

# **E<sup>ph</sup>MRA** **news**

keeping members informed and involved

## **Forward Thinking Group** **generating great ideas**



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## Diary

### 20 March 2014

**Webinar:** Ethical Considerations for Non Market Researchers: 13.30 - 14.30 UK time  
**Convenors and Speakers:** Catherine Ayland, EphMRA Ethics Consultant and Bernadette Rogers, EphMRA General Manager.

### 3 April 2014 (Note change of date)

**3rd Germany Local Chapter Meeting**  
 Free to members one day event: will take place on 3 April 2014 in Frankfurt.

**Venue:** Kempinski Hotel Gravenbruch  
 Frankfurt Graf zu Ysenburg und Budingen  
 Platz 1 63263 Frankfurt/ Neu-Isenburg.  
 The meeting is held entirely in German.

### 24-26 June 2014

**Annual Conference.** Brussels

## Get in touch

**If you have any enquiries, suggestions or feedback, just phone or email us:**

Bernadette Rogers, General Manager

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[www.ephmra.org](http://www.ephmra.org)

Produced with the Environment in mind



# Welcome to EphMRA news

Already Q1 of 2014 is edging to a close as this News hits your desk – I am sure you have all had a very busy start to the year and hopefully many of you will have registered to attend the conference in Brussels.

## 2014

Registration for the 2014 Brussels conference opened slightly later this year than previous – this was because there was a lot of pre-planning needed in order to ensure that the new format was all in place. You will see on the website <http://www.ephmra.org/event/2014-Conference>

The aim of the conference is to be paperless and each delegate will sign for a pre-loaded iPad on site.

No longer will you need to write your notes capturing great ideas but you can type them on the slide displayed on the iPad and after the conference each person will get their own download link – all your notes, ideas and thoughts jotted down during the event will have been captured and available electronically.



## Would you like to be a website Guest Blogger?

In order to facilitate discussions between members we have created a blog – all views expressed there are your own – you can make a comment, ask a question or add to a discussion. Opening dialogue between members is a great way to engage and allows sharing of ideas and information.

Guest Bloggers; Write two articles over three weeks – these should be on relevant topics and invite comments from other members, or, as a Guest Blogger you can add Blog comments daily for a week – this will drive members to visit the Blog to see what has been posted today.

Interested? Then get in touch – [generalsecretary@ephmra.org](mailto:generalsecretary@ephmra.org)



Bernadette Rogers  
 General Manager  
[generalsecretary@ephmra.org](mailto:generalsecretary@ephmra.org)

## Copy Deadlines

**April 15th 2014 is the deadline for submitting your copy for the June 2014 News.**

Send to: [generalsecretary@ephmra.org](mailto:generalsecretary@ephmra.org)

### Future editions:

September News - 7th July 2014

December News - 15th October 2014



# Contribution Award 2014

The EphMRA Award for Contribution to Pharmaceutical Market Research.

In 2001 EphMRA initiated an award which was first presented at the Athens 2001 conference. This award is a recognition of a person's outstanding contribution to pharmaceutical market research.

Both Full and Associate members can make nominations and then vote.

The award recipient can be from a pharmaceutical company or supplier/agency and will receive the award based upon:

- Having made an outstanding/recognisable contribution to EphMRA
- Having made an outstanding/recognisable contribution to pharmaceutical market research

Examples of such a contribution are:

- New technique developed
- Strengthened the role of market research in pharmaceutical companies
- Done much more than agreed and contracted
- Representation of EphMRA to other associations or organisations
- Strengthened the role of EphMRA
- Lifetime achievement etc

The award recipient receives a certificate plus a small memento.

The Award is being revamped to better reflect how members nominate and vote.

From 2014 the Award will be known as The President's Award.

All members will still have the opportunity to nominate and give appropriate reasons to support the nomination.

The Executive Board will select the Award recipient from those nominated and the reasons why selected will be announced.

# Board Report

On 1 October the new Board has taken office and a number of initiatives are already underway:

## Statutes review

The way we do business nowadays and the evolving structure of the Association has shown that our Statutes need an overhaul and alignment. A Working Party (James Rienow, Pfizer and past Board member), Michel Bruguier-Fontenille, Treasurer and Bernadette Rogers, General Manager are spearheading this initiative.

## JH Award for Best Conference Paper

As the conference format has been rejuvenated following members input the process for identifying the best paper will also be updated and the Programme Committee is looking at that.

