the EphMRA site. This will become part of the email alert service - you can subscribe to be alerted by email as to when new vacancies are posted up.

EphMRA is always open to other suggestions for web site services and developments so please contact me as appropriate.

Bernadette Rogers

General Secretary
MrsBRogers@aol.com

Executive Committee

As of 1 October the Executive Committee now comprises:

Barbara Ifflaender

Altana Pharma - President

Francois Feig

Merck KGaA - Vice President

Georges Andre

Boston Scientific - Past President

Ulrich Wuesten

Bayer - Executive Member & Treasurer 'ad interim'

Kerstin Lilla

Solvay - Executive Member

Anne Loiselle

Abbott Laboratories - Executive Member

Kurt Ebert

Roche - Executive Member

Achilleas Papachatzis

Novartis Hellas - Executive Member



Barbara Ifflaender

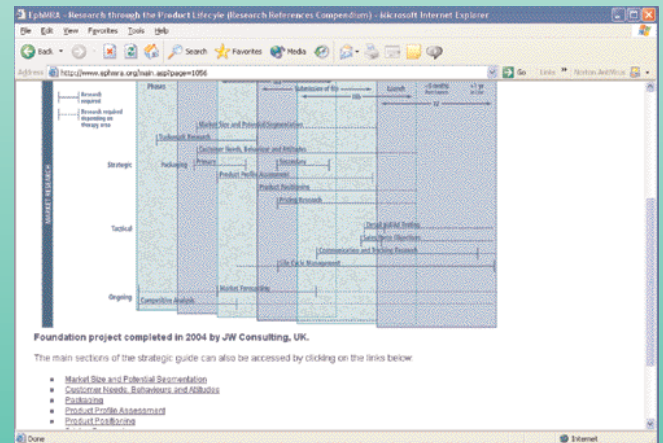


Francois Feig

Research through the Product Lifecycle - Research References Compendium - Joint PRM&T Project with the Foundation Board

This project was awarded to JW Consulting, based in the UK and the results are now in the EphMRA web site - this is a member benefit - for Full and Associate members only available on the web site via password activation.

The aim of this project was to use the Research through the Product Lifecycle Wall Chart which EphMRA has developed and to create a web based compendium of lists of useful articles, books, web sites and other reference materials. This will give researchers a one-stop shop when they wish to find information on a particular research approach or methodology eg segmentation or conjoint.

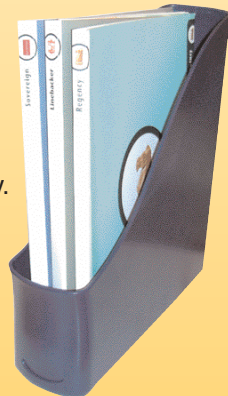


EphMRA Members Pack

The Members Pack is being mailed out - to Full and Associate members - please contact Bernadette Rogers if yours does not arrive by January.

One pack per company is issued plus one to each Committee member.

This is a blue magazine type holder designed to keep your EphMRA publications in one place and for ease of reference.



The EphMRA offices will be closed for Christmas holidays from Monday 20 December - January 4 2005 incl.

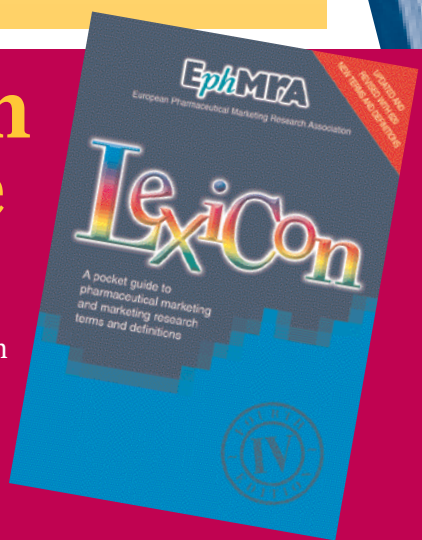
Interim Members Meeting 20th January 2005

at the Sheraton Airport Hotel, Brussels - Full and Associate Members meeting and all Members Networking event.

