EphMRA
June 2013
NEWS
keeping members informed and involved

what's inside

All eyes on London

June is certainly a big month for the Association, with final preparations underway in all quarters for our Annual Conference in London.

It's not just the final preparations for London which have been a major focus but this year already there has been 2 Local Chapter Meetings (Italy in February and Germany in April) along with the IMM in January.

These events have brought members together for topic led discussions (outsourcing, commoditisation, AER) as well as agendas with a focus on national issues.

We are pleased to report that the conference registrations are at a very good level and it looks like we're on course for a great event! We are trialling a new appointments system for exhibitors and look forward to seeing the results.

Registration will open end June for the 3rd Asia conference - Singapore on 13-14 November 2013.

What else will you find within these pages? In addition to our regular line-up of news and views on the conference, our committees and our Code of Conduct, we feature reports from the IMM, the Rome Chapter Meeting and March webinar on Adherence.

We hope you enjoy the issue; as always, please send any feedback or enquiries to ***generalsecretary@ephmra.org***

The EphMRA Board

update from the board

Strategic **Plan...**

It's ready. The President, Thomas Hein will be announcing this at the June Conference and thereafter a summary will be distributed to members.

Associate Members **on the Board**

The Executive Board is looking forward to reviewing the applications received from Associate Members to join the Board. It is a very dynamic time to be a Board Member and the successfully voted in Associate Members will be positively contributing to the strategic direction of the Association.

Local Chapter **Meetings (LCMs)**

At the June Board meeting the Board will discuss the future strategy for LCMs. To date 4 have been held (2 in Italy, 1 in CEE and 1 in Germany) and it is a good opportunity to take a step back now and set the strategy for these meetings. The response from attendees has been very positive and we would like to thank everyone for attending and for their contributions to the discussions.

New web site **for EphMRA**

The current web site is 3 years old now and based on quite dated technology and so by Q4 this year a new and updated web site will be in place. The site will include more up to date features such as a Blog area and also a jobs forum.

In May the Board was involved in advising on the site design and architecture and in June - August the site content will be transferred and new features added.

EMA **Meeting**

On 7 June representatives from EphMRA attended a meeting in London:

Workshop on Patient Support Programmes and Market Research Programmes - Understanding the diversity of such programmes and the management of safety information

The aim of the meeting was to bring together stakeholders responsible for the protection of public health and the conduct of PSPs and MRPs with the following objectives:

- Understand the spectrum of programmes that fall under the terms of PSPs and MRPs and the type of safety information which is collected in those programmes.
- Assess the optimum way of collecting safety data from PSPs and MRPs while ensuring compliance with the relevant legal obligations and international guidelines.

The discussions were very interesting and once we have feedback from the EMA we will update the members.

Board **Meetings**

Board members come together regularly to ensure the Association is meeting its objectives - this can be by telecon (at least 6-8 times a year - either the entire Board or smaller Working Groups) and there are 2 F2F meetings a year. The Board meeting in June is a key meeting in terms of planning for the next year and it is also a time to connect again with the Committee Chairs.

update from the associate members

We hope everyone is looking forward to the annual conference in London, and will be coming along to the Associate Members meeting, which is being held much earlier in the day than last year.

Since the last AM meeting at the IMM in January, there has been a lot of work going on behind the scenes; not least in finalising the strategic plan for EphMRA, which will be rolled out at the conference.

There have also been a number of initiatives over the past few months which we would really appreciate your feedback on, either at the AM meeting in London, or before it. These include some of the enhanced offerings which have been developed for members, for instance:

- Local Chapter meetings, which have now taken place in Italy (twice), Poland and Germany. These have been free for members to attend and provide a local forum for discussion about country specific issues and networking.
- The focus on Mid-Level Researchers, the specific work stream designed for them at the IMM, and the webinar they held on Data Visualisation. Please do support the Mid-Level Group at the conference, as they have a session in the poster presentation to talk about how to support upcoming talent in the industry
- Meeting reports are now available on the website. If you weren't able to attend any of the Local Chapter meetings or the IMM, there are now .pdf reports of the discussion for download
- There have also been a number of free webinars offering training and discussion about a diverse set of issues, from AE reporting to Insight Optimisation
- The compliance advisory board is about to publish guidance on the format of incentives in different markets
- And the code of conduct is being continually updated, at the moment looking at the data privacy issues connected to viewing research via video conferencing

We would welcome any feedback on any of these and your ideas on how we develop additional added value benefits going forward. We have arranged two tele-conferences before the meeting in London for anyone who wishes to raise any issues, or who might not be able to make the in person meeting at the conference. There will be email announcements about these, the dates of which are:

- Wednesday 5th June at 3pm (UK time)
- Friday 7th June at 11am (UK time)

We hope to see you all on Wednesday 26th June at 11am at the Associate Members meeting, we are looking forward to hearing your views.

And finally, we wish everyone standing for the AM representatives for the board the best of luck in the forthcoming election. It has been an honour to represent your views on the board, and we offer our best wishes to the incoming board members.

Please do get in touch with any of us directly if you have any comments or issues you would like to discuss

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full members' forum

The Full Members' Forum provided a valuable opportunity for Senior Managers to meet and discuss key issues and challenges in a peer group setting.

At the January IMM in Frankfurt, Full Members were able to discuss the latest developments concerning Third Party Agreements (TPAs) from major suppliers. EphMRA President Dr Thomas Hein from Bayer Healthcare Pharmaceuticals updated the group on progress made after discussions between the EphMRA Board and IMS.

A second topic discussed was consumer health data. The growing importance of this sector was recognised by the group, with several companies mentioning the challenges presented when attempting to harmonise ethical and over-the-counter (OTC) markets. There was unanimous support for the formation of a new EphMRA committee dedicated to improving the quality of secondary OTC data and liaising with the Data & Systems Committee to facilitate analysis across the two sectors. As a result, the Consumer Healthcare Committee (CHC), has been formed and has already held an introductory telecon. (For more details see page 22).

The next Full Members' Forum will be held in London in June. There will be an update on the latest TPA developments and the Classification Committee will provide a briefing on work of the Committtee and reasons why it needs pharma company support. In addition, EphMRA Board member John Shortell will chair a discussion about the impact of new and emerging regulatory issues and the challenges these pose for market research. All Senior FMs are invited to the forum and we look forward to a stimulating and productive discussion.

spotlight on...

Country Capsules

Expansion of Country Capsules - **Foundation Committee**

These cribsheets for conducting research in specified markets have proved very popular with members and so EphMRA is committed to put more resources behind them.

The Committee did great work pulling together the Country Capsule for Turkey. As Turkey is one of my focus countries, I was familiar with most of the information but this will be a great product for me to give to my marketers as a background on the healthcare dynamics in this country. This really shows the value of EphMRA to others while increasing my impact.

A personal view from a Full Member

Besides containing a summary of the healthcare environment and practical market research hints and tips for successful research in each country we are also now going to be including relevant Code of Conduct references.

Doctor Statistics - this was a very welcome initiative and the reports were completed some years ago. To complement the Country Capsules we will be updating the Doctor Statistics for each country and integrating them into each Capsule - giving you a one stop shop resource by country.

Join EphMRA

What's included in your membership

Just some of the benefits on offer when you become a Full (pharma) or Associate (supplier) member...

1. Members Forums
   - separate sessions for peer to peer discussions and networking.
2. Reduced registration fees for the annual conferences
3. Interim Members Meeting (IMM) usually held in January each year
   - a free one day meeting for members
4. Up to 4 Local Chapter Meetings per year
   - free attendance to these one day events for members
5. Webinars
   - free registration to member webinars (recent webinars include Data Visualisation, Adverse Event Reporting, Optimising Insights from Digital Channels)
6. Code of Conduct online Competency Test
   - free test and certification to members
7. Code of Conduct online Training Modules
   - free registration for members
8. Code of Conduct
   - free access to the Code Query Service
9. Publications: Free to members
   - Managing a Research Project and Research through the Product Lifecycle; Open Data, How to Reference Data, Longitudinal Patient Data, Guide to using Promotional Data.

mid level researchers update

Poster Session: **London - 27 June at 10.10am**

Come and hear about how EphMRA can support our upcoming talent and how the mid level group is developing its plans.

Mid Level Group (MLG) **Convenors**

The MLG will be driven forward by:

Jennifer Curtis - Associate Consultant, ZS Associates
Nick Ellis - Associate Director, Ipsos Healthcare
Laura Hunt - Associate Director, fastforward research

...and supported by EphMRA.

events diary

- 25-27 June 2013 - **Conference London**
- 11 July 2013 - **Italy Local Chapter Meeting**
- Week of 14 October 2013 - **2nd Germany Chapter Meeting**
- 13-14 November 2013 - **Asia Conference, Singapore**
- 14 January 2014 - **IMM, London**
- 24-26 June 2014 - **Conference Brussels**

get in touch

If you have any enquiries

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24 January 2013, Frankfurt

Interim Members Meeting

The future of market research?

Engaging debate and active networking were the order of the day at the 2013 EphMRA Interim Members Meeting (IMM), which took place on 24 January 2013 at the Sheraton Hotel, Frankfurt Airport.

A plethora of Full and Associate Members attended this year's IMM keen to learn more about current hot topics and to take the opportunity to catch up with colleagues and renew acquaintances.

Once again, there was a dedicated stream for mid-level researchers. As well as learning more about the challenges when it comes to Market Access in Spain and Germany, they were introduced to the importance of context in market research and taken on a whistle-stop tour of Networked and Auto-ethnography interview techniques.

Meanwhile the Senior Managers took part in a debate looking at the implications of the move by many companies to embrace offshoring. Given the likelihood that the practice will continue, attendees also discussed how market researchers can harness the potential bene fits that offshoring presents. This was followed by an in-depth look at how best to combat commoditisation in the eyes of procurement professionals.

This report aims to give an overview of the presentations and debate from the IMM, including the questions and comments of attendees, as well as overall opinions of the event and its agenda.

The challenges of offshoring

The entire market research function could be transferred to a low-cost country such as India. This was the provocative statement that sparked lively debate at this year's Interim Members Meeting in Frankfurt

Thomas Hein is Vice President Global Market Research, Bayer HealthCare Pharmaceuticals and EphMRA President

> "Five years ago I was against it, but my headcount was falling and I was challenged to maintain the full range of market research."

The topic under discussion was offshoring – the relocation of a business process to another, usually lower-cost, country. "EphMRA has touched on the topic of offshoring several times over the past 18 months but given the pressure every one of us is under to cut costs, we felt this subject warranted a more intensive debate," said EphMRA President, Thomas Hein.

The debate sought to answer important questions such as: what elements of market research can be moved overseas and what need to be retained at home? How can onshore colleagues get the best from their offshore co-workers? How does market research need to change to maintain its value, both within agencies and internal departments in pharmaceutical companies?

The debate was guided by an expert panel of senior market researchers Graham Maunder from GlaxoSmithKline, Chris Krattiger from GfK and Kurt Kessler from ZS Associates. "Together we represent both agency and pharma," said Thomas, who started with a short history.

"Pharma was late to adopt the offshoring model, which first started in the 1980s and gained pace in the 1990s. At the start, the focus was on transactional business, such as customer relations and software development, spearheaded by banks, such as Deutsche Bank, and IT companies, including IBM and HP. Gradually, however, the scope has widened and many more business processes and tasks are being transferred."

The benefits of offshoring

There are five key reasons why companies seek to move business functions offshore:

- Budget restrictions have forced companies to look at ways to reduce costs without losing quality
- Shrinking internal capacities mean researchers must focus on value-adding activities not routine tasks
- Labour flexibility; offshore human resources are easier to increase or decrease, regardless of whether a

interim members meeting report

Box 1: Market research tasks typically sent offshore

What elements of market research are typically being offshored? "Competitor intelligence desk research is something that every company does," said Thomas Hein. "But there are a lot of databases and someone has to look up the data, put them into a report and generate conclusions. This does not need to be someone in the onshore team."

Another key research task is quality control. "When we do quality control for new forecasting software, we have to run hundreds of test cases to ensure it works as expected," he said. "I would not want to divert a researcher from supporting a global brand team in order to run tests for an entire week. This task can easily be outsourced."

A third area is data mining. "Lastly, data mining is becoming increasingly important. Pharma is a very data-rich world and normally we simply report it. If we go further and mine the data, we can track changing disease patterns and health trends. The work is time-intensive but there are people offshore with the skills and time to do it."

Other market research tasks typically transferred to an offshore team include:

- Data processing (collection, entry, cleaning, coding, validation, transcription etc) for market data as well as other internal data, such as information from customer relationship management systems
- Website monitoring – who is visiting and how often, what do they look at?
- Chart and graphic presentation – all standard reporting can be outsourced
- Statistical analytics such as CRM or website monitoring can be outsourced, even multi-variant analytics
- Programming – although concepts are often still generated at home, the actual development/ programming can be done in India. Service centres in India or China can maintain US-based servers remotely.

company chooses to build its own capacity or employ an agency
- Many 'offshore' nations have a large pool of English-speaking, college-educated and highly motivated people, particularly India
- Offshore teams/countries are learning and can take on more and more complex tasks. What's more, the quality of work is continuously increasing.

Thomas outlined his personal experience of offshoring. "Five years ago I was against it, but my headcount was falling and I was challenged to maintain the full range of market research and the quality of the research. I met with many agencies in India including a visit to Tata Consultancy Services, where German insurance company, Allianz, had an analytical centre employing 280 people working on 260 business processes. The analytics they were performing were highly impressive and more advanced than I have seen in many European countries. Co-workers are in the offshore countries, particularly India, are highly motivated. These colleagues want to be successful, they strive for success, plus the emphasis on work-life balance is not as intense as it is in Western countries."