## IMM - name change

The IMM (Interim Members Meeting) is a free-to-members event which takes place at the start of the year. The name IMM was originally intended to be the project name but it is now in general use as the Event name. However the meeting which incorporates Senior Manager and Mid Level streams remains an important event in the calendar. Kim Hughes, The Planning Shop international and Kerstin Lilla, Abbott have agreed to look at a re-brand.

## Website

Many positive comments have been received about the new website – launched in December after months of development. You will find a handy guide to new website offerings included in this News (Page 5).

Many thanks,  
EphMRA Board



# Associate Member Update



We hope everyone has had a good start to 2014. It was great to see so many Associate Members at the IMM meeting in January at London Heathrow. As we discussed at the IMM, there have been a number of things we have been working on and supporting over the past few months.

Some highlights include:

- Redesigned website - a more modern look and feel, and a more logical layout
- Supporting the Forward Thinking Group, which is a new committee to focus on topics which impact our industry
- Code of conduct - clarifying the role of MR in specific legislation such as Loi Bertrand, and working towards developing a joint competency test with the BHBIA
- Re-invigorating the structure and content of the annual conference

We held extensive discussions with a large cross section of the membership in the consultation about the conference. It has been a difficult task to reconfigure the venue booking for this year, but a lot has been achieved, including:

- Changing the structure of the conference to have a strong start
- Moving the training workshops to after the main conference and having them as a separate option for people to attend
- Providing iPads for all delegates to comment on papers, ask questions and directly message the chairs
- More creative formats for discussion, such as 'In the Chair' sessions, as well as the usual paper presentations
- More outside speakers to provide a different and challenging perspective
- More opportunities for exhibitors and sponsors, for instance through a creative networking session straight after the committee meetings, opportunities to sponsor and run polls through the iPad system, direct messaging and appointment booking system, as well as opportunities at the agency fair.

The conference in Brussels is going to be an exciting event. We look forward to seeing you all there, and to hearing your feedback on the changes which have been made.

If there are any comments or issues any Associate Member would like to raise, please feel free to contact us directly.

## Your AM board representatives who took their seats on October 1st 2013 are:



### David Hanlon

Senior Group Director  
Kantar Health  
Board Contact: Forward Thinking Group  
David.hanlon@kantarhealth.com



### Richard Head

Director  
The Research Partnership  
Board Contact: Training and Mid Level group  
richardh@researchpartnership.com



### Kim Hughes

CEO  
THE PLANNING SHOP international  
Board Contact: Forward Thinking Group  
Kim.hughes@planningshopintl.com



### Gareth Phillips

Managing Director UK  
and Head of Western Europe  
Ipsos Healthcare  
Board Contact: Training and Mid Level group  
gareth.phillips@ipsos.com



### Sarah Phillips

Head of Research  
Prescient Market Research Ltd  
Board Contact: Events  
sphillips@prescientmr.com



# Website Update

**With the launch of our brand new website we are able to provide EphMRA members with one of the most comprehensive online resources for healthcare market research.**

After listening closely to feedback from our informed members, the new and improved **www.ephmra.org** now provides an incredibly user-friendly experience.

With an easily-navigated bank of up-to-date information, it includes upcoming events and training opportunities, invaluable member resources and the latest Committee news.

What's more, we would like to draw your attention to the brand new job section which was requested by our members and will be of great interest to all market research professionals, companies and agencies.

We believe this is a really valuable tool if you are looking for a position or wish to fill a vacancy, and it is a direct result of feedback from our members.

The launch of the fresh and revitalised website represents a major goal in our mission to provide members with the highest possible quality of information, as detailed in the EphMRA strategic plan.

We hope all our members will make full use of the website and find it easy and enjoyable to use. Your feedback and contribution has already helped to shape this website and will continue to do so, so please do log on and let us know what you think.

Let us show you around the brand new EphMRA website, [www.ephmra.org](http://www.ephmra.org), and its features.



## Home Page:

Unrecognisable from our former site, the fresh, contemporary and professional homepage presents a clear and easily navigated portal, with well-presented buttons and simple user-menus.

The website has been created with EphMRA members in mind, and as such it was essential that the homepage encapsulated the strong sense of community amongst our members with clear and live links to our social media feeds, the latest events, news and jobs.



