

keeping members informed and involved

Board now up to strength

The EphMRA board is now up to strength with 13 members, including the President, 5 Full Members, 5 Associate Members, Treasurer and General Manager.

The Executive Board is delighted to announce that **Dr Thomas Hein, Vice President Global Market Research, Bayer HealthCare Pharmaceuticals, Germany** has taken over as President on 1 October.

Dr Hein will feature in the November issue of PME (Pharmaceutical Market Europe) with an article on the future of market research, how customer insight can help improve patients' health, and the ways that EphMRA is helping to boost the reputation of the industry.



Strategic Plan Development

The Board has been working on our future strategic direction since the summer and we are still in discussions, fine tuning our objectives, defining our target audience and offerings.

We need to ensure our Association is **Fit for the Future** and so part of the focus has also been on where our industry is going and how EphMRA should shape itself to meet the needs of members. As soon as we have details to announce we will let you know.

Code of Conduct - Move to Mandatory Status

We have been consulting with Full Members recently about their views on the Code being made mandatory and they have highlighted that there could be a number of difficulties arising if Full Members were required to adopt the Code on a mandatory basis.

The Ethics Committee has assessed the feedback and the consensus within the Committee is that the Code is successful as a discretionary Code, it will continue to be of value and it will continue to grow in

importance. However enforcing mandatory adherence could well be counter-productive. This will be discussed at the IMM in 2013 (24 January at the Sheraton Hotel, Frankfurt Airport).

Extending our Geographical Reach

It was great to see so many in Beijing - the conference went very well. We have now successfully undertaken 2 events in AsiaPac and so the Board is now going to review the feedback and assess our next steps for the region.

The EphMRA Board



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A+A has taken on all of your emerging markets challenges and tackled them one by one: reliability, accuracy and relevance.

RELIABILITY

Quality of data, quality of processes, meeting deadlines

A+A is one of the most experienced healthcare agencies of reference for these markets. For over 20 years our teams have been working simultaneously in at least 15 emerging markets each week (across a total of 55 countries). We are constantly identifying, evaluating and training a selection of top local partners to our strict quality standards. Our established quality control procedures are applied with appropriate adaptations to ensure that local constraints are not overlooked.

ACCURACY

Your expectations and requirements mirror those of our own: emerging markets are becoming a strategic priority in your organization. We derive actionable recommendations by building quality samples, ensuring data collection and data analysis are pertinent to local requirements and through our insightful interpretation of the data.

RELEVANCE

In line with our major market practices, one of our senior level project directors will remain your daily point of contact to help you maximise the value of his/her long-standing expertise in the emerging markets. Their suggestions and recommendations are based on a strong foundation of rich industry experience.

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update from the board

From October 1 2012, the Members of the Executive Board are:



Bernadette Rogers
EphMRA General Manager
(Non voting)



Thomas Hein
EphMRA President
Vice President of Global Market
Research, Bayer Healthcare
Pharmaceuticals
(Voting)



Michel Bruguere-Fontenille
EphMRA Treasurer
(Non voting)

Board Members 2012 - 2013

Full Members (Voting)



Georgina Butcher
Astellas Pharma Europe (UK)
Associate Director Marketing
Intelligence



James Rienow
Pfizer Regional Market
Analytics Manager
Emerging Markets
Europe Group



Kerstin Lilla
Abbott Products Operations
Director Global Business
Intelligence
EPD Marketing Established
Products



John Shortell
Bayer HealthCare
Pharmaceuticals Inc.
Director of Global Market
Research
USA



Bernd Heinrichs
Head of Global Market
Insight Team
Grünenthal

Associate Members (Non Voting)



Bob Douglas
Global Head of Custom
Research
Ipsos Healthcare



Kim Hughes
Managing Director
The Planning Shop
International Ltd



Sarah Phillips
Director
Head of Health
Incite



Piergiorgio Rossi
Managing Director
SGR International



Abigail Stuart
Global Head
Health
Hall and Partners



update from the board

Committee **Liaison** Points

The Board is continuing to develop a closer link between the Board and Committee Chairs and so has put liaison contacts in place. With the larger Executive Board we have now appointed Board member contacts for each committee - this is not to manage or run the Committee but to provide that more consistent link and hopefully more consistent liaison. It will also provide an opportunity to keep the Chairs more up to date with EphMRA initiatives.

Classification/NFC Committee	Kerstin Lilla, Abbott Products Operations AG John Shortell, Bayer
Data & Systems/Syndicated Data	Georgina Butcher, Astellas Pharma Europe James Rienow, Pfizer
PRM&T/Foundation	Kim Hughes, The Planning Shop international Piergiorgio Rossi, SGR International
Professional Standards/Code	Bob Douglas, Ipsos Healthcare
Events eg IMM, Conference	Sarah Phillips, Incite Abigail Stuart, Hall and Partners Bernd Heinrichs, Gruenenthal

full member forums

The Engagement Officer, Fiona Lake is the focus for driving the Full Member Discussion Forums forward. In 2012 at the IMM there was a FM only session on:

'Working with Suppliers' : A peer discussion forum focussing on key issues for pharma departments

And those who joined the session felt it was a very productive meeting. Following on from this in June at the Paris conference another FM session was held and the focus was Procurement and Third Party Agreements.

Join us at the 2013 IMM for the next FM Discussion Forum where the topic will be **Off-Shoring**. This is a unique opportunity for peer to peer interaction and issues sharing.



Fiona Lake

update from the associate members

We hope everyone has had a great summer and is busy closing a successful year in Q4.

Firstly on behalf of all Associate Members, we would like to welcome Thomas Hein to the role of President of EphMRA. He has made a great first impression, we hope you will all have an opportunity to meet him soon and hear his ideas for the future of the organisation. It is certainly an exciting time and a great future for EphMRA.



Since we last wrote, a number of things have taken place.

- **Consultation review - work in progress!**

There have been a series of discussions about the strategic aim, mission and vision for EphMRA going forward. This is so the organisation can best meet the needs of its members in a changing environment and a more global market place. Thank you to everyone who has been feeding into this process. The work is still on going, so if you have any ideas or comments, please do contact any of us. We hope to be feeding back the outputs soon.