This is a one day event, complimentary to Full and Associate members.

Lexicon Update

Currently the Lexicon is being updated - if you have any terms you wish to include or any terms you think need to be changed please contact Janet Henson.



PBIRG
Pharmaceutical Business
Intelligence & Research Group

2004/5

December 6 - New! West Coast Industry Networking Reception & Education Program
New Product Forecasting for Biopharma & Pharma: Insight, Innovation & Process
San Francisco Airport Marriott, Burlingame (CA)

January 24-25 - Industry Networking Reception & Education Program
Watch for Exciting Program Announcements!
The Olde Mill Inn, Basking Ridge (NJ)

May 7-11 - 2005 Annual General Meeting
Patients, Professionals, Payors, Privacy: The Changing World of Research
The Boston Seaport Hotel & World Trade Center
Boston & PBIRG: Where Great Minds Meet!

New Members



We are pleased to welcome the following new member:
Alexander Rummel - Psyma International Medical
 Marketing Research - Germany



UP AND COMING COURSE NOTE IN YOUR DIARY REGISTRATION MATERIALS ON EphMRA WEBSITE



New benefit to EphMRA Full and Associate Members

**On all future courses
 Book for 3 & pay for 2**

(Terms - for delegates from
 same company and
 all booking at same time)

Segmentation - How to Target and Promote to the Customer Effectively

10-11 March 2005

On-line registration now live

For success it is essential to understand your customers and their needs in detail. Segmentation is a valuable tool; enabling "insights" and "foresights" for portfolio development and marketing to consumers, patients, prescribers, opinion leaders and other healthcare professionals alike.

"...The opportunity to identify commercially viable segments of a market, where customer needs differ from the norm and to develop a competitive advantage exists..."

Segmentation is both a strategic and tactical tool that researchers have long had in their "toolbox". However, despite the above factors, it has only recently come to prominence in some Healthcare companies. Marketeers from our sector are now finally following the lead of successful consumer-based companies; making a serious attempt to understand their customers' true needs - as opposed to merely selling products. Furthermore, funding pressures within the healthcare environment, coupled with scientific progress towards genetic identification of potential responders to therapy are leading payors to consider targeted therapy favourably. Patient segmentation may become a 'must-have'.

As to 'why?', there is a school of thought stating segmentation only limits marketing opportunities - why segment at all? As to 'how?', there is still a great deal of debate on best practice in segmentation and disagreement as to "how it should be done". The options would appear to be limitless.

- When segmentation should be carried out (i.e. when along the product's development cycle, in which therapy areas/circumstances?)
- Who should you segment?
- What parameters should be used for effective segmentation?
- How should effective segmentation be performed?

- How can it be implemented to maximise strategic and tactical effectiveness, what is its real value?

In this newly developed program, delegates will be given the opportunity to hear some industry experts and also, via several workshop sessions, develop their own thoughts, consolidate learning on new materials, and present findings back to the wider group. Finally - they will learn how to create a competitive advantage for their product(s) using segmentation.

The seminar will be truly lively and interactive!

Workshop Objectives

The aim will be to give delegates a thorough grounding in segmentation within the unique environment of the healthcare industry. The need to consider consumer, patient and healthcare professionals will be reviewed and the additional challenges to healthcare segmentation, which are not encountered in traditional consumer segmentation, will be exposed.

Delegates will leave the workshop with a better understanding of:

- Why segment - Business issues which segmentation can help address.
- When to segment
- Who to segment - physician, patient, consumer or other.
- How to segment - quantitatively or qualitatively using needs, attitudes, behaviour, demographics, psycho-graphics etc.
- Statistical options - key strengths and weaknesses
- How to implement the outputs from segmentation and create a competitive advantage for their company

Who should attend?

The course is aimed at experienced **Market Researchers**, **Business Analysts** and **Marketing personnel** from companies and agencies. Anyone can attend, but EphMRA Full and Associate members have priority for places.