Offshoring is a sensitive and provocative topic, said Thomas. "During his election campaign, President Obama declared that there was no need for an offshoring expert in the White House. This political message shows how important this topic is, but where will the trend take us? Will companies and agencies move wholesale? I know of one large pharmaceutical company that has moved entire global marketing departments to India, including all support functions. Will this be a trend for the future? What do you think?"

Debating the matter

"I have not seen any examples where the management of entire research projects has been moved offshore," said one attendee. "I don't believe we have yet reached the point where core business functions can be handed over." Thomas Hein agreed: "Most of the steering of projects is still down in company headquarters," he said. "But it would be possible to move project management if you moved the entire headquarter functions. For example, Bayer HealthCare has moved all global marketing for primary care to China. The rationale behind this was not just a focus on cost, after all, China and the emerging markets are our future growth areas so why not steer the business out of these countries?"

"The personal service and relationship with the client cannot be easily moved overseas," said one Associate Member. "It takes time to learn your trade and build the experience needed to talk to clients effectively." In response, Thomas cited a model used by offshore company, Cognizant. "Companies are growing fast. In 2011, Cognizant added 25,000 people to their workforce and another 30,000 in 2012."

There are tasks that you can do offshore that are not cost-effective to do onshore, said Graham Maunder from GlaxoSmithKline. "Our people in Delhi have access to our data and the value they deliver from it is huge. For example, they are able to integrate country-level IMS data – the same data the affiliates use on the ground – and provide complete alignment for 'above-country' reporting. We could not set up such a structure onshore as it would be exorbitantly expensive," he said. "Another example is our offshore team that focuses on generating solutions from the data – they are so good at it, we have had offshore team members come to headquarters to conduct training sessions for our onshore staff. They are among the most technically capable people we have."

The debate continues over the page...

WHY DID YOU ATTEND THE INTERIM MEMBERS MEETING?

"I come to the IMM every year as it is a great way to start the year."

"Networking. While I am always interested to hear about the issues that are affecting my fellow market researchers, I come to events like this to expand and renew my contacts."

The potential of offshoring

Chris Krattiger is Managing Director Healthcare Consumer Experiences, GfK

Kurt Kessler is Managing Principal, ZS Associates

Is offshoring a threat or an opportunity? The debate continued, ending with a glimpse into the future

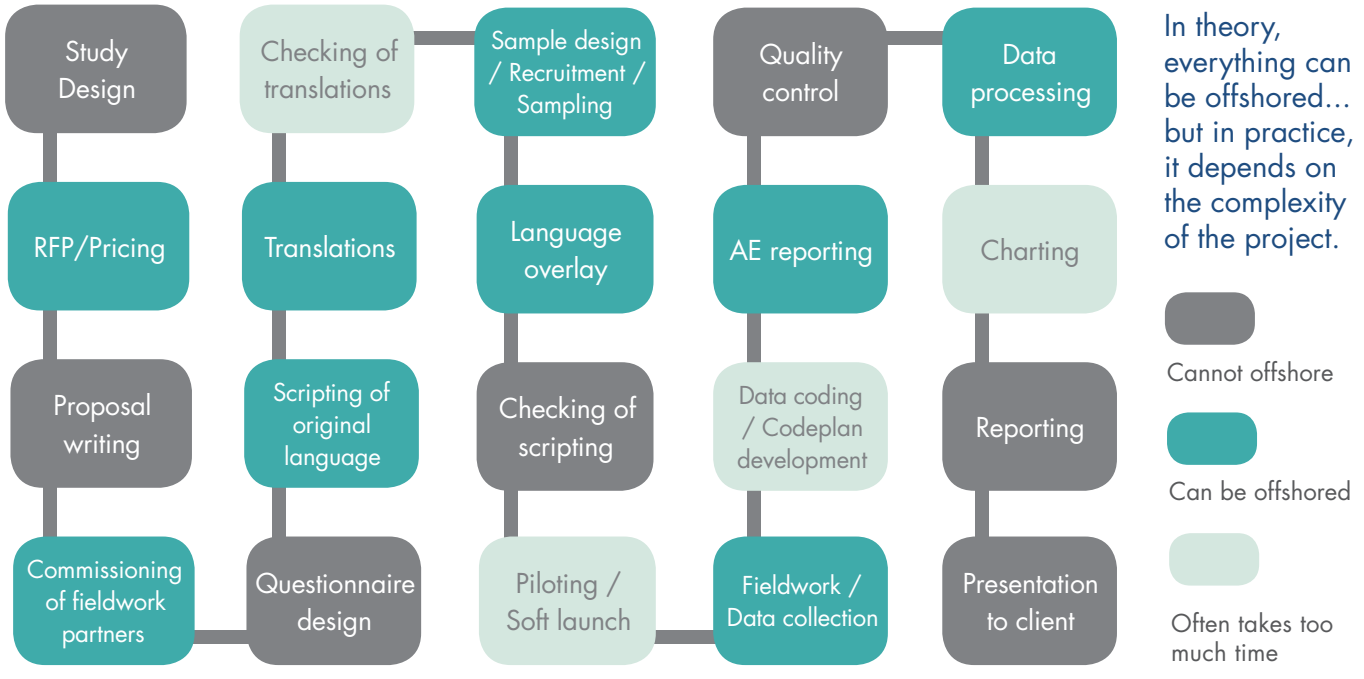
"Offshoring is certainly a threat to our current way of working," said Chris Krattiger from GfK, who gave attendees at the IMM an agency perspective. "To turn the offshoring threat into an opportunity we have to change our mindset," said Chris. "We cannot run away, we need to shift to value-adding tasks and that means that our jobs will change on a day-to-day basis and the people we employ will change. It also means we are freeing up our time to focus on clients, upgrading our service and ways to become more efficient."

She outlined the different models of offshoring. "There are three basic models; buying from a third party, building your own capacity or a mixed mode. The first is relatively simple and there are a lot of smaller agencies that are buying offshore third-party capabilities. 'Captive' offshoring models are preferred by many larger companies, including my own agency, which has centres in Bulgaria, Romania and India staffed by full-time employees. India is cheaper but when we need languages – a vital part of global research – we look to Bulgaria and Romania. Right now, we are doing more nearshoring than farshoring."

Next, Chris asked the million-dollar question – what tasks can currently be offshored and which cannot? (see diagram below). "In a nutshell, any services that are low-value and not 'client-direct' can be outsourced. I am talking about repetitive work, the work you can explain to someone without them having to be involved in the project. However, there are opportunities beyond the lowest value-adding activities. Our people offshore are highly motivated and very good at their jobs and there is much, much more they can do."

Some tasks can be outsourced but the balance between cost and quality has to be considered, said Chris. "Take data coding, for example. At GfK in Basel, we are lucky to have medical students doing our coding. They speak four or five languages and work with them directly. For us, offshoring this task would save neither time nor money."

Diagram 1: Tasks in the market research process considered for offshoring



interim members meeting report

A question of quality

Throughout the debate, quality came up as the most important issue. "Without a doubt, the most important balance in offshoring is between cost and quality," said Chris Krattiger. "Of course there are huge benefits of outsourcing work to a country where employee costs are a third or even a quarter of those in our own countries, but if we have to check their work then we have not saved any money or time."

Chris referred to her own company's teething problems. "None of our field work is done within our company, yet offshoring it has adding an entire extra layer to our organisation. I was in an interview session in the early days and only found out that the first doctor wasn't coming half an hour after the interview was due to begin. We have now developed processes internally to ensure information flows properly, but offshoring is a learning process."

Kurt Kessler of ZS Associates, points to a fundamental set of trade-offs. "We all make trade-offs between cost, quality and time. If we want something fast, we typically pay more for it. Yet the paradigm is different with offshoring. Firstly, we cannot trade off on quality; if we fail on quality, our offshoring project has failed. Secondly, we cannot make a trade-off with costs, as a key motivator for offshoring is to save money. This leaves us with time. We are used to fast cycle times, the convenience of walking down the hall to speak to a colleague. With an offshore team, you have to adapt. You have to ask yourself: how much lead time do I need to work with people offshore? What protocol do I need to work with people remotely and what do they need from me in order to do their jobs efficiently and effectively?" He suggests that it is not unreasonable to expect quality to increase.

For those researchers onshore, the most important questions are around adding value to their businesses. "Ultimately, if we cannot add value then our role will be moved offshore. Earlier, Thomas shocked us by suggesting that companies could move marketing in its entirety offshore including all support functions. If the tasks you are performing in your day to day work are relatively routine and straight-forward, if you have done them many times before, they will be strong candidates to move offshore."

One team or two?

Colleague engagement is the secret of success in offshoring, said Chris Krattiger. "The more you involve offshore colleagues in projects, the more efficient they will be and the more they will contribute. At GfK, we are talking about involving offshore colleagues in client briefings." However, a Full Member from a large pharmaceutical company had a warning. "I would prefer a single contact point in an agency. There is a worrying trend towards large numbers of people I do not know sitting in on briefing calls and it is getting out of control. When we write a RFP now, I want to know about each subcontractor or offshore party. Agencies must make the situation simple and clear for clients."

An effective method to engage offshore colleagues is to invite them to visit the onshore team, said Graham Maunder from GSK. "We have a lot of experience in bringing offshore colleagues to work onshore for extended periods of time. It doesn't always work, but the majority slot into the organisation and compete very well, even though they tend to be younger and less experienced." He also highlighted a major issue in offshoring – data security. "Moving data outside the EU is a concern. We have data transfer agreements in place with our third party in India but agencies must do the same. It must be clear to the client where their data is being sent."

For Thomas Hein, success comes with trust. "Without trust you get into situations where onshore teams are checking the work of offshore colleagues. As long as the quality of the work is good, trust develops. In Bayer HealthCare, our CI reports from the offshore team are sent directly to the entire internal distribution list without anyone in Market Research checking them. Although some co-workers questioned this, it has been a success and we now provide a contact number so that onshore colleagues can call the offshore team directly if they have a question. When you reach this point, you start to really save time and money."

The future of market research

Where will offshoring be in five or ten years' time? For Chris Krattiger it comes down to experience. "Right now, offshore colleagues have got the talent but not the experience. However this will change over time." Thomas Hein agreed: "As we hand over more tasks and bring offshore people into our headquarters we are teaching them, and they are learning quickly. In the near future, there will be big offshore

The debate continues over the page...

"The business we work in – pharmaceuticals – is undergoing such rapid change that it is vital that we get together and discuss how we as market researchers can carve out a place for ourselves. EphMRA meetings are an excellent way to do that."

interim members meeting report

"I work in a relatively small agency so I wasn't sure I would find the topic of offshoring relevant to me but it was very interesting and I can see why it was given such prominence here. It really does affect everyone in pharmaceutical market research."

"There has been a lot of discussion here in Frankfurt about the need to cut costs, but Procurement departments inside pharmaceutical companies must also consider the quality of the services being offered by agencies and the experience of their researchers. Cost is not everything."

agencies offering full service programmes, including client contact. I have co-workers in Mexico City that work with an agency in the UK, so why not from Berlin to India? This is a natural step. Look at the production of physical goods; 60-70% are produced in China."

Change is unstoppable, said Chris Krattiger. "I hear that China is doing a lot of offshoring to Vietnam. Where will the salaries in emerging economies be in 5-10 years time? In the more senior positions, the difference is not that great right now, they are global positions. The Economist reports that some manufacturing is moving back to the US as the wage gap closes and the cost savings decrease."

GSK's Graham Maunder sees only two factors stopping companies from wholesale offshoring. "The first is experience. Pharma has only been offshoring to India for the past 8-10 years and while things are ramping up fast, they do not have a critical mass of people with 10-15 years' experience. The second factor is proximity; many tasks require people to answer complicated questions and, generally speaking, offshore people are not good at that. Both of these situations, however, will change as organisations becoming more and more global."

What about market researchers here at home? "Keeping onshore colleagues motivated as they train offshore colleagues is a challenge," said Thomas Hein. "We must help them move to more value-adding tasks and to develop as consultants. We must use the reports produced by our offshore teams and interpret them, to ask ourselves what it means for our business, and to come up with active recommendations. Remember, we are supporting offshoring in our own personal lives every time we buy a Samsung TV or a CD from Amazon. We are all looking for cost-effective solutions for our own consumption and companies are no different."

In conclusion

"The discussion has been lively and it is clear that offshoring is affecting us all, both companies and agencies," concluded Thomas. "We should not be scared by these trends but market research departments and agencies that do not embrace change will be lost. Management no longer want 200-slide presentations describing the market retrospectively, either from internal researchers or agencies, they want to know what is driving customer behaviour.

"We must drive the insight-generation process, using both the data and the opinions of others – market access, global brand teams, health economic outcomes, individual countries. Agencies must come up with new observational approaches to really understand what drives customer decision-making. There is resistance but we cannot hinder change, even if we would like to. I hope that, over time, EphMRA will give guidance to help market researchers to transition into new, value-added activities."

Box 2: Key success factors for offshoring

Kurt Kessler of ZS Associates identified a number of critical success factors. These included:

- Ensuring the process is driven by senior management. "If your internal decision-making process about offshoring is driven by finance and procurement, then the focus will be on cost not on quality and time," said Kurt. "If the process is driven by middle and senior management, they are more likely to spend a little extra to ensure quality is maintained."
- A deep focus on specific tasks. "One way to develop high quality is to organise your offshore people into teams that focus on specific functions, for example a forecasting or promotional response analytics pod," said Kurt. "These are difficult areas, but by having a dedicated team quality increases quickly."
- Start small and break the work into manageable chunks. "GSK started with just a few people in India and so did we," said Kurt. "Limit your risk by choosing a business unit or a brand, an issue area or a part of your own role and moving it offshore. Experiment, find ways to work out the bugs, to ensure that your offshore and onshore teams work together as efficient, high-functioning teams."
- Look inside your own organisation for learnings. "When I talk to companies, there are often 'accidental' proofs of concept. Maybe a partner offshored part of the work or a colleague. Either way learn from their experience. Maybe they didn't like it at first, thought the protocols lacked transparency, but how did they solve the problems?"
- Manage the transition. "One of the challenges is change management. If you have a vision of where you want to be and how you are going to get there, then communicate, communicate, communicate. You have to reach as many stakeholders as possible if you want people to act and think differently and overcome functional resistance. Many functions must be aligned; procurement, legal, market researchers, competitive intelligence, forecasting, including those that have the expertise that needs to be transferred overseas."