- **Beijing Conference**

It was great to see so many of you at the conference in Beijing. We hope you all enjoyed the discussion and networking opportunities which took place. The feedback is still coming in from delegates, but if you would like to raise any issue specifically, please don't hesitate to get in touch.

- **Conference plan for 2013**

The committee for next year's annual conference has already met for the first time to review synopses and discuss improvements to the conference for attendees. If you have any ideas, we would welcome your input, please do get in touch.

Finally, we hope to see as many of you as possible at the Local Chapter meeting in Poland in early November, or at the IMM in January in Frankfurt.

If we don't speak to you before, we hope you all have a very successful end of year, and look forward to seeing you in 2013.

Best wishes

Bob Douglas - Global Head of Custom Research, Ipsos Healthcare - bob.douglas@ipsos.com

Kim Hughes - Managing Director, The Planning Shop International Ltd - kim.hughes@planningshopintl.com

Sarah Phillips - Director, Head of Health, Incite - sarah.phillips@incite.ws

Piergiorgio Rossi - Managing Director, SGR International - pg.rossi@sgr-international.it

Abigail Stuart - Global Head of Health, Hall and Partners - a.stuart@hallandpartners.co.uk



- Webinar: **Data Visualisation**
Free to members event, 22 January 2013, at 13.30 - 14.30 UK time
Target audience: Mid Level researchers
- 2013 **IMM**
24 January at the Sheraton Hotel, Frankfurt Airport
Registration will open in November and there will once again be a stream for both Senior Managers as well as Mid levellers.
- Webinar: **AER and New AER Guidelines**
Free-to-members event, 31 January at 13.30 - 14.30 UK time
- 2nd Italy **Local Chapter Meeting**
6 February 2013 in Rome
Programme being worked on now. The meeting will start at 11am and finish at 6pm.



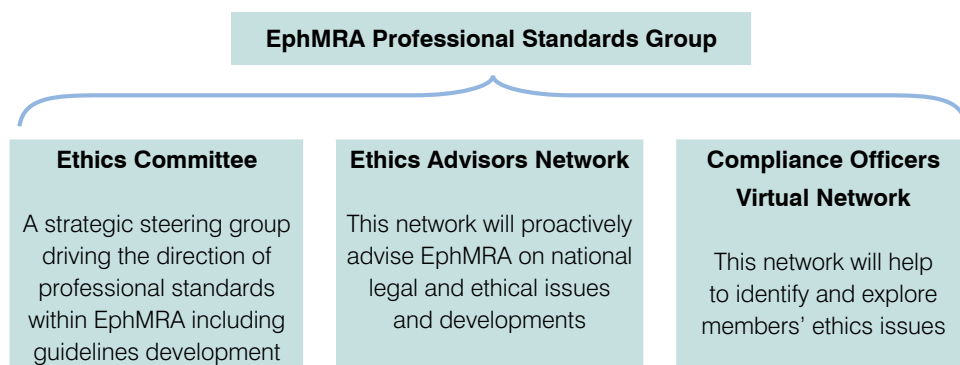
- 2013 **Conference in London**
25-27 June at the Novotel Hotel in Hammersmith (west London)
This venue is convenient for Heathrow Airport. Registration will open at the end of January.
- Germany **Local Chapter Meeting**
Date to be confirmed in 2013

an update from professional standards

The Code (in its current form) is three years old and still developing! EphMRA takes the business of supporting members' ethics needs very seriously and is expanding the resources available to in order to continue to meet that need.

A new structure for EphMRA's Professional Standards Group

EphMRA has expanded its ethics support to ensure it is well equipped to meet the compliance demands now placed on international healthcare market researchers.



More details...

Ethics Committee - (replacing the current Steering Group)

A Committee of 6-7 experienced international researchers with an interest in ethics is not up and running and this group of member volunteers will set the overall strategy, decide on what Code changes will be proposed to members, discuss issues arising and decide on action points. Committee term is 2 years.

Time Commitment: 1 x F2F meeting which takes place during the annual conference. Quarterly telecons to discuss ethical issues arising. Time to review and answer emails as required.

This is the strategic steering group to drive on-going developments and changes to the code, including shaping the Code coverage (geographical and topic), setting the direction of the ethics approach and advising on shape, content and direction. The position is voluntary and no fees or travel or other expenses will be paid by EphMRA.

Interested in joining? Members (Full and Associate) who are experienced international researchers with an interest in ethics and with a wide ranging research experience.

Current Ethics Committee members:

- **Bob Douglas** - Ipsos Healthcare
- **Georgina Butcher** - Astellas Pharma Europe
- **Piergiorgio Rossi** - SGR International
- **Steve Grundy** - Vitaris Research Consultancy
- **Su Meddis** - AstraZeneca
- **Peter Eichhorn** - GfK

Latest Headline...



an update from professional standards



Ethics Advisers Network (replacing the current Ethics Group) have been recruited from the membership. These include those members who were part of the Ethics Group as well as new members as drawn from regions and countries covered by the Code. This group will keep EphMRA up to date on local ethical and legal changes.

Time Commitment: No F2F meetings envisaged but regular email contact will be maintained. Proactively advise EphMRA on national ethical and legal developments. Available to answer queries on national issues in a timely manner. Be the eyes and ears on national legal and ethical matters.

Members based in the following countries/regions: France, Germany, Italy, Spain, UK, USA, Scandinavia, China, India, Asia, Korea, Poland, Russia, Turkey. There are still some gaps so if you can fill those for the countries where there is no name featured then get in touch.

Countries	Members
France	Henri Farina, Stethos Christine Mai, A+A Research, International Business Development Director
Germany	Kim Hughes, The Planning Shop international Piergiorgio Rossi, SGR International
Italy	Piergiorgio Rossi, SGR Lucio Corsaro, General Manager, Medi Pragma, Italy
Spain	Ignacio Macias, psyma Jordi Aparici, Head of Global Market Intelligence, Almirall
UK	Sally Bull, Complete True life, Research & Operations Manager
USA	Kim Gray, IMS Health
Scandinavia	Emma Kverh, QQFS
China	
India	
Japan	Anterio
Korea	Mi Sun Jang, Business Research Manager, MSD Korea
Poland	Katarzyna Strzelczyk, PMR
Russia	Alexander Mescheryakov, Top of Mind
Turkey	Serra Bozkurt, Group Manager, GfK

an update from professional standards

Compliance/Privacy Officer **Virtual Network**

In addition EphMRA has set up a virtual network of privacy/compliance officers/directors which will meet via telecon to discuss ethical issues of concern to members. The minutes of these telecons will feedback into Ethics Committee discussions and provide useful input on issues affecting members.