"Global Significance of Customer Satisfaction"

November 17-18 Brussels, Belgium



**SPEAKERS FOR THIS COURSE ARE URGENTLY
 WANTED! IF YOU ARE INTERESTED
 CONTACT JANET HENSON**

Workshop Introduction

Customer satisfaction is considered a critical driver for success by many organizations...

- 60% of all businesses cite 'customer retention' as a critically important measure. [Economist]
- Studies show a 5% increase in customer retention can trigger a 25%-to-125% increase in profitability [HBR]
- Some 45% of Global 2500 corporations already have a VP responsible for the overall customer experience
- Wall Street analysts look to customer satisfaction rates as a leading indicator of a company's financial health and profitability
- Companies like PTC and Siebel are already publicly reporting some of this data in annual reports, quarterly earnings press releases and ads

...but is it relevant to pharma?

continued on next page >

More and more pharmaceutical companies are looking at customer satisfaction initiatives but not necessarily under the guise of 'customer satisfaction'.

Some facts and figures

Research shows that: 65% - 85% of customers, who switch to competitors, report that they were either 'satisfied' or 'very satisfied' [TARP]

Reasons customers leave:

- 3% move away
- 5% develop other supplier relationships
- 10% leave for competitive reasons
- 14% dissatisfied with product
- 68% perceive an attitude of indifference by supplier [TARP]

Losing customers is expensive: Bain and Co report that it costs 5 times as much to attract a new customer as to keep an existing one, and it costs 16 times as much to grow a new customer to the same level of profitability

This course investigates:

- What do we mean by customer satisfaction and is satisfaction enough - what is loyalty?
- The many different 'customers' in our pharmaceutical industry
- The different measures of satisfaction - brand, company, service, representative
- Some of research techniques used to understand and measure each
- The local tactical and international strategic use of customer satisfaction
- How satisfaction (and loyalty) drives growth
- The role of satisfaction in Customer Relationship Management (CRM)
- Some thoughts on the future of customer satisfaction in healthcare

Workshop Objectives

The aim will be to give delegates a thorough grounding in Customer Satisfaction together with what is involved in researching and measuring it within the unique environment of the healthcare industry. We will consider who are our customers and the different measures of satisfaction. Delegates will have the opportunity to work with experts in customer satisfaction and to understand the growing demand for customer satisfaction research in the future.

Delegates will leave the workshop with a better understanding of

- what is customer satisfaction
- who are our customers
- why satisfaction is important
- why satisfaction will become more important to our industry
- how to measure satisfaction
- what research techniques can be used and when to use them

Who should attend?

The course is aimed at experienced **Market Researchers**, **Business Analysts** and **Marketing personnel** from companies and agencies. Anyone can attend, but EphMRA Full and Associate members have priority for places.



We currently have a vacancy for an EphMRA Full member to join the committee - if you are interested please contact Janet Henson.

"Positioning & Branding - Getting it Right"

November 17-18 Brussels, Belgium



Due to popular demand the original positioning course has been extended by one day to encompass branding



Positioning: is 'the act of creating an image of what a product can offer and to whom, so that it will occupy a distinct and sustainable competitive position in the mind of the target consumer.' - EphMRA Lexicon

Positioning Statement: written declaration by a company regarding its view of where its product or service sits in the marketplace - EphMRA Lexicon

Branding: creation of brand image through visual and verbal elements. Includes, but goes far beyond, 'brand name' and 'logo' alone. - EphMRA Lexicon

Few terms cause as much debate in the industry as positioning and branding. What exactly is positioning and branding? How are they defined? At what stage in the development cycle should positioning and branding start? What are the responsibilities of headquarters vs. local affiliates? And, last but not least, how and when should positioning and branding be generated and tested?

EphMRA's Primary Research Methods and Training Committee feels it is worth revisiting this important topic in a dedicated workshop, and to bring together experienced marketing research professionals and experts to discuss these issues.