Combating commoditisation

Is market research in danger of becoming a commodity? Is the pressure on costs from Procurement stifling innovation and 'dumbing down' market research? These were key questions under discussion at the 2013 IMM

Carsten Fuhrmann is Director Business Analysis, Boehringer Ingelheim

Alexander Rummel is Managing Director, Aurum Research

"Definitions of commoditisation differ," said Boehringer Ingelheim's Carsten Fuhrmann, presenting slides on behalf of Peter Cunningham from Branding Science, who was unable to attend. "However, for today's discussion, an industry can be described as commoditised when:

- Buyers see little or no differentiation between suppliers
- Price and speed become the main determinates in choice discussions between suppliers
- Overall price within a service or product remains static or reduces over time
- The number of suppliers increases.

"In August 2010, Steve Gatt from Volkswagen told Research magazine that 'market research is inadequate, reactive and out of touch'," said Carsten. "A year later, former GSK Marketing Director, Tim Brooks, said: 'Too many agencies are downstream of the issues that really affect clients and are too focussed on tools and methodology to provide companies with the help needed to make big business decisions'. Do you agree? Is market research out of touch? If so, what do we need to make sure that we are not commoditised?"

"Have we seen evidence? The answer is yes," said Hannah Mann of Hall and Partners. "The strongest evidence is around tactical research such as comms testing, where we see standardisation of screeners and discussion guides, where templates can be used over and over again. If agency and client can agree on what areas of research are to be commoditised this approach is helpful."

The lack of differentiation was a key point for John Shortell from Bayer HealthCare Pharmaceuticals. "Within the major markets – North America and the Big Five European countries – there is little difference between agencies, they are all offering the same capabilities. In some emerging markets there is the potential for agencies to offer unique skill sets that command a price premium, especially if they have good field agencies or recruitment lists." But who or what is driving this commoditisation of agency offering? asked a question from the floor. "Why are agencies merging their offerings? This is being driven by pressure on costs which force us to commoditise and standardise our offering so that procurement can compare like with like."

Claire Hardy from fastforward research took up this point. "The pressure is huge from procurement; increasingly we have grids to

Continues over the page...

The challenges of commoditisation

What arguments are there against the commoditisation of market research? Working alongside Carsten, Alexander Rummel of Aurum Research followed the lively debate and drew some conclusions.

"There is a consensus that innovation has a huge role to play here," he said. "We all know it takes time and effort to develop new solutions and many agencies are struggling to invest resources in an environment that emphasises cost so highly. Innovation is particularly important in fast-moving areas; when the situation is evolving quickly, there will be some who are ahead of the curve and others lagging behind."

The role of Procurement in decision-making prompted intense debate, said Alexander. "As pipelines shrink and brands become more specialised, research is growing ever more complex. Procurement must look beyond mere cost and focus on value, considering a range of factors to encompass the knowledge and expertise needed to develop future research programmes. Companies must invite agencies to submit innovative proposals and agencies must do more to differentiate themselves and deliver those innovations."

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break down the costs and are required to submit an hourly rate for different levels of executives. Procurement wants to know the cost per interview, whether a half-hour, hour or group sessions, and how much we are paying in incentives. This rigour makes it difficult for agencies to build in their added value, which is where suppliers differentiate themselves. Our value comes in the analysis, in synthesising the data and making recommendations at the end of the project. The problem with this approach is that procurement sees an interview as an interview, as a simple cost."

Chris Krattiger from GfK gave an example of a pharmaceutical company that is talking about buying in all the fieldwork itself. "I always say to clients that it is better to do five great interviews than 20 mediocre ones, you will learn a lot more. Maybe companies should buy in the fieldwork and ask agencies to provide the consultancy, to take the cost per interview problem out of the equation. This could be the way forwards, for good or for bad."

Bayer HealthCare's Thomas Hein said that it was difficult for clients to see differences between agencies from the proposals. "With proposals for primary market research in particular, it is common to get three or four that have no visible differences in quality, so it all comes down to time and cost. It can be difficult for market research departments to justify the decision to hire a specific agency, especially if they are more expensive." Internal market research departments were also becoming commoditised, said Thomas. "Internally, there are many different strategic functions that are using the same data and we are all acting as consultants to senior management. We have to consider where our added value lies."

Thomas Hein continued: "It is too broad a question to ask about the entire range of pharma research. Classical primary research will become commoditised within 10 years. Quantitative research with healthcare professionals will be dead; already, it is impossible in some areas to get a representative sample. However, I do not believe that secondary research will become commoditised. We will always have a need for creative solutions, for people in emerging markets, both internally and in agencies."

Mark Silvey is Director, Adelphi Access

Accessing knowledge

With European healthcare markets growing ever more challenging, understanding the needs of payers is vital for companies developing market access campaigns

Market access continues to be one of the most important topics in pharmaceuticals today. In recognition of this, Mark Silvey from Adelphi Access was invited to speak to mid-level market researchers at a session where he shared his experience from a global perspective and delved into some of the challenges of working in Germany and Spain.

Given the impact of market access, said Mark, researchers must understand the healthcare systems in each country, especially the processes by which products are approved, priced, reimbursed and even prescribed.

There are three basic healthcare decision-making archetypes in Europe:

- National: All decisions and agreements are made nationally, offering little control locally (eg, France)
- Multi-tiered: Although there are national decisions, a high degree of regional autonomy provides a second level of decision-making (eg, Spain, Italy)
- Decentralised: Some national decision-making, but the power is local, although not always geographical (eg, Germany, the UK).

> "If there is a national pricing and reimbursement control mechanism, you will need to know when and how it is applied."

"Whichever system, the first step is to look at what happens at a national level once the drug has been approved by the European Medicines Authority (EMA). If there is a national pricing and reimbursement control mechanism, you will need to know when and how it is applied. Likewise, if there are regional control mechanisms you will need to investigate how they are implemented. For example, controls might differ between hospital and primary care products or there may be country-specific elements," explained Mark.

He also advised the mid-level researchers to consider whether there are any additional controls on funding and usage after reimbursement, and to look at what happens during the assessment process.

Accessing Germany: All change

Germany runs a decentralised, state-funded healthcare system. The statutory health insurance system covers 85-90% of Germans and sets minimum levels of care, while individual, non-profit "sickness funds" act as the social insurers.

Insurance is offered on a per family basis through an employer and as there is often

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more than one sickness fund in each region, companies choose which to use. Patients are encouraged to access healthcare via a family practitioner. GPs and specialists tend to be self-employed and hospitals are mostly owned by a charitable trust, town or region. The national regulator tends only to rubber stamp EMA decisions, with wider reimbursement, pricing and formulary decisions being made at a local level.

"Currently, manufacturers can set a price at launch before beginning negotiations with the national group comprising payers, such as sick funds, and regional physician associations," said Mark. "It reviews the drugs and makes decisions about access and and negotiates on price."

Hospitals can make formulary decisions on an individual basis and control funding for products. There are also significant controls on primary care prescribers, with doctors being directly responsible for any unjustifiable overspend. "If doctors prescribe an expensive drug instead of a cheaper alternative, they may be investigated. If they can't justify their decision, they have to pay back the overspend," added Mark.

Healthcare reforms

In 2011, major changes were made to the price setting process through a new law. Now, once a drug is launched, a dossier must be submitted for health economic evaluation, as the national authorities look for proven additional benefits.

If the evaluation shows a benefit, companies can negotiate a price, however, if a price is not agreed upon, it either goes to arbitration (usually a matter of agreeing a discount price) or it moves to a full cost-benefit assessment.

"If they didn't think your product was worth it before, you had better hope they change their minds, because if a discount is made it will act retroactively," warned Mark.

The evaluation grades products using a six level scale, where 1 indicates "clear or major additional benefit" and 6 indicates "fewer benefits than comparator". The more benefits shown, the higher the price that can be negotiated.

"While we have not seen any products hit 1, Brilique was the first product to get a 2," said Mark. "Most products are getting a 5 right now, mostly because they were in clinical trials before the system came in and don't have the necessary comparator information."

With products that have more than one indication and receive different ratings, manufacturers can aim for a higher price in a smaller patient population or a lower price in a wider population. "Given that GPs have to justify their prescribing, they are unlikely to prescribe a drug for another indication," said Mark. "It is a clever system that will help control cost but will result in hard decisions for manufacturers."

The new system is still bedding in and we only have the outcomes of the first submissions, said Mark, but it is clearly a challenging situation. Some companies have pulled out of the German market as they didn't want to launch at a low price, some are still arguing with the authorities and others have accepted reference pricing. Nevertheless, companies need to look to Germany because it is likely to be reflected in other markets. "Everyone is trying to find their way through the system and no one wants to blink first," he said.

Cost containment race in Spain

"Spain is controlled through a multi-tiered, publically-funded system. As well as the national government, there are 17 autonomous communities and a couple of cities. The majority of the population is covered by the national health system, while 22 percent of the population has supplementary private insurance," explained Mark.

As in Germany, patients access healthcare through a primary care physician, who is employed by the region. Specialists work both in hospitals, which are either state or privately run, and in private practice.

Once the EMA approves a drug, the national regulators step in to begin national price and reimbursement negotiations. Regions and hospitals can also negotiate discounts, elect how they fund healthcare, what coverage they provide and in which patient population they will use any given drug. This means that different hospitals within the same region could have different formularies.

Given the country's economic position and that three quarters or more of a regional government's spend is on health, a host of different cost containment measures have been introduced, said Mark. For example, generic prescribing and pharmacy substitution has increased and regions are using more restrictive formularies. As in Germany, there are stringent controls of primary care prescribers, and, crucially, while the drug is being reviewed it won't be reimbursed, so it won't be prescribed.

A number of the autonomous communities are now bringing in health technology assessment groups to look at cost effectiveness. For example, the Institute of King Carlos III is developing ways to assess drugs from both a health economic and cost effective perspective.

Enforcing co-pays

A key issue in Spain is that of co-payments. Up until July/August 2012, the cap used to be €3 per line item on a prescription and the winners under this system were pensioners, who fared better than working people, who pay 10% of the cost of their drug, although this is capped at €8-60 per month depending on income.

"However, if you are not in work, or are on a low income, the news is not great," said Mark. "They will pay 40-60% of the drug price, although there are some exemptions. On the face of it, you might think patients as being significant payers in the cost of drugs. However, in most countries 80-90% of prescriptions are to patients who are old, chronically ill or otherwise exempt, so such measures might not bear fruit."

The central government recently settled the regions' €6.3bn outstanding debt to pharmaceutical companies. While this has simply shifted debt from the regions to the national government, all those concerned will be looking for any and all ways to avoid such a build up again.

Putting research in context

Steve Phillips is Chief Happiness Officer, Spring Research UK

Without understanding the context in which a decision is made or a question has been asked, expensive market research campaigns could be resulting in data that does not reflect the real world

"All too often in the field of market research, context is the elephant in the room," Steve Phillips, from Spring Research UK, announced at EphMRA's Interim Members Meeting. He told mid-level researchers that this elephantine conundrum exists because many current research techniques ignore context for fear of imagined and historic hurdles to gathering such data.

"Instead, research projects are built on the assumption that you are the same person at any point of the day or the week; that at any given moment of time you will tell me everything I need to know about the decisions you make and the behaviours you exhibit. I think that is patently unfeasible," he said.

"Throughout the day, you will be in a different mindset, be it parent, colleague, boss or friend. Depending on which frame of mind you are in, you will probably give a different answer to the same question; in some senses, you are a different person. That is why context is so important," he added.

> "All too often in the field of market research, context is the elephant in the room."

What is context?

There are three main factors when it comes to context. Using a man called Jack by way of an example, researchers might see the following:

- Who you are
  These tend to be biographical factors that are intrinsic to the individual, including: beliefs, culture and personal history. They don't change much even though Jack might have a different head on at different times throughout the day (father, boss, client, husband, etc).
- What's going on
  This relates to environmental or external factors. In particular, the events occurring at the moment of usage or consideration. This can obviously have a huge impact. If Jack is out with a group of friends and everyone else has a coffee, he is more likely to choose a coffee.
- Who is around
  Social factors have an enormous role in decision-making; the impact of people you are with and the influence of social expectations can influence that process hugely. If Jack goes shopping on his own with a list of five things, he will come out with just those five. If he goes into the shops with his kids, he will come out with far more.

"Traditional research is very 2D, using techniques such as focus groups with no thought as to context. For example, we were asked to run focus groups on breakfast cereal during the evening. We immediately questioned how we would get a realistic understanding of someone's reaction to cereal in the evening. It just doesn't make sense."

Another technique is diary studies, where people are asked to carry an enormous folder around with them and to enter what they were doing and how they were doing it throughout the day. "This approach is incredibly inconvenient and I am sure most participants leave it at home and fill it out at the end of the day, which sort of negates the entire purpose. Context is ignored simply because there was no convenient way of capturing that data," he said. "Until now."

"The level of interaction in the Mid Level session has been fantastic. I have definitely learnt something new that I can take back to share with my colleagues, particularly having learned how consumer focused agencies overcome specific challenges."