Telecons every 2 months will take place to highlight and discuss issues identifying and exploring ethics in a bigger picture setting. This is to make sure we capture and identify compliance issues that will impact upon pharma MR, ensuring EphMRA takes account of the bigger picture.

Those in this group can be based in any country/region.

Members:

- **Andy Dallas** - Director of Fieldwork and Compliance, Insight Research Group
- **Christine Dunbar** - Agency Contracting and Compliance Manager, Adelphi
- **Jessica Santos** - Global Compliance Director in KantarHealth
- **Ian Barker** - Head of Compliance & Information Security, Ipsos
- **Neil Phillips** - VP, Quality, Panel Management and Compliance, WorldOne

If you would like to apply to join one of the Ethics teams and would like more information, please contact Bernadette Rogers at generalsecretary@ephmra.org.

Code of Conduct **2012**

A revised and updated Code was made available on the website in July. It has been extended to include Japan, Poland and Russia. Revisions also include the extension to secondary as well as primary market research, expanded definitions of the distinction between non-interventional studies and market research and personal data, changed age bands for a child and young people plus additional national guidelines.

A possible move to a **mandatory Code of Conduct**

As you will no doubt be aware, the EphMRA Ethics Group and the EphMRA Executive Board have recommended a move to *mandate* the EphMRA Code of Conduct. A consultation exercise with members took place in early 2012. A second stage of consultation with members has been examining in detail some of the issues raised during the first stage. Thank you to all those that have provided input so far and to those working on this with us. The Ethics Committee will update members and discuss the results of the consultations and any further plans at the January 2013 IMM.

Other
Ethics News...

an update from professional standards

New EU Pharmacovigilance **Legislation & Adverse Event Reporting**

In July 2012, the European Medicines Agency (EMA) published the new Guidelines on Good Pharmacovigilance Practices of which there are 16 modules. These guidelines detail interpretation of the new EU pharmacovigilance legislation.

EphMRA has established an Adverse Event Reporting Task Force made up of senior and experienced EphMRA members who are helping the Ethics Committee re-draft its Adverse Event Reporting (AER) Guidelines in line with the EMA's requirements. EphMRA is currently clarifying some of the detail with the EMA and the revised AER Guidelines will be released as soon as this is complete.

Code of Conduct **Training**

More than 400 members have taken the Code of Conduct **Competency Test**, acquiring certification and a further 200 plus have completed the **online training** module. If you wish to join these growing ranks, the training and the competency test are available free of charge on the website.

Full and associate members are taking advantage of EphMRA's flexible approach to training and have commissioned **tailored in-house Code of Conduct training workshops and webinars**. If your team/company would like to talk to us about an in-house Code training initiative please contact Bernadette Rogers.

2013 Webinar **Plans**

EphMRA plans to host two 'ethics' webinars in 2013, these will be available free of charge to members. It is expected that a webinar introducing EphMRA's revised Adverse Event Reporting Guidelines will take place early in the year and one updating members on Code developments will be held in the middle of the year. If you have any suggestions for webinar topics, please let us know.

Code **Enquiries**

Code enquiries continue to come in regularly - every week, covering a wide range of topics. If you have any questions on the EphMRA Code of Conduct, the Code Query service is available on the website for all EphMRA members.



25 - 27 June 2013 / London / UK

EphMRA 2013

**Pharmaceutical
Market Research
Conference**

Novotel London West
1 Shortlands
London W6 8DR
UK



EphMRA Foundation Committee



What is the EphMRA Foundation?

The EphMRA Foundation is a unique resource for all EphMRA members.

We conduct original research projects in the international healthcare market research and business intelligence fields to add to knowledge and best practice amongst members.

Providing “research for researchers”, we focus on questions of greatest value to EphMRA members in their professional lives. Foundation projects are funded by YOUR membership fees, so please tell us which questions YOU need answering!

Which projects has the Foundation funded or supported recently?

Over the past year, we have focused on a series of **Country Capsules**, designed to provide a “cheat sheet” for conducting research in specified markets. They contain a summary of the healthcare environment and practical market research “hints and tips” for successful research in each country. Based on feedback from the mid level researchers at the IMM in February, we hope that this series of projects will be of particular interest to this section of EphMRA members.

To date, the following Country Capsules have been published, thanks to the input of our local experts in each market: Turkey (IPSOS Turkey); China (Kantar Health); India (Kantar Health).

If you would like to see a particular market included in this series, please tell us. In addition, if you would like to offer your local expertise in producing a Country Capsule for a particular market, please contact any of the Foundation Committee - we would love to hear from you.

The Foundation is also working on behalf of the EphMRA Ethics Group to explore the impact of recent changes to the requirements for **Adverse Event Reporting** in market research and the implications for the EphMRA AER Guidelines. We are also developing a project to provide **an International Comparison of Norms for Frequently-used Scales** in the BRIC countries.

Which projects has the Foundation published in the past?

For details of previous Foundation projects, EphMRA members can visit:

<http://www.ephmra.org/default.aspx?page=29&ReturnUrl=%2fpublications--resources%2ffoundation-projects1.aspx>

Please remember that all EphMRA Foundation projects are funded (entirely or in part) by, and belong to, EphMRA members. The materials, reports and intellectual rights resulting from Foundation projects cannot be used by other parties without formal permission from EphMRA.

If you would like to share all or part of a Foundation publication, please ensure that all recipients are current EphMRA members and that the EphMRA Foundation is clearly referenced. If in any doubt, please seek formal confirmation from EphMRA before sharing the projects.



Who are the EphMRA Foundation Committee members?