FUTURE COURSES IN THE PLANNING STAGE

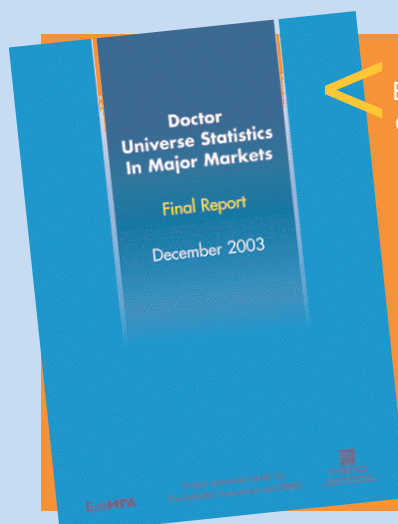
SEE NEXT EDITION FOR UPDATE OR CONTACT
JANET HENSON - janet.henson@wanadoo.fr

Introduction to Pharmaceutical Marketing Research - Spring 2006

Understanding and Using Desk Research - Spring 2006

June 2005 Conference Workshop - A One-Day Master Class -

Topic to be defined



EphMRA is considering an update of this report - please let us know any areas in the report which you feel need to be improved. Other countries and specialities to be included and any other aspects to be examined. The report is to be found on the web site in the Members Forum (password needed).

Contact -
MrsBRogers@aol.com

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2005 Conference

22-24 June 2005 - Berlin



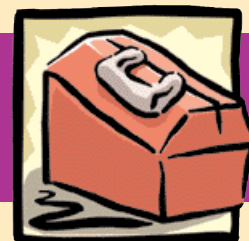
The conference programme and registration materials will be mailed in January.

The Programme Committee has been working over the past few weeks to bring the conference programme together - many thanks to all those who submitted synopses. The standard of synopses this year was high and there was competition for slots - so well done to those accepted and those unlucky this year then please try again another year.

The Programme Committee consists:

Barbara IfflaenderAltana Pharma, Germany
Marianne SchillerSchering AG, Germany
Francois FeigMerck KGaA, Germany
John BranstonP\SL Research Europe, UK
Nigel BurrowsPitre, Italy
Stephen GodwinSynovate, UK
Baerbel MatiaskeGfK HealthCare, Germany
Janet HensonEphMRA Conference Organiser
Bernadette RogersEphMRA General Secretary

The Research Toolbox



Course held in Brussels
20-22 October 2004

This was the second time that The Research Toolbox had been successfully held and all delegates felt they gained much benefit from the wide range of speakers and topics covered.

A report on the course will feature in the next News along with individual photos of the delegates - with the group course photo featured here.



NEW PEOPLE PROMOTIONS

TNS Healthcare



Chris McPartland has joined TNS Healthcare as a Divisional Director after 21 years at NOP World Health. At TNS Healthcare, Chris will be using his skills in the

management of international studies as well as continuing his role in the development of new business with global pharmaceutical accounts.

On October 7th the nameboards for Isis came down around the world after 31 years to be replaced by the new Synovate Healthcare name and logo. Parties have been held around the world for both clients and Synovate people to celebrate the exciting new future including a long evening cruise on the Thames.



Fieldwork International



Jeff Lucas has been promoted to Project Manager within the telephone unit. Jeff has extensive experience within market research; before joining FI 2 years ago, he spent 8 years at NOP, specialising in qualitative interviewing.



Matthew Seabrook has joined eQuesta, Fieldwork International's online survey department, as a Team Leader. Matthew has in excess of 5 years fieldwork experience, initially at Research International and then at Lightspeed Research where he focussed on consumer and patient online research.



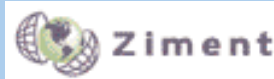
Madhava Turumella has joined as a Systems Development Manager, focussing on the development of CATI, Web and DP systems. He is a microsoft certified systems engineer and has extensive knowledge and experience working with market research data systems.



The Research Partnership is delighted to announce that Angela Duffy has joined as Director. Angela, formerly Managing Director of Martin Hamblin GfK Global Healthcare brings over 17 years MR experience to the group. She has extensive qual and quant expertise and plans to use this to expand the group in Europe.