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Things have changed. Mobile technology can be used to capture context or even a single moment without interfering with it. For a recent project about snacking, Spring asked participants to text or use an app every time they had or bought a snack. They reported where they were and how they were feeling, with the time and date being automatically recorded. Once the moment has been captured, researchers can then follow it up and discuss the journey in more detail, drilling down to discover what was actually going on with them at the time. "We were able to look for connections between purchase and consumption mindsets. In fact, this study showed that instead of marketing with the consumption moment in mind, the client should be focusing on the point at which buyers think they will be consuming the snack."

Following a process

When it comes to understanding context, it can be useful to look at the decision-making process. If a researcher asks what someone is looking for when buying a fridge freezer, they will probably be given a list of features or benefits that are most important, such as looks, size, price and brand. "However, that is not actually how consumers arrive at a final decision. In truth, they will make each of those choices at different times. So, in order to understand the importance of each feature, we need to talk to consumers at each stage of this journey so we can identify the context, such as where they are when they make each of the decisions," said Steve.

Another example might be in the soft drink arena. Brand X might be thinking about introducing a bigger can. It is easy to ask about price and need but you are then assuming the person will have the same reaction to the size of drink in every situation. Of course that is nonsense. If they are really thirsty and need a pick me up maybe they will choose a large can. However, later that day they might be in a restaurant with friends and might think it would be greedy to have a large can. Researchers need to think about context and rephrase the question to ask if product Y is the type of thing the consumer would want at a specific moment in time.

Pharma reality

In order to look at how, even in the regulated world of healthcare, context plays an important role, Steve asked Mid-Level researchers to split into teams and to really think about how context impacts the decisions that doctors and patients make on a day-to-day basis.

Patients

While all the teams agreed that context will have an impact at every stage of a patient's treatment journey, they felt that adherence was an issue where recognising context might have a significant impact. By using technologies such as apps, researchers could investigate when patients took their meds, where they were, who they were with and what they were feeling. Equally, the app could be used to monitor when patients did not or forgot to take their meds, why they had not done so, if they had taken the dose they missed, and so on. The information gathered could then be used to improve adherence across a group of patients where there are serious issues with adherence such as in transplantation, where compliance soon drops to 40 percent.

HCPS

When it comes to healthcare professionals, the teams felt that understanding context in which a doctor interacts with patients, possibly as the day goes on, and subsequent prescribing rationales could allow them to gather interesting data.

They also thought that considering context when developing and refining detail aids could bring important benefits. Traditionally, most detail aid assessment is done in an artificial setting when doctors are not seeing patients. If this assessment could be done in a more normal, less-hurried setting, and once doctors have had time to review the aid, the feedback they give on how they feel after seeing the aid or being detailed by representative could be more productive.

Conclusion

"We know context impacts and, as researchers, we should set out to understand people in as much depth as possible. The whole area is still relatively new and it can be scary if you only have one product. However, I think there will soon be a fixed category called contextual research and I think all clients will have to accept the need to look at context."

Small culture, big results

John Griffiths is Creative Director, Spring Research UK

Culture is one word guaranteed to spark debate amongst market researchers in the consumer world, John Griffiths, from Spring Research UK confided to mid-level delegates

"It doesn't matter if you are talking about big or small culture, the mere mention of it can be enough to make one think less than kindly thoughts," said John.

"While big culture is all about high culture, buildings, literature and food, small culture is about communication patterns. It is about the power relations between groups of people that draw out emergent behaviours that aren't necessarily linked to ethnic or national differences. Small culture is at the heart of the work we do as researchers because it is basically about understanding how people make decisions," he added.

Companies that really want to understand how their product is used must study not only the individual but how they arrive at a decision. Companies that only focus on the individual risk not learning if there were any other influencing factors; they would only see part of the story.

"If you talk to an individual in isolation, you get the facts and you may get beliefs but you won't know how they arrived at any given decision or if they were influenced by someone else and why they trust the person who advised them. You could therefore miss important patterns of influence that could have a significant impact on the way a brand is marketed," he told attendees.

A great example of complex patterns of influence is seen amongst whisky drinkers. If your father is a whisky drinker, you are more likely to also drink whisky. Interestingly, however, in the time between father and child taking up whisky, income increases. So while the father drinks blended whisky, the child is more likely to drink more expensive malt whisky, which immediately presents a potential for conflict. The child may say rude things about blended whisky but polite things about their father. They may even make excuses for the father's taste even though the father is the motivator for drinking.

"The world of whisky is a very structured marketplace with lots of authorities and chains of influence. For example, malt drinkers usually have someone they admire. But, that person will never call themselves a guru. Instead, they in turn point to the next master up the chain. Each time an authority figure is identified, the authority is deferred upwards."

"It is important to remember that influence and authority are complicated areas that are better understood by talking not only to the respondent but to their network of influencers. There are two ways to do this. Either we talk to the people in their network or we ask respondents to interview their network themselves. These approaches are respectively known as network interviewing and auto-ethnography.

> "If you talk to an individual in isolation, you get the facts and you may get beliefs but you won't know how they arrived at any given decision."

Networked interviews

A network interview approach is useful when investigating decisions that take time to be made; when there are several points along the decision-making chain where the individual will pause and think. If the decision is important they may also be worried about making a mistake by being too impulsive. It is also useful when it involves a decision that will be regularly reviewed, with the respondent consulting others if new information becomes available or if the situation changes.

"By interviewing the respondent's network, we can cross check with interviews carried out earlier and build a picture of what the network thinks as a whole, which means we are not dependent on the person who is the original gateway," said John.

Auto-ethnography approach

The traditional approach to running ethnography studies is to use a professional ethnographer but this takes time and is very expensive. Auto-ethnography is an elegant solution that sees the respondents themselves interviewing their network of friends and family whose opinions they trust.

"Having the sessions dedicated to mid-level researchers is a really good idea. We all agreed that we felt much more at ease about asking questions or voicing an opinion than we would have done had we been in a session with some of our more experienced colleagues."

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"Giving a person the job of representing other people is a different way of thinking about research but a very powerful one. Not only is it cheaper than using a professional, these days it is even easier for the respondents to carry out. Cameras and video cameras are all cheaper – even mobiles can be used for taking pictures and filming. Moreover, as the results can be shared online and there is no need to rely on the post, it is much faster," said John.

Unlike networked interviews where a researcher may be asking specific questions, auto-ethnography-based interviews are more free-flowing. Instead of giving respondents a series of questions to ask, they are given a broader task such as to simply chat to their network about a given topic, for example cheese slices. All they then have to do is to write up the conversation. "Sometimes the results are completely useless because the brief is so broad but other times the information is gold dust delivering incredible insights that genuinely change the brand," he added.

Furthermore, this approach gives respondents an opportunity to reflect on what their friends and family say. They know the individuals so they can also evaluate the truth more than we can. If they don't think the person is being honest then they will say so.

"Of course, there is a risk that the respondent will colour the results because they are bringing their own life, thoughts, feelings to bear. However, this can actually be useful for researchers trying to understand the wider social network and the respondent's place in the network. If there are any concerns, however, it may be best to stick to networked interviews," John concluded.

When applying both these techniques to a business setting, it does become more complicated. Many respondents will not feel comfortable passing on contact details to

facilitate networked interviews. Equally, they may not feel comfortable with the more informal conversations that are required by the auto-ethnography approach.

Uses in healthcare

When it comes to implementing these techniques in the pharmaceutical industry, it becomes even more challenging due to its very nature, not to mention stricter regulations. For the final part of the session, John challenged the Mid-Levellers to identify possible situation where one or both techniques could be implemented.

After much discussion, the mid-level researchers agreed that across the healthcare industry a networked interview approach would be more likely to be successful. The room agreed that employing auto-ethnographical techniques would prove more challenging but taking a top-down approach, it could be used to look at soft outcomes.

Looking at who could possibly be persuaded to take part in networked interviews, the teams decided that patients, healthcare professionals and payers could all be targeted to some degree.

Perhaps the easiest group to reach, network interviews could be used to drill down to a number of different levels through a patient's journey. For example, it could be used to investigate the impact of disease not just from the patient's point of view but how the patient's family and friends see its impact on the patient and themselves as care givers or as a support network. Another way it could be used is to monitor the journey for patients will see more than one doctor in their treatment journey.

Given that regulatory and funding decisions are normally undertaken by multidisciplinary teams, network interviews could help companies to better understand the decision-making process and to identify the key influencers. These could then possibly be extrapolated to other regions or potentially other markets.

Clearly the hardest group to reach, doctors could be interviewed to better understand the path they take when considering treatments or prescribing. The interview could also be used to identify any influencing factors such as key opinion leaders and even detail aids. Nurses could prove an easier yet more valuable group to target when it comes to relationships and interactions with patients.

Networked interview case study

Alison has quite a network. She runs a small business with her husband Nick. We asked her why she had recently bought her new Mercedes Benz A Class. She said she wasn't altogether sure and that it had been a quick decision. In fact, she had only bought a second hand Ford Fiesta seven months ago so she wasn't expecting to change her car.

She said that Nick took her to the Mercedes dealership, she saw the A Class, liked it and Nick told her to go ahead as the business was doing well. She felt the Mercedes was a luxury but she asked her mother who said she should go for it. She also checked with her brother because he knows about cars. Reassured, she bought the car.

In conventional research, we would only have talked to Alison and learned she had consulted a few additional people and that would have been that. However, we used the network interviews and, speaking to the people in her network, we got a different story.

We found that her sister-in-law had recently got a new car. Alison's Fiesta was second hand and she wasn't too happy about that. Her brother didn't have much of an opinion about the A Class at all. Instead, it turned out Nick's ex-boss had bought an A Class as a present for his wife. Nick really admires his boss and wants to do well. It became apparent that the influence chain did not come from Alison's side at all but Nick's. Without the networked interview, we would never have known...

Adapting to change

Georgina Butcher is Associate Director, Marketing Intelligence, Astellas Pharma Europe

Piergiorgio Rossi is Managing Director, SGR International

Facing challenges such as deciding the status of EphMRA's Code of Conduct and revisiting the issue of adverse event reporting, the Professional Standards Group decided to re-examine the way it functioned

In the light of a number of significant changes in the healthcare arena, particularly in relation to pharmacovigilance, and to better serve members the Professional Standards Group decided to reorganise the way it works.

The Ethics Committee or strategic steering group is still responsible for driving the direction of professional standards within EphMRA, including overseeing the development of any guidelines. "We are now supported by the Ethics Advisors Network, which shares information about the different national legal and ethical issues, and the Compliance Officers Virtual Network, who help us answer particular ethical issues. For example, in terms of the summary sheet relating to incentives, they recently helped us to identify what is and what is not permitted in each country," said Georgina.

One of the group's biggest tasks has been to look at making EphMRA's Code of Conduct mandatory or whether to leave it as a voluntary agreement. The Code was launched at the beginning of 2010. Since then, it has been updated and expanded.

"As part of the decision-making process, much discussion was held with both Full and Associate Members. Associate Members tended to be in favour of making the Code mandatory, stating that the benefits outweighed the drawbacks. However, Full Members tended to be less in favour, identifying considerable drawbacks or barriers for them, both from a practical perspective but also from a legal standpoint in their company," she said.

As a representative of a pharmaceutical company and Full Member, EphMRA President Thomas Hein was keen to explain further why a mandatory code was not currently feasible. "Bayer already has internal processes in place. If the Code was mandatory we could not sign up to it, which would mean Bayer could not remain a member of EphMRA. We may agree in principal but we could not sign."

"The conclusion was therefore reached that, while all members agreed that having a Code of Conduct in place is a good thing, difficulties in implementing it, particularly in pharmaceutical companies, means making it mandatory is not a viable option at this point in time," said Georgina.

Although the decision has been made to remain voluntary, the team will never stop working on the Code or developing it, Piergiorgio told attendees. "The Code is based on laws that are continually developing so we need to continually revise it. In fact, we have recently been reviewing the wording of an article relating to changes regarding observation and recording. This has proved complex because there are so many variables, from observations made behind a mirror to live video streaming, that determine when or if you have to tell respondents the name of the commissioning company and who else is involved. This is worrying given we all know the kind of biases that can occur by identifying the commissioning client to respondents," he said.

Adverse event reporting

The second topic that has occupied the time of the group has been Adverse Event Reporting (AER). Last year, the European Medicines Agency (EMA) updated its guidelines on good practice in pharmacovigilance. These now state that companies and market research agencies must report adverse events that occur during market research projects. In light of this, EphMRA has been working closely with the EMA and has updated its own AER guidelines.

"These have been released on an interim basis while we wait for the EMA to get back to us in response to questions we have asked, such as how to behave when information on a single case is not complete. As soon as we receive the feedback the guidelines will be fully updated," said Piergiorgio.

Finally, responding to concerns that market researchers reporting adverse events may lead to double counting, representatives of the Professional Standards Group were clear that the most important thing is for researchers to ensure the adverse event is reported. After that it is down to pharmacovigilance teams to keep track of adverse event incidents and they were best placed to identify potential double counting. "Companies are less concerned about adverse events being reported during primary market research studies, than adverse events simply not being reported at all," said one Full Member.

Ethics Committee Members

Bob Douglas - PSL Research Europe*

Piergiorgio Rossi - SGR International*

Georgina Butcher - Astellas Pharma Europe*

Steve Grundy - Vitaris Research Consultancy

Peter Eichhorn - GfK

Karen Giorgi-Vigo - Shire Pharmaceuticals

Supported by

Catherine Ayland, Ethics Consultant

* Original members of Code Steering Group

Research in a Changing Region

Hot topics in Asia Pacific

2013 AsiaPac Conference - 13-14 November 2013 - Singapore

EphMRA's 3rd AsiaPac Conference

EphMRA is holding its 3rd AsiaPac conference, following on from considerable success in Beijing (2012) and Shanghai (2011).