## Resources:

With an easy-to-navigate collection of well-sign posted buttons, this page is the gateway to the newsletters, publications, reports or Committee information you need. Never more than a few clicks away from what you're looking for, we hope you'll agree that this page has been dramatically improved thanks to member feedback.



## Would you like to be a website Guest Blogger?

In order to facilitate discussions between members we have created a blog – all views expressed there are your own – you can make a comment, ask a question or add to a discussion. Opening dialogue between members is a great way to engage and allows sharing of ideas and information.

Guest Bloggers; Write two articles over three weeks – these should be on relevant topics and invite comments from other members, or, as a Guest Blogger you can add Blog comments daily for a week – this will drive members to visit the Blog to see what has been posted today.

Interested? Then get in touch – [generalsecretary@ephmra.org](mailto:generalsecretary@ephmra.org)



## Events & Training:

Updated regularly with the very latest information on EphMRA's key global and local events, training opportunities and webinars, this page is the must-visit bulletin board for all members.

We hope the multi-media content of the site will continue to grow as we move forward.

## Looking for Member only resources?

Create a profile – via Register button

Log in via Members Log in button





## Jobs:

We have developed a dedicated jobs tool for the healthcare market research industry so whether you are looking for a candidate to fill a position or are a job seeker looking for a position, we are confident this resource will be invaluable in encouraging simple and effective engagement and recruitment within the industry. Candidates can create and upload an anonymous profile and chat to recruiters of companies with vacancies in confidence without revealing their identity.



## About Us / Get in Touch:

Transparency, openness and community engagement were three of the key messages we wanted to incorporate into the website and allowing our members to meet our EphMRA Board was vital to that.

Featuring bright, easy-to-use links, visitors are immediately greeted by a table of Board members' pictures in order to put a face to the name.

Finally, this website has been created thanks to your feedback so please do let EphMRA know what you think in order to further shape this fantastic resource for the benefit of all our members at <http://www.ephmra.org/contact-us>.

# Events

## 2014 Conference



Registration is now open for Brussels  
– everyone needs a code to register with  
– contact [generalsecretary@ephmra.org](mailto:generalsecretary@ephmra.org)

We have made a number of changes to the conference format and so please look at the programme in detail.



## JH Award for Best Paper 2014

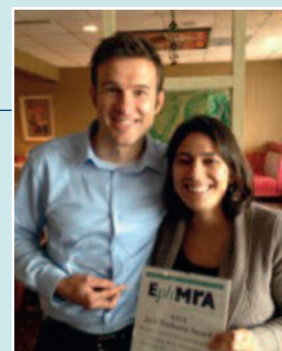
With the revised conference – more across a shorter conference experience as well as three sessions running in parallel it was agreed by the Board that the current system of delegates voting on-site via key pads for the Best Paper was no longer feasible.

In February and March the Programme Committee convened a small working party to look at alternatives and EphMRA asked other Associations about how their conference awards were judged. The outcome of this process will be announced in due course, ready for the 2014 conference.

## 2013 JH Award Winners

Peter Dorff, AstraZeneca Pharmaceuticals and Charu Chaturvedi, Affinova Inc

Paper title: Elevating Market Research by maximising ROI – "Return on Insights"



## Events Plan

The planning for Events and Training starts at least 18 months in advance of the new year - so the brain storming for our 2015 events starts around May 2014.

We are always happy to hear from members who would like to be added to our speaker list for future reference or any speaker recommendations.

Contact our the Events Manager Caroline Snowdon on [events@ephmra.org](mailto:events@ephmra.org)

# Making an Impact

## How to write a succesful EphMRA synopsis

Yes, we all know the scenario. Sometime in June, the EphMRA 'Call for Synopses' arrives on the mat and we have every intention of submitting a 'winning' synopsis and entering the 'Hall of Fame' at the next EphMRA conference. We can visualise it all - rapturous applause, congratulatory handshakes, awards - you get the picture. Then the reality hits home and work, home, holidays - you name it - just get in the way and we either don't submit a synopsis at all or submit one which, quite frankly, doesn't hit the mark.