Ziment would like to announce that Andrew Scott has joined as Managing Director of Ziment Europe based in London. Scott comes to Ziment after over 20 years at NOP Health in London, where he was Deputy Managing Director. Also joining Ziment is Andrea Manemann as a Manager of Client Service, Ziment Europe, based in Stuttgart. She joins from Sanofi where she was a Product Market Researcher for the past six years.



Double Helix Development



At the Double Helix Development UK office, the following new appointments have been made over the past 6 months:

- Charlotte Savage as RE with prior experience at both NOP and L'Oreal. Now promoted to SRE
- Danni Stenham PhD as RE, with additional responsibilities in Competitive Intelligence
- Rebecca McKenzie as Fieldwork co-ordinator

Double Helix Development US opened an office in Princeton in April 2004, which will enable further expansion of global and US Domestic market research. The following appointments were made:

- Porter Hibbitts as VP. Porter spent 6 years at NOP Healthcare in the US, prior to which he was in Pharma sales at GSK and BMS
- Tasha Parry and Jen Kabala as project managers

Medi Pragma

Medi Pragma has celebrated its 20th year of activity and has been celebrating with a series of activities. In April there was a wonderful visit with clients to the Villa Borghese Museum in Rome followed by an event in Milan in June at the Ca Bianca restaurant. Congratulations to Medi Pragma on its success.

SERVICES

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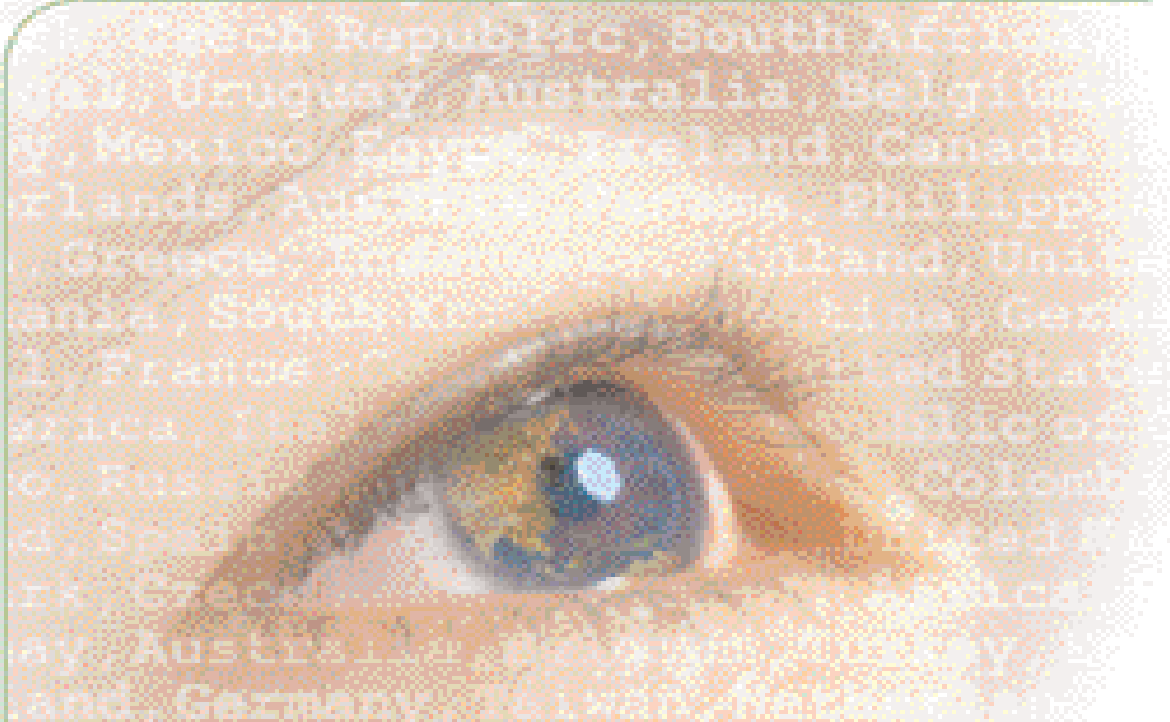
Now with a new focus group facility in Central London, offering hosting, moderation and multi country recruitment.

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