The Foundation Committee consists of a mix of pharma company and agency members, along with a member from academia to provide specialised input and academic rigour. We also have a dedicated Asia Region Representative, to reflect the increasing importance of this region in the activities of EphMRA and our members.

The Foundation currently consists of:

Pharmaceutical company members	Felicina Itote (Abbott) Su Meddis (AstraZeneca)
Market research agency members	Angela Duffy (The Research Partnership) Jessica Santos (WorldOne) Steve Kretschmer (IPSOS Turkey)
Academic member	Prof. Philip Stern (Loughborough University, UK)
Asia Region representative	Stephen Potts (Kantar Health)
Committee Chair	Sally Birchall (EphMRA Foundation Chair)

We are currently recruiting for Pharmaceutical Company members.

If you would like to know more, please get in touch!

For any further information about the EphMRA Foundation and its activities, or to suggest a potential Foundation project, please contact any committee member or the Foundation Chair **foundationchair@ephmra.org**. We are at your disposal!

Preparations are very much underway for the programme of webinars for the remainder of this year and 2013 and also the Masterclasses for London. Look out for further details soon.

If you have a keen interest in training and a desire to help us deliver our vision of providing leading-edge training, debate and best-practice-sharing on relevant key issues affecting our industry then we would like to hear from you. As the world of market research evolves in response to continual change, so must our training programmes. Be part of the team that helps shape best practice and join the PRMT Committee. Please contact **Sandra McAuliffe** at **prmtchair@ephmra.org** or **Bernadette Rogers** at **generalsecretary@ephmra.org** for more information.

PRM&T Committee

Syndicated Data Committee



Syndicated Data Committee - Survey

Thank you to everyone who has completed the survey. Results will be published shortly.

OpenData

Launched in 2011, **OpenData** provides EphMRA members with easy means to access 'free' data on the web. There is a surprising amount of freely available, good quality information available to us.

Often, there are fundamental reasons why we cannot always make best use of such data; limited time to search? Where do we start? What do we look for? Data is provided in inconsistent formats etc.

The **OpenData** project pulls together secondary and demographic data from a series of standard sources such as WHO, World Bank, CIA Factbook, Eurostat and UN.

For a pre-defined list of disease areas OpenData provides links to epidemiology, drug treatment and other information sources.

Case Study

Diabetes forecasting model:

A company has a diabetes forecasting model in place. The model is epidemiology driven and is broken down by 5 key European markets. As a marketing researcher we are asked to check various lines of data and projections used within the model (in this case prevalence of diabetes). OpenData is one way we can quickly source this data:

*From the **Data Selection** page of OpenData, choose the following:*

- Diseases
- Diabetes
- Epidemiology

*Then click on **View Results**. This provides four links to different data sources, the fourth is WHO: Prevalence of Diabetes World Wide and provides data by country, enabling the following to be easily extracted:*

WHO European Region		
Prevalence of diabetes in the WHO European Region		
Country	2000	2030
France	1,710,000	2,645,000
Germany	2,627,000	3,771,000
Italy	4,252,000	5,374,000
Spain	2,717,000	3,752,000
United Kingdom of Great Britain and Northern Ireland	1,765,000	2,668,000

The OpenData database is maintained on a regular basis to ensure that all links are current and available.

You can access the **OpenData** via the EphMRA website, by clicking on **Publications and Resources** and selecting **Committee Publications**.



If you have any problems accessing the database, or would like to know more please contact the SDC Chair on SDCommitteeChair@ephmra.org.

Data & Systems Committee

Interested in keeping up to date with the activities of the Committee? Minutes for all our activities can be found in the Full Member section of the EphMRA website at www.ephmra.org.



Classification Committee

June and September 2012 Meetings

Our June meeting took place in Paris just prior to the AGM and Conference. The results of the EphMRA/PBIRG voting on proposed new classes for 2013 were reviewed and discussed. In addition, an EphMRA member company attended the meeting to present their views on a particular therapy area; visits like this provide an excellent opportunity of having a direct dialogue with the Committee on classification developments.

The September meeting was also held in Paris and this time was hosted by Sanofi at their new offices. Discussion took place on possible developments in several therapy areas including oncology, vaccines, contraception, and drugs for constipation and IBS.

Provisional Changes for 2013

New class structures were voted on earlier in the year by EphMRA/PBIRG and agreed in principle. These structures are now being used in the next part of the development process which is the detailed refinement of the rules.

Please note that these new class structures are provisional at this time. The 2013 codes, descriptions and Guideline text will be finalised and published by the Committee towards the end of 2012.

The relevant therapy areas are factor Xa inhibitors, laxatives/bowel cleansers, and anti-parathyroid agents; details of the provisional new classes are on the EphMRA website in the ATC classification section.

Committee Membership

We would like to thank Emma Yeung and Giulia Chan (joint members from Takeda) for their contributions to the Committee in the last few years; they have recently resigned from the Committee. At the September meeting we were very pleased to welcome two new candidate members, Davyd Freeman from Shire and Majd Alamad from Takeda. We now have further vacancies on the Committee and we would be very pleased to receive enquiries from people who wish to shape how the classification is developed. Please contact **Bernadette Rogers** generalsecretary@ephmra.org or one of the Committee members (listed on www.ephmra.org) for further details.

On 5th July 2012, a group of 60 market researchers gathered in Milan to discuss the issues and challenges facing the Italian pharmaceutical industry.

The delegates at the inaugural meeting of the EphMRA Italy Chapter heard from both local and international speakers on topics as varied as the regulatory challenges in Italy, the EphMRA Code of Conduct and new methodologies, all of which sparked lively debate.

The Italy Chapter of EphMRA - the European Pharmaceutical Market Research Association - was created so that pharmaceutical market researchers would have a forum to network, to share best practice and to discuss joint challenges, said Piergiorgio Rossi, Managing Director of SGR International and an Executive Board member, EphMRA.

"Despite the fact that there were some beautiful initiatives in the past, today we do not have a specific association that caters to the needs of market researchers here in Italy," said Piergiorgio. "Personally, I feel the need to meet and to network with colleagues, to exchange opinions and share our experiences and ideas, especially in these times of economic uncertainty. We also wanted to raise awareness of the many valuable services offered by EphMRA."