The conference will be held over 2 productive days and we are now looking for ideas for papers. The programme Committee has generated a number of topics which they feel will be of great interest to draw you to the conference.

Conference Aims

Who is the conference aimed at?

- Those attending who are global market researchers from headquarters will be able to learn about local specifics, regulations, methodologies, cultural differences when conducting market research.
- Those attending who are local market researchers should have key takeaways which focus on learning about global standards and rules, new innovative market research approaches etc.

Your colleagues on the committee who are steering the programme

NAME	Company	Job Title	Based In
Diana Tan	Double Helix	Head of APAC for Market Research	Singapore
Ken Shearer	Merck	Director, Market Research	Japan
ShengWei Lam	IMS Health	Principal, Primary Market Research, Asia-Pacific,	Singapore
Graeme Jacombs	Kantar Health	Managing Director, Asia-Pacific, Middle East & Africa	Singapore
Stephen Potts	GfK	Regional Lead, Asia	Singapore
Huey Ling Yong	IMS Health	Engagement Manager, PMR China	China

committee focus

Introducing the Consumer Healthcare Committee (CHC)

Consumer health is a growing sector and is becoming a strategic focus for many pharma companies.

Healthcare payers are keen to promote self-medication, consumers are gaining greater access to over-the-counter (OTC) products that no longer require a prescription and emerging markets such as Brazil, India and China are driving growth. In short, business models are evolving, blurring the borders between classic prescription and consumer health worlds.

At the Full Members´ Forum in January many pharma companies reported difficulties in harmonising ethical and OTC data. They supported the idea of a new EphMRA Committee tasked with improving the quality and comparability of CHC data. Even members working more in the ethical sector saw a need for improved consumer health data in order to build a full view of their markets and calculate true market shares.

To meet this need, EphMRA has launched the Consumer Healthcare Committee (CHC). This Full Member Group will address secondary data issues as a first priority and will liaise closely with the existing Data & Systems Committee.

In March the first telecon for the new Consumer Healthcare Committee was held. Topics for discussion included current OTC data suppliers, potential new suppliers, and the key priorities for the standardisation and classification of OTC data.

The first face-to-face CHC meeting will take place at the EphMRA conference in London on 25 June. Representatives from six pharma companies have already agreed to join this committee but additional members are always welcome. Full Members interested in working together to improve OTC data should email Fiona Lake: ***engagementofficer@ephmra.org***

Classification Committee

Classification Harmonisation Meeting: **World Health Organisation - February 2013**

The annual WHO/EphMRA/PBIRG Harmonisation meeting was held in London in February 2013. This provided an opportunity to understand differences between the WHO classification system and the EphMRA system. The aim is to harmonise the two systems where this makes sense so there is less confusion in interpretation of information referencing both systems. A document outlining the similarities and differences between the two systems will be updated with 2013 changes and made available on the EphMRA website.

April 2013 **Meeting**

The April meeting had a very full agenda and many topics were addressed by the Committee. Marilena Lauriola, our Committee member from MSD Rome, hosted the meeting.

One of the meeting's main objectives was to progress the classification development proposals that were scheduled to be voted on by the EphMRA/PBIRG membership in May. These included developments in antineoplastics, vaccines, diabetes, drugs for constipation and antivirals.

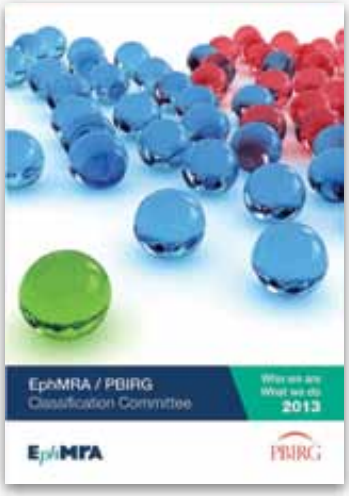
The summary of current projects and decisions made as a result of the Committee meetings are available to EphMRA members via the EphMRA website.

Committee **Membership**

We are delighted to say that we have several new candidate members on the Committee - from Astellas, Norgine and Sanofi. We do still have further vacancies 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.

Committee **Publication**

The latest 'Who we Are What we Do' which gives an overview of the Committee and how products are classified and voting procedure is now available from EphMRA.



Data & Systems Committee

Ana Roxo

New Committee **Member**

Ana Roxo from AstraZeneca has joined the Committee. Ana works in Business Insight, Global Commercial Capabilities out of the AZ London office.

committee focus

Learning & Development Committee

Webinar in **March**

The LDC convened a successful webinar in March entitled: *Definitions and Importance of Patient Adherence to The Pharmaceutical Industry*. Lead by Julie Buis of Aequus Research and Peter Cunningham of Branding Science Group, the webinar was introduced by stating that the issue of patient adherence is big business for the pharma industry today, with many thousands of people working on how to improve adherence rates.

A number of marketing factors that can impact adherence and need to be carefully studied before the product is finalised were identified. These include:

- Differences in pill colour, which have a big effect on patient adherence. It was commented that there is much work being carried out on formalising and standardising e.g. devices for asthma
- Technological applications, although these can be seen as having more of an emphasis on compliance and less on adherence and involving the patient
- Increasing healthcare professional (HCP)-patient communication by looking at the functional benefits of taking medication, seeking better ways of making the HCP-patient time more efficient and examining the role of nurses as well as the diagnosing physician in creating a brand experience.

The following aspects were also discussed in detail:

- Clarifying the difference in terminology between compliance and adherence.
- Concordance
- Intentional or unintentional non-adherence
- The Role of HCPS
- The Continuum of Behaviour
- Components of Adherence
- Influencing Factors of non adherence
- Cost And Impact
- Potential Solutions.

A full write up of the webinar can be found later in this newsletter.

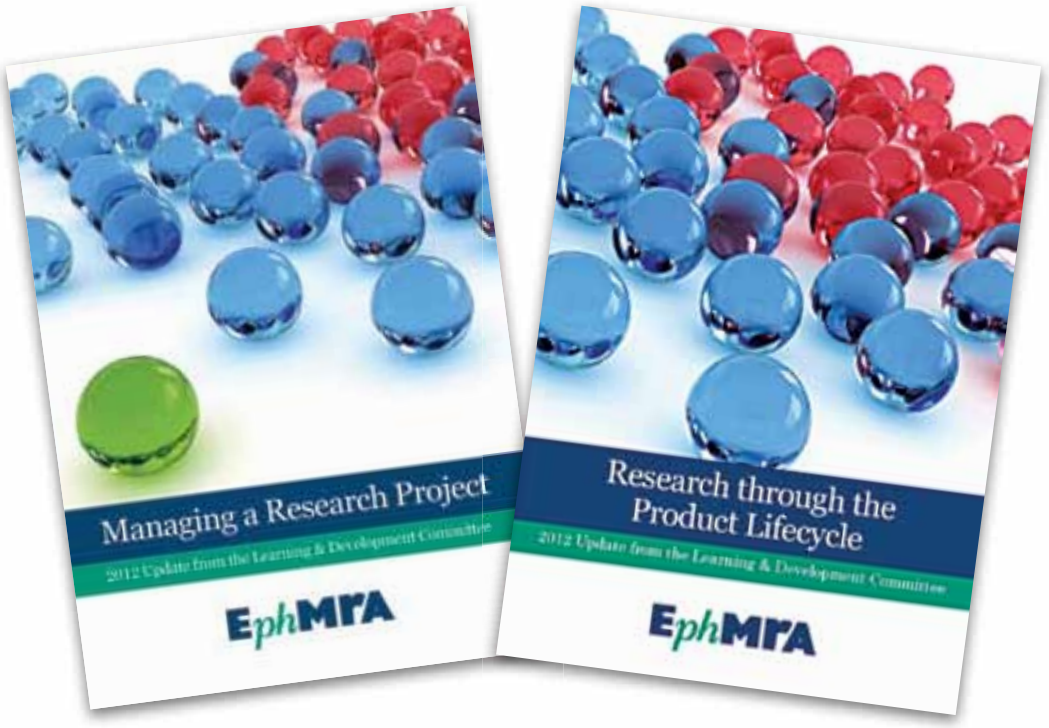
More **Webinars**

- Gamification (took place on 23 May)
- October: Issues facing fieldwork approach in areas such as the Arab States, smaller Eastern European countries and other emerging markets

Publications and **online training**

The LDC has recently updated two publications.

- Managing a Research Project
- Research through the Product Lifecycle

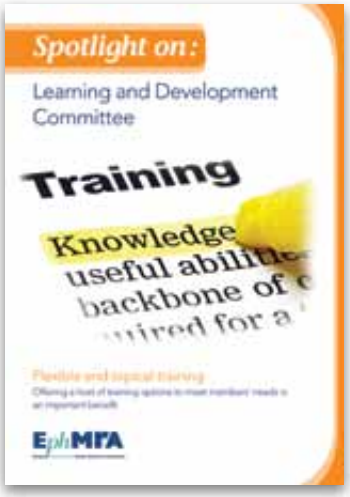


Alongside these publications, the following online courses have also been updated:

- Introduction to International Pharmaceutical Market Research
- Managing a Research Project

Please refer to the website for further details: ***www.ephmralearning.org***.

An overview of the Committees aim and activities is also available in the *Spotlight on the LDC* now available.



Committee members **needed**

If you have a keen interest in training and a desire to help us deliver our vision of providing leading-edge training, engaging debate and a drive to share best-practice 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 LDC. Please contact Sandra McAuliffe at ***prmtchair@ephmra.org*** or Bernadette Rogers at ***generalsecretary@ephmra.org*** for more information.

committee focus

Syndicated Data Committee

Open**Data**

Could you benefit from free information, covering epidemiology, demographics and other healthcare statistics? If so, have a look at the OpenData database - it's easy to use and is available via the EphMRA website.

Each quarter, the SDC aims to produce a case study using OpenData to highlight how members can use this information. Below you will find a simple case study demonstrating how to extract incidence and prevalence data for oncology/lung:

All case studies can be found on the EphMRA website under the Syndicated Data tab. If you want to know more about OpenData there is a Webinar available on the EphMRA website that provides an overview of the database and how to use it.

Copy deadline

EphMRA NEWS

September 2013

keeping members informed and involved

July 6th is the deadline for submitting your copy for the **September** News. Send it to ***generalsecretary@ephmra.org***

Other News Copy Deadlines:	**News Published**	**Copy Deadline**
	December 2013	15th October 2013
	March 2014	15th January 2014

Database of **Syndicated Services**

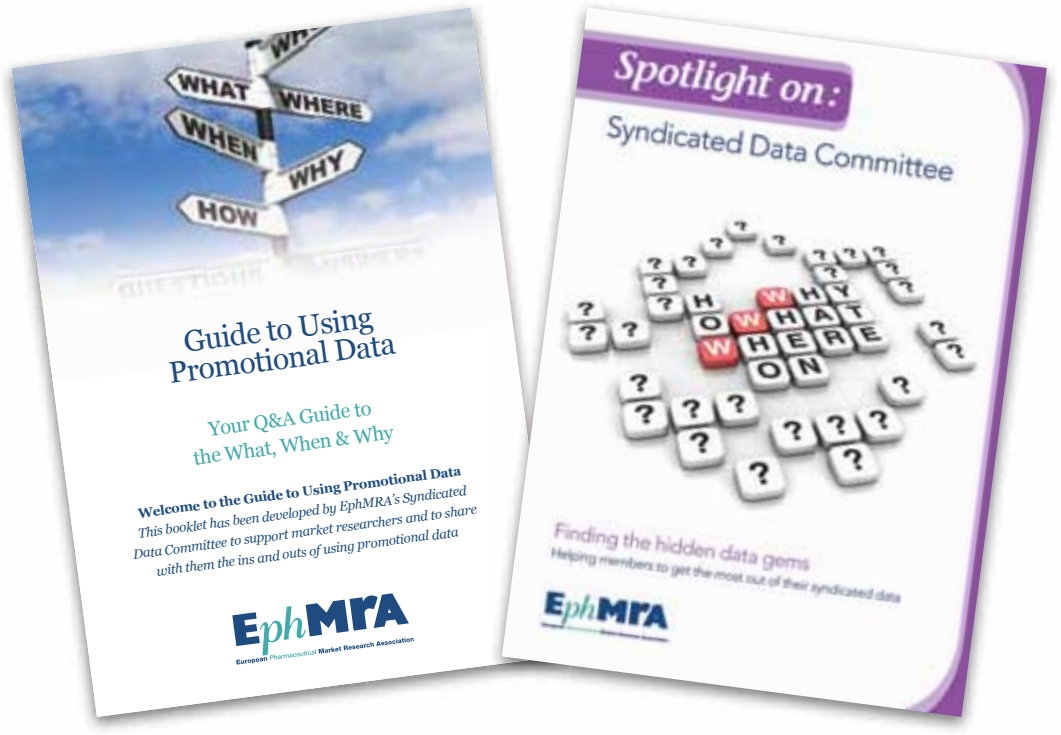
The Syndicated Data Committee is looking to develop a new/revamped offering, providing full-members with a database that delivers a comprehensive list of syndicated services. The information will be searchable on various parameters such as: type of data, disease area, country and agency.

This service will enable Full Members to easily and quickly explore the availability of specific types of data and information saving them time when the need to identify supplier options. It is anticipated that the database will be launched during the second half of 2013.

Guides to help you **and your colleagues**

The SDC have recently launched their latest brochure Guide to using Promotional Data. This follows the successful launch and excellent feedback on 2011's Guide to using Longitudinal Data. The SDC has a number of other guides available on the EphMRA website:

- How to Reference Data
- Checklist for selecting a supplier (of syndicated data)
- Understanding Epidemiology Data



The Committee is interested to learn how useful you and your colleagues find these publications. Is there something in particular you would like to see, or indeed you would be interested in helping us to develop? If you have any comments or suggestions please contact Karen Cooper: ***SDCommitteeChair@ephmra.org***

code corner

As always there is a lot going on in Professional Standards!