### **So what can we do to help write that 'winning' synopsis and receive the adulation that we really deserve?!**

Before sharing some useful hints and tips on writing a synopsis for EphMRA, it might help to understand the process that the Programme Committee go through to evaluate each synopsis that is submitted. It's important to understand that each Committee member reviews every synopsis and rates them according to a number of defined criteria, including their perceived value to members who attend the conference and that a considerable amount of time is spent in this review process. So, decisions are made in a rational and objective manner, taking into account not only the content of the synopsis but whether the synopsis meets the overall requirements of the conference themes outlined in the 'Call for Synopses'. If a synopsis is submitted by the company of a Committee member, this synopsis is NOT reviewed by that Committee member, nor are they involved in any subsequent discussion about the synopsis.

All synopses are discussed at a meeting in the Autumn with all the Programme Committee and there is much debate about the relative merit of each synopsis, so the decision whether to accept each synopsis is taken very, very seriously.

For the first time this year, the speaker(s) of those synopses which were short listed by the Committee were then asked to do a short five minute telephone 'pitch' to the Committee, to 'sell' the value of their paper to the conference. This worked very well and is likely to be repeated for the 2015 conference.

### **So, how do you write a synopsis which will really get noticed by the committee; that is highly rated and ultimately is selected for inclusion into the conference programme?**

Here are some useful hints and tips, which hopefully will help you when you are faced with a blank piece of paper in the Summer and when you sit down to write your masterpiece! They are simply for guidance - they are not rocket science but just based on observation and experience of seeing a LOT of synopses over a number of years.



## Do...

### Overall theme of your synopsis

- Submit a synopsis which will provide conference delegates with new, up to date insights into whatever topic you are going to talk about. Please avoid submitting a synopsis for a paper which has already been covered by others or yourself before. Therefore, this process should be starting way before the 'Call for Synopses' falls on your mat. You should ideally be starting to keep an ear to the ground NOW for topics which are leading edge and which will inspire, educate or inform delegates at conference
- Try and think what are the popular topics of the moment and then do something different as the Committee is often faced with a number of very similar synopses
- Be very clear what your paper is going to address - what 'angle' is it going to take which will attract the attention of the Programme Committee and ultimately make for a highly interesting, relevant and valuable presentation

### The value of your synopsis to conference delegates

- Make it VERY clear what the key learnings for the audience will be from your paper. This may sound blindingly obvious but there have been many, many instances where synopses just don't make this clear enough or are completely missing! Without this in your synopsis, it is very difficult for the Programme Committee to see what the value to the conference will be and hence your synopsis may be rejected. You may have had some amazing insights to impart but if you are not clear enough about them, this would be a great shame. It is helpful to put the key learnings at the beginning of the synopsis, as well as the end, just to make it clear what you perceive the value of this paper will be
- If you are working for an agency, having a pharma company speaker to present with you is very valuable. However, the Committee is much more likely to accept a synopsis where the pharma company speaker has been confirmed - as this shows a real commitment to present at conference. In order to secure a pharma company speaker, you need to plan in advance and not leave writing your synopsis to the last minute

### The content and 'tone' of your synopsis

- Prepare a synopsis which is not 'selling' your company services - these synopses are not selected by the Programme Committee
- Don't be afraid to be controversial. It can get people's attention - but then make sure you can deliver!
- Include case studies if possible which are relevant to your paper - these are highly valuable in illustrating key messages and make the paper much more interesting for the audience
- As with all good presentations, try to make your synopsis tell a story - it's easier to digest the key points and makes it much easier to evaluate
- If primary research is a key part of your synopsis, the Committee looks more favourably on synopses where research has already been conducted, as it is much clearer to see what the outputs and deliverables will be. Synopses which rest entirely on 'research to be conducted' are less likely to be accepted, as it is very difficult to pre-empt the findings and therefore what the value to the audience will be

### Layout, format and EphMRA specific requirements

- Read through the 'Call for Synopses' carefully and identify which topic your paper might fit into and put this onto the top of the document that you submit
- Give your paper a title, which sounds interesting and intriguing and which sums up the essence of your paper in a few words
- Take care over the layout - use bullet points, visuals, short paragraphs so that it is easy to read
- Write your synopsis in a succinct way - not too much text, otherwise the key messages are likely to be lost
- Include a colour (professional!) head and shoulders photograph of speakers, which EphMRA can use in the programme and does you justice!
- Include short bios for speakers - two to three paragraphs is ample - not your entire CV!

### General advice

- Show your synopsis to a colleague to be peer reviewed - it's all too easy to get too close to it and therefore miss key USPs which might make all the difference between 'success' and 'failure'
- Make sure you spend enough time writing your synopsis and don't submit a synopsis that has clearly been rushed and put together as a last thought. You need to create a balance between enough detail to get the message across but not too detailed that the story is lost

## Don't...

- Give up if your synopsis doesn't get selected for conference - there will always be other opportunities to submit a synopsis and EphMRA welcomes all submissions.