Piergiorgio continued by outlining some of those services. "Firstly, EphMRA offers many opportunities for market researchers to meet and discuss the issues that affect us all. Every year, we hold our main conference, this year in Paris, next year in London, which attracts over 400 delegates from across Europe and further afield. In addition to intensive committee meetings, the conference always has an excellent programmes of presentations for members to attend, helping us to keep up with the latest developments in market research," he said. EphMRA also holds meetings throughout the year; a smaller one-day members' meeting in the February, which also includes sessions targeted at more junior researchers, and an exciting new venture into Asia, with a conference in Beijing in September.

"EphMRA also offers something every important - a Code of Conduct that provides guidance on how to maintain the high standards of pharmaceutical market research," said Piergiorgio. "Market research has evolved so much in the last few years and the Code does the same, continuously updated and expanded to ensure it provides the most up to date advice."

EphMRA also has extensive experience in training and offers many opportunities for both junior and more experience researchers to develop their skills and knowledge. "EphMRA training is very wide-ranging and caters to every level of experience," said Piergiorgio. "It offers basic courses, such as an introduction to international market research studies and an understanding of how to manage projects, to specialist courses focused on the latest methodologies and those that encompass managerial and leadership skills. The training is delivered in three formats to suit the need; face-and-face, online training and webinars."

Report from the Italy Chapter



local chapter meetings

Overcoming new challenges

After giving delegates at the Italy Chapter meeting an overview of EphMRA, Piergiorgio handed over to Viviana Zecchini from AstraZeneca, who delivered a popular presentation outlining the regulatory challenges in Italy.

“When preparing this presentation, I was struck by how easy it was to do market research studies only a few years ago,” said Viviana Zecchini. “We would talk to a research agency, identify the problem and the best methodology, select a panel and the process was almost automatic. The main concern was to come up with the right questions to achieve the results and to make sure we were interviewing the right stakeholders. In terms of regulatory requirements, the main issue was to maintain the anonymity of the company and respondents. There was little involvement within the client company, just the market research department and maybe the medical department if there was an issue. Respondents were limited to physicians with the occasional patient or pharmacist interview.”

Today, things have changed completely, said Maria Maddalena Lauriola from MSD Italia, “The situation is much more complicated with many more stakeholders to consider, especially the patient and payers, both of which play a much more important role. In addition, it is much more complicated to start a study as there are many more rules that need to be adhered to and many more people who have to be involved. Even the respondent incentive level has become a complicated aspect, with very different positions between companies and with the emerging need - for many even not for all - for a more clear and transparent management.” For example, it is not uncommon for people from marketing, medical, legal, pharmacovigilance, compliance and procurement to be involved in getting a study up and running.

“As market researchers, our concerns have increased exponentially,” she said. “We must ensure our sample is of the right size and nature, we must ensure anonymity for the company and comply with the complicated legislation that guards the privacy of respondents. We must also implement off-label control and prepare adverse events report whilst also ensuring that the study will not be perceived as a sales pitch, as a commercial activity, or risk being blacklisted as telemarketers.”

In addition, market researchers must be masters of many more methodologies, said Maria Maddalena Lauriola. “Today, although we have many new rules that make everything more complicated, we also have many new opportunities. From online panels to social media, from video streaming to ethnographic and observational techniques, in order to harness the power of these techniques we must also understand them and the potential risks associated with them.”

Viviana Zecchini from AstraZeneca, highlighted the online channel, asking: why is it so important? “We no longer do face-to-face or telephone interviews because online access is so high here in Italy, but this new channel raises many privacy issues. The challenge is to conduct studies in such a way that the respondent does not lose trust in the market research industry. The greatest danger is that our studies are compared to telemarketing and the best way to overcome it is to keep a clear dividing line between market research and promotional activities. The online channel has a number of new dynamics; IP address requirements, how to guarantee anonymity and to protect respondents from technologies such as cookies.” Market researchers must master these new technologies so that we can be more competitive, more creative, and able to implement them in a safe way, said Viviana Zecchini from AstraZeneca.

The most delicate technique in the market researchers toolbox is ethnographic or observations studies. “We must protect sensitive data, must make sure all our documentation is in order if we want to film people in their private lives,” she said. “We can learn so much from these observational studies, can decode the language of people in practical aspects of their job, but this intrusive technique is very a delicate area.”

Looking to the future in the conclusion of her presentation, Maria Maddalena Lauriola from MSD Italia said market researchers must act differently in order change the way they are perceived. “We must demonstrate the value of market research as a strategic partner in decision making. This is the best way to increase our value in the eyes of our customers. Strategic partners understand that they must go beyond simple collection and interpretation of data, they must tap into as many sources of data as possible to deliver insightful conclusions and recommendations. This way, we will be able to play a much more active role in marketing and help to develop the strategy for the product. Our insight must be more than merely theoretical.”

The relationship between clients and market research agencies are a key part of Maria Maddalena Lauriola from MSD Italia’s vision. “To be good market researchers we must have very broad skills and deliver strategic insights but we must also work with the best agencies. Short-term relationships are the sign of short-term thinking; to realise a long-term vision we must form long-term partnerships with agencies and allow them to add value in constructive ways.”

Audience participation

“There are so many tricks and workarounds that creative, smart people can use to bypass online rules and falsify information. We need to get to know the online world much better,” said one delegate at the EphMRA Italy Chapter meeting. However, the problems around adverse event reporting and the need to guarantee the privacy of respondents dominated the debate, highlighting how important the issue is for market researchers in Italy. “A serious problem I have right now is around adverse event reporting,” said one delegate. “If the starting point is that everything must remain anonymous and the data aggregated, then how can I identify the adverse event mentioned by the physician? Interviewers need more training.”

local chapter meetings

It is a real problem, added Piergiorgio Rossi. "There are many questions; what is an adverse event, which events should be reported, how do I respect/protect privacy, who should we report the event to, the sponsoring company or the regulatory agency? At EphMRA we are looking to find solutions here."