Professional Standards **brochure now available**

EphMRA recently published a series of brochures one of which is the *Spotlight on the Professional Standards Group*. Using a short and sweet format, it explains the goals, structure and services provided by the Professional Standards team.

Adverse Event **Reporting Guidelines**

Having published new Adverse Event Reporting Guidelines at the end of last year (available on the website), EphMRA followed this with a very well attended training webinar in late January. A Frequently Answered Questions section has also been added to the website to support members' understanding and use of the Adverse Event Reporting Guidelines. A selection of these questions are featured in the box below.

FAQ examples

Q. Is it necessary to tell a respondent that adverse events might be sent to the marketing authorisation holder?	**A.** Yes it is. It is possible that adverse events may arise during the market research, potential respondents should be told of the need to forward them at recruitment and reminded at the start of the interview.
Q. Do adverse events associated with other companies drugs have to be forwarded?	**A.** No, forwarding adverse events associated with another company's products is not necessary. Only reporting of adverse events associated with medicines for which the commissioning client company is the marketing authorisation holder is required.
Q. Is a Twitter account name sufficient in terms of reporter contact details?	**A.** A Twitter account name would only be sufficient as contact details if it is possible to verify the individual's existence directly from the twitter account name.
Q. If a response from a self-completion questionnaire is provided in a foreign language that needs to be translated before it could be analysed, would the translator need to be adverse event trained?	**A.** It is not expected that translators would be adverse event trained; awareness would begin with the analyst.

Liaison with the **European Medicines Agency**

EphMRA continues to work with the European Medicines Agency (EMA) on how best to address the management of safety information when some of the minimum reporting criteria are missing for individual case safety reports to be valid. We will let members know of further developments as soon as we can.

2013 **webinars**

There are plans for another free-to-members ethics webinar later in 2013 updating members on Code developments. In the meantime, if you have any suggestions for webinar topics, please let us know.

Code of Conduct **training**

So far, more than 520 members have taken the Code of Conduct Competency Test and a further 285 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 EphMRA website.

In addition, Full and Associate Members can take advantage of EphMRA's flexible approach to training and can commission 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: ***generalsecretary@ephmra.org***

Code **enquiries**

Code enquiries continue to come in to us every week, covering a very 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.

Compliance **Network**

EphMRA has formed the Compliance Network to support the Professional Standards Group. This is a virtual network of compliance officers:

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

...who regularly meet via telecon to discuss issues which are relevant to members.

One of the Network's suggestions was the Incentives by country - 'At a Glance' Guide. If you are asking yourself if you can give cash or cheque or vouchers to respondents? Where can you find out about types of incentives in different countries? To help you EphMRA has put together a Guide - it is an easy to read overview across the countries covered by the Code of Conduct. It's a great crib sheet and designed to save you time.

Available to members via your password.

webinar report

Definitions and Importance of Patient Adherence to The Pharmaceutical Industry

EphMRA WEBINAR 14th March 2013 Speakers: Julie Buis (Aequus Research) and Peter Cunningham (Branding Science Group)

INTRODUCTION

The webinar was introduced by stating that the issue of patient adherence is big business for the pharma industry today, with many thousands of people working on how to improve adherence rates.

Webinar key take away message and Implications for market research

The marketing factors that can impact on adherence need to be carefully studied before the product is finalised. These include:

- Differences in pill colour, which have a big effect on patient adherence and it was commented that there is much work being carried out on formalising and standardising e.g. devices for asthma.
- Technological applications, although these can be seen as having more of an emphasis on compliance and less on adherence and involving the patient.
- Increasing HCP-patient communication through looking at the functional benefits of taking medication, at better ways of making the HCP-patient time more efficient and at the important role of nurses as well as the diagnosing physician in creating a "brand experience".

ADHERENCE

Terminology

Julie began by clarifying the difference in terminology between 'compliance' and 'adherence'. Compliance is now considered to be a rather old-fashioned term that implies a lack of patient involvement in decision-making and the dominance of the prescriber in giving recommendations. The use of adherence instead of compliance emphasises greater involvement from the patient in treatment agreements and is the term that is currently used in WHO and NICE guidelines.

Concordance

Concordance is a less clearly defined term but is a current NHS initiative that is all about the partnership between the patient and the HCP, with both being equally responsible for planning and understanding the treatment. Concordance also involves the patient making informed decisions about their treatment and being partially responsible for monitoring and reporting back to the HCP.

Intentional or unintentional non-adherence

It was emphasised that patients have a choice whether to adhere or not. There is an ongoing debate in the pharma industry as to whether the patient or the HCP is to blame for this.
Non-adherence falls into two categories:

- Intentional, in which the patient has taken the active decision not to take their medication and is held to blame. For example, there have been studies undertaken that support this by demonstrating the number of patients who do not take their prescription to the pharmacy.
- Unintentional, in which the HCP is held to blame because of a lack of understanding about the patient's own situation or requirements, or the fact that the patient is not fully informed about the treatment.

The Role of HCPs

Julie then went on to stress that the importance of the HCP in determining whether a patient takes medication or not cannot be underestimated. However, the amount of time available to an HCP to explain the treatment to the patient is typically limited and obtaining buy-in from the patient from the moment of diagnosis is critical to adherence. If an HCP does not provide the necessary information, unintentional non-adherence can arise. Peter commented that this can be critically seen when a patient is diagnosed with a serious condition and goes into 'shock' as a consequence, failing to understand the importance of the information being given about medication. HCPs are often aware of the patient's reaction at this point but do not understand what to do to ensure that the information is fully understood. HCPs should advise patients to bring somebody to the appointment with them where possible to make sure that details are noted. Patients can be affected positively or negatively by the amount of information provided.

The Continuum of Behaviour

In between the states of 'never taking medication' and 'always taking medication as prescribed', patients can stop taking their medication unintentionally or intentionally for a number of reasons. These can include:

- Choosing to 'take a day off' from medication.
- Forgetting to take their medication.
- Thinking that they don't need any more medication because it is not making a noticeable difference e.g. blood pressure and cholesterol medication.
- Having to ration their medication for financial reasons.

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Components of Adherence

Adherence is multi-factorial in nature and involves five key areas:

- The health system e.g. accessibility to the HCP and the length of consultations to enable information to be provided and explained.
- Socio-economic e.g. the ability to pay for medication.
- Patient-related factors e.g. lifestyle choices, such as a COPD patient who continues to smoke.
- Condition-related factors e.g. dealing with a condition which has dietary implications, such as diabetes.
- Therapy-related e.g. dealing with complicated instructions or the inability to use a device or open a pack.

NON-ADHERENCE

Influencing Factors

Barriers to adherence can be influenced by a variety of factors which include the need to make lifestyle changes (e.g. the difficulty in giving up smoking) and low levels of health literacy (some patients may not understand treatment instructions). Non-adherence can also occur at all stages of the treatment process, from the failure to collect the initial prescription to premature discontinuation. Julie commented that from a research perspective, we need to understand which of these stages creates the greatest problem in order to look at a tailored solution. The dosing schedule also affects adherence and studies have found that adherence is greater when, for example, a patient is told that it is 1 dose per day opposed to 1 dose every 24 hours. This concurs with the fact that the likelihood of adherence is greater when the regimen fits into the patient's lifestyle.

Cost And Impact

The impact on the industry was considerable, commented Peter, and 5% of the client base of pharma companies is lost every month to non-adherence. Of particular significance is the fact that non-adherence takes place among patients who should be taking transplant anti-rejection medication (62% adherence). Peter was shocked to discover how many patients in oncology are not adherent and the consequences of a condition are not necessarily an influencer. Patients with serious conditions divide into two categories:

- Those with 'pain now' who are likely to be adherent.
- Those who will have 'pain later' who are likely to be harder to convince that they should be adherent.

The impact on the healthcare system is equally significant and is not helped by the underestimation of the problem by HCPs, who assume that the vast majority of patients are adherent. The comment was made that when physicians were asked about adherence among their own patients, the levels of incorrect assumptions were similarly high.

Solutions

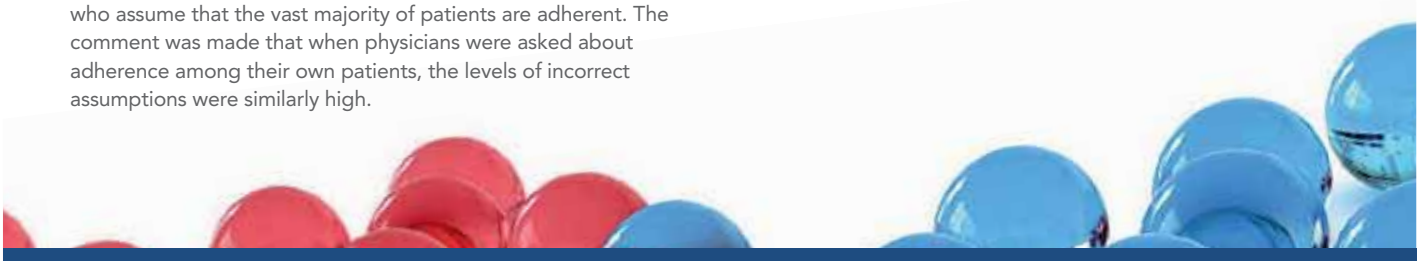
There has been 30 to 40 years of work on patient adherence behaviour. Patients need to be supported on:

- HCPs using positive language towards them.
- Wanting to be adherent (not always easy because of lack of HCP time to explain).
- Understanding and coming to an agreement about treatment.

Peter then stressed the role of psychology in underpinning the creation of a "new normal" i.e. making adherent behaviour normal and also emphasised that the pharma industry has a role to play in improving the quality of information given to patients e.g. providing information in plain and uncomplicated language. Potential solutions to non-adherence could also include:

- Providing information in a video format e.g. on YouTube for patients to access.
- HCPs emphasising the positive benefits of adherence, not the negative aspects.
- Easier to handle packaging with clearer instructions.

A number of technology-based solutions have been developed to overcome forgetfulness, which is the main reason for patient non-adherence. These include pens and electronic dispensers. Mobile apps have also been developed and these are better if tailored. They can provide reminders and allow patients to take more responsibility. Some apps send messages to HCPs to confirm that medication has been taken. Peter stressed that after three months, there will be a good understanding of whether the patient is adherent or not and in the first three months, it is crucial to understand what the reasons for adherence / non-adherence are.



European Pharmaceutical Market Research Association
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4052 Basel
Switzerland

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www.ephmra.org

local chapter meetings - 6 February 2013

Rome calling...

Highlights from the EphMRA Italian Chapter Meeting

Inside:

> Building creative presentations
> Problem solving solutions
> Building strong relationships
> Preparing for the future

Welcome to Rome

Welcome to the second meeting of the EphMRA Italian Chapter.

At our first meeting in Milan six months ago, we asked whether you wanted to have another meeting – and your response was a universal "yes!". We also asked for your feedback and have used it to design the meeting in Rome – the meeting was extended to a full day, a training component was added, and the focus of the meeting shifted from the activities of EphMRA to the issues that affect us here in Italy. We are delighted that so many people were able to attend.

As you will read in this report, the day was an energetic mix of innovative presentations, in-depth training and lively discussion. We started with a training session on storylining – the art of developing and delivering convincing and engaging presentations – then moved on to a presentation that was voted as one of the top papers at the EphMRA Conference last summer. Later, we had the chance to discuss and debate an issue close to all of our hearts – building partnerships between client companies and agencies. Closing the meeting, we were very proud that Ermanno Buratti, Director General of Astellas Pharma, and Antonino Reale, Managing Director of Daiichi Sankyo, were able to attend and give us their opinions on future scenarios for market research.

We hope you enjoy this report.

www.ephmra.org

Elena Ripamonti
Managing Director
elma Research

Piergiorgio Rossi
Managing Director,
SGR International

Contents

EphMRA

The views expressed by those quoted in this report do not necessarily represent the views of EphMRA.

This report was written and produced for EphMRA by Grey Gosling (www.greygosling.co.uk)

local chapter meetings

The art of storytelling

Finding the hidden story in a presentation and making it shine was the focus of the training session led by Piergiorgio Rossi of SGR International, using the ThinkStoryline method developed by Dr Alexis Puhan

"The goal of the ThinkStoryline approach is to identify the key findings in a project and deliver them in a powerful way through the use of a story," said Piergiorgio. "Its creator, Alexis Puhan, graduated from INSEAD in organisational psychology and developed the method while at McKinsey before founding his own consultancy, skillbuild. The full training is over two days and I only have two hours so I will focus on one key area – synthesising summaries and conclusions."

There are three basic steps in the storylining process, he said. "Firstly, you set the goals of your presentation and determine the content of the story, then you create the story – or presentation – by finding the plot, characters, location etc. Finally, you visualise your story and deliver it to your audience."

The first step in creating a dynamic, story-driven presentation is to set its goals, said Piergiorgio. "First, you must determine the questions that the research is answering and ensure that they are measurable and relevant. The next step is all about data, so will be very familiar to market researchers as we spend the majority of our time collecting, gathering and analysing data. Once you have your data, however, we must go further and synthesise both summaries and conclusions."

There is an important difference between a summary and a conclusion, he said. "This is a vitally important point; a summary is merely an overview of the facts, whereas a conclusion is an interpretation that leads to a recommendation. When we draw conclusions we are forced to take a position and there is always a risk involved in that. It might be safer to stick with summaries but conclusions add much more value."

There is a tendency to use summaries as the title of slides. "Conclusions work very well when used as headlines or titles. 'Sales below forecasted budget' may be an accurate summary of the slide's content but 'We must lower our budgets' or 'We must look for new markets' are more helpful titles for a slide."