A delegate from a major pharmaceutical company had a solution. "If respondents are thoroughly informed then you avoid the problem. If respondents know that if they mention an adverse event it will be reported, waiving their confidentiality rights, they can back out of the interview." Another market researchers from a top pharmaceutical companies agreed that informed consent was important but companies needed to go further. "There is no shared definition of an adverse event so we provide our agencies with one, which includes lack of efficacy. We ask our agency to thoroughly inform respondents and if the interviewee describes an adverse event, they must get him to fill out a form, which is forwarded to us. They have the option to skip the name of the physician, guaranteeing privacy, and the form is anonymous, without a company logos, to maintain the anonymity of the sponsoring company. We work with several agencies and the system works well."

Raising standards with the Code of Conduct

Debate continued during a coffee break at the EphMRA Italy Chapter meeting before Piergiorgio Rossi of SGR International, continued with an overview of the EphMRA Code of Conduct.

"In 2009, EphMRA decided to develop a Code of Conduct as there was no single set of rules governing pharmaceutical market research for Europe. In 2010, we launched the Code to cover the big five countries in Europe and the USA, and it has since expanded to cover Scandinavia, with Japan and Poland added this year. In the near future, we hope to add China, India and Korea." Said Piergiorgio. "The concept is simple; it covers market research studies - both international and local -for all pharmaceuticals, OTC and prescription, as well as biologics, medical devices and diagnostics."

There were three main guiding principles behind the development of the Code, he said. "The first is respect for respondents and the protection of their privacy rights and for sensitive data; the second is to separate market research from promotional activities; and finally, to ensure we operate within ethical guidelines."

The Code is a living document. "Not only are we constantly expanding its reach geographically, we update the Code each year so that it covers all legislative changes. For example, in 2012, we delayed publication in order to include the implications of the new recommendations released by the EMA on adverse events," said Piergiorgio. "EphMRA also operates an enquiries service, where members who encounter difficulties with a study can contact the Association for clarification or help. These enquiries are very important in helping us keep the Code up-to-date and as practically useful as possible." EphMRA also provides accredited training on the Code of Conduct, which is available for download on its website <http://www.ephmra.org>.

local chapter meetings

Delegates at the Italy Chapter meeting welcomed EphMRA's Code of Conduct, the presentation prompting a dynamic discussion of other areas where the Association could help market researchers on the ground. "I would like to see a single database to verify the identity of panel members," said one delegate. A second attendee felt that such a database would be difficult as agencies closely guard their own databases, but stated that: "There is an initiative already underway to share information about blacklisted doctors," he said. "Agencies are sharing the information of those who take part in too many panels or who take part in a frivolous and unprofessional manner."

The most heated part of the debate, however, concerned whether it was possible to establish guidance on the honoraria paid to respondents. "Other Codes of Conduct state that an honorarium must be 'consistent and commensurate' but they are too variable," said one delegate. "We have nothing to hide so we should be more transparent," said another attendee, stating that the amounts would have to vary depending on the person and the type of interview. "At my company we have done this already," said a third delegate. "We undertook a benchmark that includes every type of respondent and research type. It is a sign of honesty, very transparent for auditing purposes, and it works in practice. We feel protected."

Next Italy Chapter meeting: 6 February 2013, Rome.



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info & guidance on all things healthcare market
research, start following us now.

our reporter in...

Our Reporter In provides the inside track on healthcare market research in countries of interest to us all - from what to remember when researching that market, through the prevailing trends affecting it and then the predictions for the future.

In this issue, we focus on Italy, France and the UK.

... Italy



By Lucio Corsaro

General Manager
Medi-Pragma

After enjoying a continuous growth for a decade, the total domestic Market Research market fell by 1% in 2011.

Italy is changing! **Fortunately?**

Due to the crisis situation in Italy, rapid and far-reaching changes are taking place. These are confusing pharmaceutical companies and making it difficult to govern the business. As a result, the demand for market research and business intelligence is growing but it is counter-balanced by a heavy reduction in the value of projects.

The lack of clear and predictable decision rules, the devolution of healthcare provision to regional governments and the considerable north-south divide in the quality of health care facilities and services provided to the population are specific characteristics of the Italian health system. The underlying causes of the current uncertainty are among other recurring changes in the rules and the chronic under provision of the public healthcare budget that requires specific and continuous monitoring, both in general and particularly for the pharmaceutical expenditure. Pharma companies are also suffering a negative economic market cycle due to the fierce competition of generic drugs and the poor new product pipeline.

After enjoying a continuous growth for a decade, the total domestic Market Research market fell by 1% in 2011. The pharmaceutical market research sector, with 2011 sales of €04.5 million (Panel + Ad Hoc ≈€40 million), represents about 22% of the total market but a drop of 9.9% versus 2010, however, the revenue is forecast to hold steady in the short term (source: ASSIRM 06/2012). When looking at survey methodologies, the business shrinkage is mainly due to a weak demand for panel research and secondary data (sales data, detailing monitoring, prescriptions and messages tracking). By contrast, Online Primary Research projects such as panel, CAWI, and some qualitative methodologies (although they cannot guarantee the quality of the other methodologies) are growing with a double digit trend.

So, the ongoing global international crisis is now also affecting the Italian pharmaceutical market that today no longer shows an anti-cyclical trend. In this situation of great uncertainty companies are looking for new business models aimed at ensuring cost containment rather than investing to develop a different business culture or internal renewed mindsets.

As product innovation is a high-risk area and is getting more and more expensive, some Italian companies are investing in diversification but mainly for tactical reasons (over three to six years) rather than as strategic choice.

Market Research Institutes that want to compete in the Italian market need the following:

- Coverage of both quali- and quantitative research
- Availability of applied statistical capability
- Ability to interpret the market's weak signals
- Consulting attitude
- It is also preferable to have a strong knowledge, not only of the therapeutic area but also of market access and public affairs area.

It is my business to know what other people don't know.

From Sherlock Homes - The Adventure of the Blue Carbuncle
Sir Arthur Conan Doyle

Breaking News! French Sunshine Act - **Loi Bertrand: will market research honoraria in France be excluded from the reporting requirement?**

In order to clarify the relationship between healthcare professionals (HCPs) and Healthcare Manufacturers, the French Government voted on the “Loi Bertrand”¹ during the end of 2011.

This law “creates an obligation for the manufacturers producing or marketing healthcare related products to publish the conventions and relative advantages with HCPs”. In many aspects this law is similar to the American Physician Payment Sunshine Act (2010). The decree, which will define the future process, is currently being revised and negotiated between the DGS (Direction Générale de la Santé) and a board of experts representing all relevant parties including market research agencies, communication and PR agencies, publishing companies and manufacturers. It is planned to be issued by the end of 2012, with the first reporting period in 2013.

Similar to the initial version of the US Physician Payment Sunshine Act, **the original version of the decree of the French law could be interpreted as requiring the individually identified public reporting of market research honoraria on the web.**

This could be highly problematic for the healthcare market research profession as:

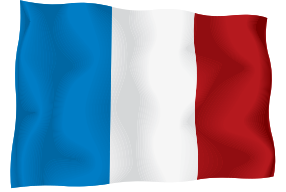
- It would not be compatible with our existing professional code of conduct (non-disclosure obligation of the respondent's identity to the client).
- It would likely cause many HCPs to decide not to participate in market research.
- Thus making research less frequently commissioned, and less efficacious when commissioned.

American professional market research organisations, such as Pharmaceutical Marketing Research Group (PMRG) and the Council of American Survey Research Organizations (CASRO), succeeded in getting an amendment to the Physician Payment Sunshine Act text that excludes market research honoraria from the reporting requirements:² *“not by excluding market research explicitly, but by excluding what actually happens in market research: manufacturers making payments through third party researchers to HCPs whose identities the manufacturers don't know.”*

As members of EphMRA, a highly reputable organisation, we wholeheartedly agree that governmental regulation of the marketing efforts of healthcare manufacturers is appropriate, but market research is a social science, and is different from marketing. We have consistently forbidden researchers and their clients from attempting to influence the behavior of research respondents.

We need to make sure that market research honoraria will be excluded from the reporting requirement. Thus, it is important to closely follow this process and ensure that the necessary information is communicated to the DGS.

... France



By Christine Mai
Managing Director
AplusA Research

We need to make sure that market research honoraria will be excluded from the reporting requirement

¹ articles L. 1453-1 et L. 4113-6 du code de la santé publique issus de l'article 2 de la loi du n° 2011-2012 du 29 décembre 2011 relative au renforcement de la sécurité sanitaire du médicament et des produits de santé.

² U.S. Code Title 42, section 1320a-7h. Subsection (a)(1)(A) of the statute provides that manufacturers must report to the government each “payment or other transfer of value to a covered recipient”. Subsection (e)(10)(A), in the definitional terms, then provides: “the term ‘payment or other transfer of value’...does not include a transfer of anything of value that is made indirectly to a covered recipient through a third party in connection with an activity or service in the case where the applicable manufacturer is unaware of the identity of the covered recipient”

... UK



By Sally Bull

Research and Operations Manager
Complete True Life

More than ever, companies need to have the flexibility and pro-activity to anticipate and respond with pace to these changes.

Despite developments over recent years, **the UK healthcare market research industry remains relatively buoyant.**

However, downward price pressures, the rise of digital channels and the changing dynamic between patients, physicians and payers are all impacting on how market research is conducted. More than ever, companies need to have the flexibility and pro-activity to anticipate and respond with pace to these changes.

The UK is a relatively distinctive healthcare market underpinned by the National Health Service (NHS). This healthcare system, initiated in 1948, is predominantly funded by general taxation, with the cornerstone being free healthcare at the point of use to all residents within the UK. Inevitably, given the nature of the market the NHS has always had a close relationship with the pharmaceutical industry, and today the purchasing and prescribing of drugs within the NHS has to be justified against stringent criteria for both clinical effectiveness and cost-effectiveness. Treatments need to demonstrably show that they add real patient benefit to ensure they align with the Quality, Innovation, Productivity and Prevention (QIPP) agenda, the aim of which is to improve the quality of healthcare provided by the NHS while making £20 billion worth of savings by 2014-15. In light of this, it is now more important than ever that UK healthcare market research provides the pharmaceutical industry with timely, targeted, accurate, valid and reliable information to underpin their brand value messages and ensure that they are aligned to the QIPP agenda.

Recent and more radical initiatives such as the opening up of electronic NHS patient records, so that anonymous patient data can be analysed, represent a significant step-change in the relationship between the NHS and the pharmaceutical industry. It is not without its opponents but, for the healthcare market research industry, it will provide a depth of insight into 'real-world' patient behaviour that will prove to be a game-changer for all. How this data is utilised and managed over the next five years will be an interesting development to follow.

The use of digital channels for consumer market research purposes is widespread in the UK and has been for some time. With Smartphone penetration at 45% of the population (higher than the US, France, Germany and Japan) it is also beginning to impact on healthcare market research, giving instant access to patients and the potential for greater dialogue between parties. Many of the advances in the UK healthcare market are being mirrored across the globe but it is the unique context within which these changes are taking place that offer both opportunity and challenge. As ever, it will be those companies that can offer flexibility, speed of response, creativity and the ability to embrace these changes that will succeed.

Many of the advances in the UK healthcare market are being mirrored across the globe but it is the unique context within which these changes are taking place that offer both opportunity and challenge.

People News



John Storey has been appointed Research Director for Zaicom Research Plus. John has a history in Pharmaceutical Market Research and brings a wealth of expertise from the UK and internationally.



HRW is delighted to welcome some recent joiners - Emma Clark (AD based in London), Alex Wright (Trainee Field Controller) and Jess Woodhead (Trainee Research Exec) based in our Oxfordshire office.

Emma Clark



Elma is delighted to announce the promotions of Margherita Mori as Qualitative Researcher and Luca Carnovale as International Fieldwork Coordinator.

Margherita Mori



QQFS welcomes Jacob Welsh as Business Development Manager. Jacob is responsible for developing business and providing feasibility and recommendations in the Nordics, Benelux, Austria, Switzerland, Baltics, Eastern Europe.



German fieldwork agency Searchlight Pharma Partner welcomes sociologist Nicole Reith who has 4 years of market research experience and will strengthen the in-house moderator team.



Medimix Europe announces the move of Inga Tinton from Medimix International headquarters in Miami, where she was Project Manager, to London where she has been appointed Associate Director of Insights.