Many people also make a simple mistake when writing a presentation – they put the conclusion at the end. "Putting the conclusion and/or recommendation at the start of a presentation is much more effective and also allows you to remind people at the end," said Piergiorgio. "In his 2008 Presidential campaign, Barack Obama had a power slogan – 'Yes, we can'. He started every speech

"It is the first time I have attended an EphMRA event and I came to meet people and to learn more about the industry. It has been a very interesting meeting. I thought the workshop-style training was very interesting."

Associate Member

with this statement and then explained what he meant. The next morning, people woke up remembering his key message."

Know your audience

Piergiorgio gave his audience information on the number of sunny days on five islands. "We can easily summarise this information, we can average the number of sunny days or rank the islands in order, but a conclusion might be that a sun-lover should live on the island with the greatest number of sunny days. However, in order to make your conclusions as effective as possible, it is vital to know your audience and what they care about. For example, if your audience hates humid heat, your recommendation regarding which island to visit will change."

As market researchers, you have two choices when making a presentation to clients, he said. "If I make an analogy of a huge American fridge stuffed full of food and a group of people coming round for dinner, I have two choices. Either, I can think about their needs in advance and consider their tastes and dietary requirements, preparing foods I am reasonably certain they will enjoy. Or, I can just get all the food out of the fridge and put it on the table and say: 'Look, here is some food, what do you want to eat?' It is the same with clients, as it is not the task of market researchers to ask what they want."

Memory boost

"What makes us remember things?" asked Piergiorgio, showing his audience six words to memorise. Afterwards, he asked how they set about doing it, what techniques they used. "I just repeated the list to myself over and over," answered one attendee. "I visualised each of them," said another.

"A few years ago I saw a documentary about a man who could remember huge numbers," said Piergiorgio. "When they asked him how he did it, he said he attached a meaning to each number, so 68 might be a cousin or 25 an apple, because specific things, people or places are easier to remember than numbers. The most powerful memory tool is a story. If we weave words or ideas together into a story, no matter how crazy the plot is, we are far more likely to remember it."

Storytelling is a fundamental part of being human, he said. "We are surrounded by stories and we use them all the time in our everyday lives. Parents use stories to help keep their children safe or to help them learn. For example, we all know the story of Little Red Riding Hood, who was told to stay on the path and go straight to her grandmother's house in the woods. However, she meets a wolf and tells him that she is going to visit her grandmother and while she is picking flowers, the wolf goes to the house in the woods and eats her grandmother. As a tale for young children, this story has a happy ending, but the take-home message for the children is to stay on the path. Of course, this approach does not always work – when I was 16 my father told me I could do anything I wanted as long as I did not smoke or ride a scooter. The next day I was riding a scooter and smoking a cigarette."

> If we weave words or ideas together into a story, no matter how crazy the plot is, we are far more likely to remember it.

Drawing conclusions

The goal of this approach is to identify and deliver a key message, said Piergiorgio. He outlined two methods. "Both approaches use a pyramid structure, but the way the information from our library is arranged differs. The first approach is a chain or argument structure, where ideas are arranged in a logical sequence and the key message is supported by a progression of ideas. The second is a grouping or logical structure, where conclusions are drawn from unrelated data sets." A vital element of both approaches is that any conclusions be logical and provable. "We draw conclusions from the data by using 'therefore' and we can check whether the data support any conclusions by asking 'why'," he said.

Summing up, Piergiorgio asked: "What have we learned? We have learned that it is important to have many data elements but to choose carefully. In Italian culture, quality is often measured by quantity, but not in market research. I have been to meetings where I presented 20 carefully constructed slides and yet the client was dissatisfied as he felt I had not done enough work. In actual fact the opposite was true; we had spent longer summarising the data and drawing conclusions from it."

THE PRESENTER

Piergiorgio Rossi is Managing Director, SGR International.

local chapter meetings

Standing out from the crowd

Harnessing the 'wisdom of the crowd' to generate or test new ideas is an innovative and cost-effective alternative to traditional market research.

Since the term was first coined in 2006, crowdsourcing has exploded in both size and scope, Kim Hughes of The Planning Shop International told the audience at the Italian Chapter Meeting in Rome. "The idea behind crowdsourcing is that you recruit a 'crowd' of people to help you solve a problem or generate or test ideas. This presentation is the story of an innovative journey we took with AstraZeneca to help the company develop target patient types for a new treatment in type 2 diabetes."

Even the way in which the idea of using crowdsourcing to solve this problem came about was innovative, said Kim. "AstraZeneca employed the Dragon's Den concept to spark innovation internally, encouraging colleagues to suggest ideas and committing to support the best ones, one of which was to use a 'crowd' of clinicians instead of the usual experts to develop patient profiles."

Generally speaking, crowds generate better predictions than experts, he said. "We were able to test this theory as the company went through the usual conjoint as well. To kickstart the project we fed in five patient types developed by AstraZeneca and then asked clinicians to suggest other profiles and to vote for the ones they thought were the most accurate. At the end, the best-performing profile suggested by AZ came 16th, which means that the 'crowd' came up with 15 better ones."

In developing the interface, Kim's team had several goals. "Our aim was to make the system as easy to use as possible, without a time limit so that it was not too time-intensive for users, and where the incentive was that it was enjoyable and collaborative. We called our respondents 'co-creators' and used expressions like 'help us' and 'click this link' and 'rank these ideas'. The model is based on a Darwinian process – survival of the fittest. We even used crowdsourcing to decide on a name for the system – Healthbrain."

Positive feedback

Given that AZ's own ideas were rated poorly by clinicians, Kim was initially worried when feeding back the results to the client. "The reaction from AZ was overwhelmingly positive," he said. "They said it was what they had been looking for, a new innovative approach that questioned the traditional way of doing things. What's more, the patient types generated by clinicians had a more realistic feel and the project cost one-third of the traditional approach. The new approach was seen as a powerful tool that added richness to existing vocabulary, ideas and concepts."

Kim Hughes

"Did you set this up as an online community?" asked one attendee at the Italian Chapter Meeting. "No, but there is a potential to do this with some crowds," replied Kim. "However, if you are using a diverse group of people to make up the crowd, there may be insufficient cohesion to hold a community together." Another attendee wanted to know how important the involvement of the client was to the success of the project. "Essential," replied Kim. "Clients must go in with their eyes open as innovative approaches like this often take time to fine tune. You have to build in flexibility. I am not sure this would have worked in a time-pressured environment. So, there are two essential elements – the buy-in of management and time flexibility. The project also requires a lot of partnership working, which is a great way to build stronger relationships with the people you work with day to day. As we also had to interact with internal departments and people we do not normally work with, this was also very valuable."

! Crowdsourcing successes

One example that has received a lot of attention is a problem posed by toothpaste manufacturer Colgate in 2006. "Getting fluoride powder into toothpaste without it dispersing into the atmosphere during production was a problem that had worried Colgate's chemists for years. However, when they posted the problem on crowdsourcing website InnoCentive, electrical engineer Edward Melcarek had the solution – putting a positive charge on the fluoride while grounding the tube. It worked and Melcarek picked up a cheque for $25,000."

Another example was employed by the White House, which launched We The People where Americans could suggest an idea and have others 'sign' their petitions. "The White House receives huge amounts of suggestions from ordinary Americans and a crowdsourcing approach is an excellent way to find out how popular those ideas are – for example, the White House looked at the top ten ideas," said Kim. "We used this model on our project with AstraZeneca."

THE PRESENTER

Kim Hughes is Managing Director, The Planning Shop *International*. With thanks to Klaus Christensen, Business Foresight Director, Strategy & Externalisation, AstraZeneca.

Let's get together

Harnessing innovation and building strong working relationships between pharmaceutical companies and agencies were the key topics during a discussion led by Orlando Vergara Correa of Novartis and Marilena Lauriola of MSD

"In the current environment of rapid change and limited resources, all pharmaceutical companies struggle to make time to meet agencies," said Marilena. "MSD is interested in all agencies, large or small, as we have many needs. Our budgets are shrinking, which means that we must look for alternative ways of doing research, especially if new approaches are more cost-effective. We need insights from agencies, not data or summaries, and we must work together as partners, growing together. Agencies must find continuity between old and new tools. They must also take the time to understand our needs and fine tune their offering to our strategic approach."

Internal market researchers must give clear guidance to their agencies, said a representative of a pharmaceutical company in the audience. "Internal researchers are intermediaries between marketing and agencies. We have recently changed the way we do things – we no longer go to Procurement and get them to send out requests, rather we tell agencies what our problem is and ask them to suggest research that could solve it. We find this to be a very effective way of capturing both traditional and innovative solutions."

Marilena added that it is difficult to change the way things are done in big companies. "Within MSD, international agencies are chosen by Global, only then do we find out which local agency we will be working with. This is not an ideal situation as the local agency may not have the necessary expertise. We have had to correct questionnaires in the past and we do not like wasting our time. However, we have found some flexibility because sometimes the globally preferred supplier has no counterpart in Italy. In these cases, we have drawn up a list of our preferred vendors and offered it to Global, who then make the choice."

Pfizer has a regional structure, said the company's Business Intelligence Manager, Paola Calvino. "Market Research is fully integrated into Marketing and we do everything regionally, working across 16 European countries so it is also very difficult for us to work with a smaller, local agency in Italy alone. Given that we have little choice, we need the larger international agencies to go out and find the latest innovations and offer them to us."

Diana Moriniello, Project Manager at SKIM, suggested that agencies could form partnerships with other suppliers. "As an agency we see market access and marketing going hand in hand, so we work with smaller market research agencies with expertise in market access. For one client, we performed all the quantitative research and the other agency did the qualitative aspects, with both agencies working closely together. It was very successful."

"What do the agencies present feel about coming in to speak to companies?" asked Orlando. "Do you think dedicating an entire day is right? If so, what is the best way to organise this? What do you need from us to make the most effective use of the time?"

"A day is a good idea and is in line with my approach," said one agency representative. "One problem I have found is that there can be a high turnover of people in internal Market Research departments and some of the people we are talking to lack the knowledge to understand what we are offering them. Companies must invest more in training." Orlando replied: "You can train us. You are vendors but you can also educate us."

"We are all under pressure, in a hurry with no time to waste, and focused on our end-of-year bonuses," added Piergiorgio Rossi from SGR International. "We have less and less time with potential clients in order to sell our services. I met a client recently at an event and he said I only had 30 seconds in the corridor to convince him to use my agency. As suppliers, we must listen to companies and we must be sensitive to the pressures they are under, but companies must also understand that we cannot have a meaningful discussion in such a short space of time."

THE MODERATORS

Orlando Vergara Correa is Head of Market Insight, Novartis. **Marilena Lauriola** is Market Research Associate Director, MSD.

local chapter meetings

Debating the future

What challenges does the industry face? What impact will generics have? Should we engage with patients? What is the future for pharma? These are just a few of the questions debated by senior executives from pharmaceutical companies

In a debate chaired by Giuseppe Venturelli of Doxapharma, the CEOs of two multinational companies operating in Italy gave their opinions on issues as diverse as the challenges of market access, the evolving role of sales reps, the trend towards company mergers, and the future of market research.

"The purpose of this debate is to discuss our current situation and to look forward five years to see where we will be in 2018," said Giuseppe Venturelli. "What insights can we gain, what are the challenges ahead and what trends are shaping the market now and in the future?"

Q. How has the pharmaceutical industry changed over the past 20–30 years?

Antonino Reale: Talking about such a long timeframe makes me smile – we cannot compare the situation two years ago with the environment we now find ourselves in, and we cannot even project ahead two years with any certainty. Over the last few years, the focus of our promotional efforts has shifted from launch to clinical development but now we have reached a third level, where pharmacoeconomic studies must be undertaken no later than Phase II.

Market access is a big problem for all companies, both here in Europe and further afield. We have a huge number of new stakeholders and there are many opportunities for market researchers to help us understand them and identify their needs. The opinions and influence of physicians is dwindling and we must focus our efforts on those with influence on decisions about reimbursement and market access. Many companies are abandoning primary care but we are still committed to this area, however, it is inevitable that we will move towards more specialist areas over time. Specialist prescribing is driven by a range of stakeholders so we must understand the needs of central, regional and local authorities as well as healthcare professionals.

Ermanno Buratti: In Italy, the average price of medicines has dropped by 10% but it has not fallen in the rest of Europe – why is that and what can we do about it? Market access has grown in importance and we are spending increasing amounts of time positioning products and making strategic choices to get reimbursement. There has been a lot of discussion about the need for innovation today and, while cost drives everything, without innovation we will lag behind.

At Astellas, we are partnering with small biotech companies rather than following a policy of mergers in order to harness innovation in our pipeline. We are also moving our focus away from primary care to specialist areas, with the worldwide goal of becoming a global player and category leader in four specific strategic areas. We are focusing all our efforts and investment in creating innovation in those areas.

> "I attended the first meeting in Milan and thought it was a good idea. It is important for Italian pharmaceutical market researchers to meet and share their experience, as well as to find out what developments are taking place in the market."
>
> Full Member

Q. Do you have an opinion on mergers and generics?

Ermanno Buratti: In the last 15–20 years, the very concept of a merger has changed radically – in the past, they were about takeovers to increase turnover and growth. Now, companies merge to optimise resources. Generics is a big issue and we must recognise that biosimilars are not the same. In transplant rejection, a key area for Astellas, generics have failed to take the expected market share despite a large potential cost benefit, and this is encouraging. Generics threaten innovation; in order to maintain innovation in drug development we must protect our patents, even extend them. After all, if I get a 20-year patent on a product and it takes 13 years to develop it then I only have seven years to recoup our investment. We must reduce clinical development time whilst ensuring we maintain high safety standards, but we must also seek a second patent, a marketing patent, to allow us to make a return on our investment.