People News



InSites Consulting, have appointed Robert Dossin as its Managing Director of their UK team per June 30th. Robert also remains InSites global head of the Life Sciences & Healthcare team.



Appointment of Managing Director, The Research House UK.
Laura Haxton-Wilde has been promoted to MD of The Research House and of Schlesinger Associates Global Management Solutions in the UK.



Services News



We have recently revamped our cutting edge online qual service, visit www.gilliankenny.com/services/iThink to watch our video and find out more.



Do you need to make sense of all the messages your target HCPs are hearing about your brands and your competitors? MB Healthcare launches COMPASS that does just that...



YourWord from Hall & Partners is a multi-functional digital platform which offers you the versatility to have engaging conversations through a range of approaches, including blogs, forums and online communities.



fastforward research has recently developed a mobile digital platform, providing bespoke solutions to capture and edit key insights from remote locations using an ultra compact portable HD system.



TAB Healthcare, as always up to date with innovative methodologies, are proud to announce our successful use of apps in medical research. Looking forward to expanding our knowledge with you!



Our healthcare panel is growing. We wish you to enjoy its highest quality and offer to new clients special 15% welcome discount. The proposal is valid until March 2013.



Do you need to assess a licensing-in opportunity? Contact A+A to learn more about our FLASH studies toolbox for assessing commercial opportunities.

Company News

Membership of the Trust Alliance has now risen to seven. Those companies adopting the principles of the Trust Alliance include:- All Global; Epocrates; M3; Medefield; Medimix; Toluna; UniversalSurveys (SurveyHealthCare).



ITG announces the one year anniversary of its expansion into Europe with a London field office and its new partnership with UBM Canon, further solidifying its established medical device expertise.



Medi-Pragma announces the opening of its new facility in Rome. In the heart of Cinecittà, technology, dynamic spaces, openness and teamwork are the pillars of our new office.
www.medipragma.it



Omega Insights' new Boston office:
Harvard Square, 1 Mifflin Place, Suite 400,
Cambridge, MA 02138, USA.

And its new Swiss office from December:
28 Rue Mauverney, CH-1196 Gland,
Switzerland.



FocusVision continues its commitment to privacy and compliance with the guidelines. In response to the data protection regulations, end-clients will see blurred archives, until respondent consent has been received for European projects.



“Creating excellence in professional standards and practices to enable Healthcare market researchers to become highly valued business partners”

EphMRA's Guiding Principle

How does EphMRA **benefit the industry?**

- Adds rigour, credibility and commercialism to healthcare market research
- Creates the base for a professional healthcare market research career
- Provides data, information & guidance on industry-critical issues
- Fosters open communication, critical in today's shifting landscape
- Brings collective power & influence to bear on legislative changes
- Harnesses collective investment in the industry's future

How does EphMRA **benefit you?**

- Ongoing news, updates & guidance from EphMRA
- Access to EphMRA Code of Conduct & Query Service
- Access to free original data from Foundation Committee studies
- Access to publications, the Lexicon & other resources
- Peer-to-peer networking & contacts
- Involvement in EphMRA committees
- Preferential rates for EphMRA Annual Conference
- Free attendance at pre-conference one-day masterclass training
- Preferential rates for EphMRA training courses
- Invitation (free) to annual Interim Members Meeting (IMM)
- Supplier networking & contacts (Full Members)
- Free full-page entry in EphMRA Yearbook (Associate Members)
- Free announcements in EphMRA Newsletter (Associate Members)

Next steps

See full details, including fees for Full and Associate memberships, online at <http://www.ephmra.org/membership.aspx>.

Alternatively, contact generalsecretary@ephmra.org.

EphMRA

get in touch

If you
have any
enquiries

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or feedback, just phone, fax or email us:

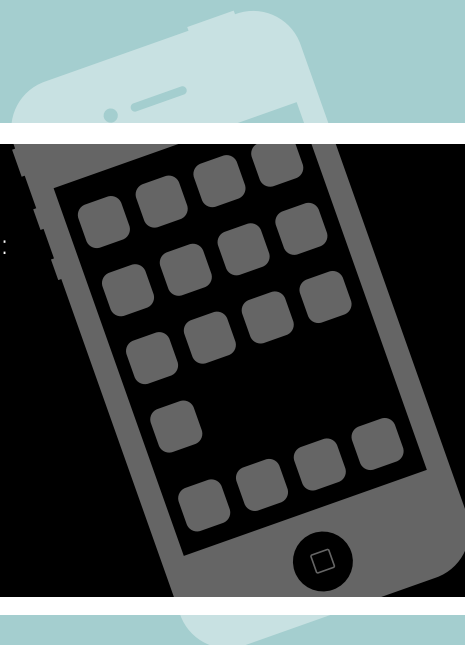
Bernadette Rogers, General Manager

Tel: +44 (0) 161 304 8262

Fax: +44 (0) 161 304 8104

Email: generalsecretary@ephmra.org

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Alternatively, just contact

generalsecretary@ephmra.org.

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EphMRAnews

March 2013

keeping members informed and involved

January 15th is the deadline for submitting your copy for the **March** News.
Send it to **generalsecretary@ephmra.org**

Other News
Copy Deadlines:

News Published
June 2013
September 2013

Copy Deadline
15th April 2013
7th July 2013

Don't take risks when selecting your Data Supplier!



The Trust Alliance mission is to advance industry standards, develop and promote best practices and foster trust in online physician research. In bringing together six (currently) of the biggest international data collectors working in healthcare, researchers everywhere are receiving the benefits of an unprecedented collaboration. When clients work with a company affiliated to The Trust Alliance, best practice in respondent recruitment and verification, data collection and quality of data, guaranteed in each of the distinct participant businesses, is brought to bear to ensure clients receive the richest possible data, collected in the most open, transparent, and measureable ways.

Our four areas of focus are:

Authenticity - proactively monitoring and protecting against potentially fraudulent responders.

Transparency - ensuring transparency in the data collection process.

Data integrity - ensuring integrity of data collected.

Response quality - promoting measures to encourage physicians to provide thoughtful views and responses in support of healthcare company decisions.



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