Antonino Reale: I am not an expert in mergers but I read that there will be more M&A activity in our sector as companies seek to increase profitability and synergy in R&D. It is growing more difficult to develop new molecules despite huge technological advances – for example, 10,000 new molecules are screened each day in our labs. We need more partnerships with small biotech companies as they are centres of excellence and innovation. As to generics, in Italy, we have a relatively low level of generic prescribing, which creates opportunities that we must capitalise on. We do not need a national campaign against generics but we should talk about the importance of investing in innovation, as well as focusing on areas where medicines have a narrow therapeutic index and bioequivalence is a real issue.

Giuseppe Venturelli

local chapter meetings

The venue: Eataly Air Terminal

> "I always find EphMRA meetings interesting and this event was very convenient as I work nearby. The meeting was very well organised and I have enjoyed being here, talking to my colleagues in the industry and finding out what's going on in our business."
>
> Associate Member

Q. The market is changing and market access is becoming more difficult. We also have new stakeholders, so do we need a new marketing model? Are patients an important stakeholder?

Antonino Reale: The idea of the customer is changing rapidly but the focus must be on marketing as they are the ones that bring the medicine to physicians and, therefore, patients. We are in a transitional phase where traditional sales approaches works well in some regions but not in others. We need to develop new roles and approaches as we get to know the new stakeholders and learn their language. New stakeholders have very different information needs and we must ensure that we deliver what they need. Traditional approaches to market research may not help us to understand the needs of payers and we must consider innovative and creative approaches.

Ermanno Buratti: Marketing must work closely with market access and embrace the new stakeholders. Before launch, in clinical development, we must carry out surveys and canvas opinion to discover any barriers to market access. We must also look at the full cost of disease and take a holistic approach in our negotiations with the authorities. However, I do not see individual patients as having a major influence on prescribing choice but patient organisations are very important. We must work with them to understand patients' needs and always take them into account as they have very valuable information.

Q. Is face-to-face and the personal touch important?

Ermanno Buratti: This is the $1 million question! What is certain is that we will need fewer people at the customer interface but that they must become consultants, with a scientific background. They must be able to talk to doctors in a knowledgeable way, to discuss the benefits our products bring to both patients and the healthcare system. Human relations are still fundamental, although we will be using online and remote interactions more and more. In addition, although the number of reps is falling, training requirements – and costs – are increasing.

Antonino Reale: As long as sales reps bring something valuable to customers they will remain. However, as the number of primary care reps falls, doctors will look elsewhere for information and we have an opportunity to provide tools and resources. I still believe that the ideal sales model is a manager with responsibility for an area and a separate person to engage with physicians, whether in primary care or hospitals. It is a winning model but it will need to adapt and change is never easy.

Q. What is your picture of the ideal market researcher?

Ermanno Buratti: Astellas is a small company – 50th in the rankings with a turnover of only €800 million – and we do not have a market research department, just one person. Consequently, agencies are very important to us as they provide us with the knowledge and information we need. I would like to see long-term relationships with agencies, starting in clinical and continuing through to launch and beyond.

Q. I work in a very specialised company and believe that we should engage more fully with patients. Patients want more information about diseases and treatments so why should we not provide it?

Giuseppe Venturelli: All pharmaceutical companies describe themselves as patient-centred nowadays, but how can they be if they are not actively engaging in conversations with patients?

Antonino Reale: We take both patients and patient organisations into account as they can influence prescribing as their knowledge of medicine and treatment increases. We are launching a patient-oriented platform to provide patients with information and to encourage them to access services to improve their care and general health. Compliance is a major problem and we see people with very serious conditions failing to comply with their treatment, even people who have had heart attacks or transplant surgery. Our website will allow patients to ask questions and I believe social media will also play an increasingly important role.

Ermanno Buratti: I agree that we should take patients into account but the amount of influence they have varies; the more serious the condition the more information the patient gets, but the less influence they have.

Q. Do you think there is an open-mindedness in companies towards market research agencies submitting innovative proposals?

Ermanno Buratti: Yes, we need agencies to bring ideas to us. I want them to explore the unexplored.

Antonino Reale: We are interested in long-term relationships with agencies – for example, we had a 10-year relationship with an advertising agency so why not a market research agency? Of course, the smaller the pharmaceutical company then the greater the potential for partnership as we don't have the required expertise internally.

PARTICIPANTS

Giuseppe Venturelli, Managing Director of Doxapharma (chairman), **Ermanno Buratti**, Director General of Astellas Pharma, **Antonino Reale**, Managing Director of Daiichi Sankyo.

See you at the next Italy Chapter Meeting on 11 July in Milan.

associate members news

People News

More growth at HRW! Welcome to Clare Zamble (RD), Jo McDonald (RD) and Celine Solnais who all joined on April 2nd. Plus congratulations to Katy Irving on promotion to SRM!

Phoenix Healthcare International has appointed Brian Attig PhD as Senior Vice President in the Warrington PA office. Brian will greatly enhance our global research service to US headquartered healthcare companies.

All Global welcomes Schlesinger veteran Bj Kirschner as Director, Research Operations - Qualitative. Bj will lead All Global's US qualitative research operations, working closely with Amber Esco, VP Business Development.

Eric Nalpas has been appointed MD of Schlesinger's Brands in Europe: The Research House, Schmiedl Marktforschung, ConsuMed Research & Passerelles

Prescient Healthcare Group is delighted to welcome Sarah Phillips to head up their growing market research subsidiary, Prescient Market Research Ltd *(www.prescientmr.com)*

Ugam welcomes Rayba Baijal to their project management team. She joins with 4 years of healthcare research experience, involved in the running of both online and CATI projects.

Stethos International is delighted to announce the nomination of Sabrina Momeux as Managing Director. Sabrina has a strong experience in international ad-hoc research & consulting for pharmaceuticals & FMCG industries.

associate members news

People News

We are delighted to announce two senior appointments of Chris McPartland (Partner) and Lucy Ireland (Research Director). Chris and Lucy bring a wealth of expertise across quantitative and qualitative research.

Branding Science welcomes new starters Ines Canellas-Jager, Anthony Rowbottom, Sofia Fionda, David Cooney, Paul Campbell and Kirsty Pegram in the UK, and Carla Lewandowski and Jordan Bronson in the US.

Ines Canellas-Jager

Medi-Pragma boosts its International reach: David Bayton is working with us to help us to build our presence beyond Italy. David brings decades of experience in the healthcare industry.

www.medipragma.it

Double Helix announces new Global Market Research teams in Munich led by Thomas Becker and Singapore with Diana Tan and Julie Kang, and new Head of Consulting APAC, Callum Bir.

Thomas Becker

Medefield are delighted to announce the appointment of Rhonda Biswal. Rhonda joins Medefield as an Account Manger from WorldOne. Rhona brings 10 years experience in healthcare market research and fieldwork.

AplusA is delighted to welcome Bob Latshaw as Vice President of Business Development based out of AplusA's New York office.

QQFS welcomes Alexandra Benoist as Qualitative Research Manager. Alexandra is responsible for providing costs, feasibility and recommendations in the Nordics, Benelux, Austria, Switzerland, Hungary, Bulgaria, Poland and the Baltics.

associate members news

People News

Elma Research's qualitative team has grown! Luana Oddo has joined our team of qualitative researchers. Luana will be a part of our offices in Rome.

RONIN Corporation is delighted to welcome Jade On as its newest member in Business Development. She comes with 12 yrs of MR expertise specialising in global data collection.

Carolina Reta has joined ESR as LATAM coordinator. Carolina brings a wide market research international experience and strengthen the Pharma qualitative, quantitative and online services team across LATAM.

Simon Umoh has joined KeyQuest Health, bringing extensive project management experience from his time at All Global, and enabling further KQH growth in delivering quality international fieldwork.

Services News

Launching FieldnotesTM in the moment ethnography, captured by patients and HCPs across the EU using SmartPhone app technology. Takes you along with them sharing their experiences as they happen!

Responding to client's needs for better, faster and cheaper insights, Millward Brown launches it's 'Meaningfully Different' framework - evaluating brand pre-disposition, activation barriers/triggers, with powerful metrics and instant dashboard reporting.

associate members news

Services News

42 market research has added China to its global online healthcare panel portfolio offering a one stop shop for your BRIC research requirements. Visit *www.42mr.com* for more information.

Amber Marketing has now available a study about the level of happiness of PCPs and its influence in the relationship between the physicians and the pharmaceutical industry.

fastforward research have been developing structural collaboration techniques within online community research to understand how we can more effectively leverage customer engagement at the emotional level.

Clarity Pharma Research = scientifically valid patient record studies that optimise marketing decisions.
www.claritypharma.com
Contact: *information@claritypharma.com*

Kantar Health expands its CancerMPact® offer with the launch of Future Trends and Insights, enhanced mobile capabilities with Monthly Drugs and Regimens, and new insights on biomarkers in oncology.

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associate members news

Services News

Our Epiomic™ patient database has exceeded 8,000 disease sub-populations making it the leading industry resource for patient-based, disease specific forecast modeling and market access evaluations. For more information, see *www.epiomic.com*

OMR Globus, Canada's leader in healthcare research, has launched its new, possibly worlds' largest Canadian healthcare professionals panel. OMR Globus has also opened second EU office. For info: *info@omrglobus.com*

Ipsos Healthcare launches EquityVision: EquityVision - the next generation of BrandVision - is the first brand-building research framework linking the major sources of commercial equity in healthcare's multi-channel marketing environment.

The KOL Connection Ltd are the Experts in identifying and conducting qualitative research among Key Opinion Leaders (KOLs) and specialists worldwide. Visit our new website for more information at *www.thekolconnection.com*

Company News

The PBIRG recently endorsed the Trust Alliance's initiative to improve data transparency and integrity in online data collection via the regulations they have put in place for members.

As a Brazilian boutique house, Demanda Health celebrates its 46th anniversary of quality services with exclusive dedication and expertise. Always working closely with the customer, stressing transparency and effective communication.

embracing Change cultivating Opportunity

24-26 June 2014
Brussels

CALL FOR SYNOPSES

Submission deadline
16 September 2013

EphMRA
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Pharmaceutical Market Research Conference

2014

2014 call for synopses

embracing Change cultivating Opportunity

We are living in a world of change, not just in our industry, but also in our personal lives; how we connect to people, how we behave and how we live our lives. This, for some, generates uncertainty, for others, opportunity. Now is not the time for us to stick to the old ways of doing business, collecting insights or even developing personally.00It is time to jump, to evolve, to experiment and to seize the opportunity.

For 2014, the conference is looking for papers and case studies which show how we have had to adapt to these changes. We have identified three key areas, but are open to papers on any topic which reflect the theme of the conference. These can be found in the following sections, numbered 1, 2 and 3.

1 THE ENVIRONMENT WE OPERATE IN

The environment in which we operate has become increasingly complex - like a web - with so many factors and sources of data to take into account when making decisions, whether we are on the agency or client side.

The healthcare market is open to the influence and involvement of a much wider range of stakeholders than ever before, from patients to payers and beyond. How do we effectively manage this dynamic and how do we effectively drive the need to broaden understanding within our organisations?

'Big data' seems to be something many people are talking about, but how will it change the way we practice research? We are challenged more and more to deliver integrated insights and look across multiple data sources, such as research insights, market access, secondary data, etc. to deliver meaningful conclusions. We are looking for case studies to demonstrate best practice in showing the power of multi-sourced solutions.

WHAT YOU SHOULD INCLUDE IN YOUR SYNOPSIS

Synopses should give a clear and detailed picture of the intended full paper to enable judgement of the quality of the final presentation output. Sometimes potentially worthwhile papers can be rejected because of inadequate detail or poor explanation. Synopses should outline the main argument to be put forward, describe the case study and/or data which will be used to support the argument, present the major findings or conclusions and list any published papers which will be referred to.

2014 call for synopses

2 CHANGING NEEDS IN MARKET RESEARCH

What about our people? There is no doubt that our people are our biggest asset, but in a changing environment the skill set we require from our teams also changes. How does this impact our career development pathways or recruitment approaches? As we increasingly move from service delivery to consultancy, what are the implications for our people?

Now, more than ever, agencies are challenged to demonstrate how the research results can have an impact on the business as a whole - so we need to upskill to meet this challenge so that we have the business acumen to respond.

There are a number of key changes in the industry which may impact the way we work and the skills we need in our teams, for instance off-shoring data and analysis. Does this spell the death of quantitative research and standardised tools? Faced with these types of changes, how do we build the value of market research and how do we differentiate ourselves from non-traditional agencies entering the MR space?

3 INNOVATION - CHANGING THE WAY WE UNDERSTAND BEHAVIOUR

The term innovation is overused but is an intrinsic part of moving forwards in this complex environment in which we live. We need to have better ways of understanding and revealing the true drivers of behaviour.

Everyone wants it and we are all looking for more innovating techniques - but what is innovation and what is its role? We are looking for papers which demonstrate innovation in understanding, not in terms of changing the way we collect data. We are looking for case studies from the pharmaceutical industry and beyond, to inspire the audience to see the opportunity in more relevant insight generation.

CONFERENCE FORMAT

The EphMRA Conference features plenary papers as well as numerous parallel sessions, offering delegates choice and flexibility.

Your synopsis should be written in English and should be submitted on the EphMRA Synopsis Template available on the EphMRA web site or from EphMRA - **generalsecretary@ephmra.org**. Your synopsis on this template should not be more than 4 A4 pages long in total and will only be accepted on the Synopsis Template as one single Word document (and not a pdf). The only additional email attachments are your jpeg photos as separate files as well as pasted in to the template (as we need original photo files for the programme).

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