## Good Luck!



# Mid Level Group

Mid Level Researchers are an active, motivated group within EphMRA - young professionals progressing in their careers in the healthcare market research arena come together either for specific meetings with tailored sessions (IMM) or to participate in custom training offerings (eg webinars).

Mid level researchers supporting the group are:

Jennifer Curtis, ZS Associates  
Laura Hunt, fastforward research  
Carl Vandeloo, UCB

And in addition are supported by two Board members:

Richard Head, The Research Partnership  
Gareth Phillips, Ipsos Healthcare

Each year the IMM features sessions specifically tailored for this group and free-to-members webinars offered are also designed with the mid level group in mind – watch out for diary event announcements.



## ATC Classification Committee

### ATC Classification Developments 2014

The Classification Committee confirmed the new ATC classes for implementation in 2014 at its December 2013 meeting. These new developments, plus other specific changes to the ATC Guidelines, are on the EphMRA website. In addition, the full version of the 2014 ATC Guidelines is available.

#### The new therapy classes cover the following:

A: New class created for the SGLT2 inhibitor antidiabetics.

J: Restructure of the vaccines to create separate classes for bacterial and viral vaccines; also the addition of new individual vaccine classes.

L: Moving of several classes that were at the fourth level in 'other antineoplastics' to a third level; this improves analysis, and allows for the development of new fourth levels.



# committee focus

## WHO / EphMRA ATC Comparison Document

The Committee produces a document to help users of the EphMRA ATC system understand how it differs from the WHO ATC system. This document is updated every year, and is available via the EPHMRA website.

The development of the two systems had previously taken place separately however EphMRA and WHO are now working together to ensure that there is a convergence of the two systems rather than a divergence.



In order to better understand the two classification systems, members should pay attention to the way in which substances/products are classified.

WHO mainly classifies substances according to the therapeutic or pharmaceutical aspects and in one class only (particular formulations or strengths can be given separate codes, e.g. clonidine in C02A as antihypertensive agent, N02C as anti-migraine product and S01E as ophthalmic product).

EphMRA classifies products, mainly according to their indications and use. Therefore, it is possible to find the same compound in several classes, depending on the product, e.g., NAPROXEN tablets can be classified in M1A (antirheumatic), N2B (analgesic) and G2C if indicated for gynaecological conditions only.

The purposes of classification are also different:

- The main purpose of the WHO classification is for international drug utilisation research and for adverse drug reaction monitoring.
- This classification is recommended by the WHO for use in international drug utilisation research.

The EphMRA/PBIRG classification has a primary objective to satisfy the marketing needs of the pharmaceutical companies. Therefore, a direct comparison is sometimes difficult due to the different nature and purpose of the two systems.

Simple adaptation of the two systems does not represent harmonisation in the way that an improvement of the existing systems would. And in view of the increasing use of the WHO classification by national and international authorities and institutions with different objectives, it is opportune to have an agreed classification.

The main benefit is that all parties involved in a given topic, use the same definitions, same substances, and therefore the discussions are easier.

In line with this procedure of WHO/EphMRA, this document has been prepared to facilitate cross-comparison based on the WHO guidelines.

It is hoped that the document will improve both the use and understanding of the two systems, in particular for those companies in which the two systems are used by different departments (medical and marketing).

## December 2013 Meeting

The December meeting was held in Paris, and hosted by Sanofi. The Committee finalised the developments and other changes for the 2014 version of the ATC Guidelines. In addition, the next set of changes likely to be ready for voting were reviewed; these will be sent out for EphMRA/PBIRG voting in May 2014. Further discussion and decisions were taken on several other topics raised by companies. The summary of current projects and decisions is available to EphMRA members on the EphMRA website (log in with Members password – then Committees – Committee Update reports).

## Committee Membership

The Committee now has a vacancy for an ‘apprentice’ position. This is an ideal learning opportunity for someone new to the industry. Please contact Bernadette Rogers ([generalsecretary@ephmra.org](mailto:generalsecretary@ephmra.org)) or one of the Committee members (listed on [www.ephmra.org](http://www.ephmra.org)) for further details.





# Forward Thinking Group

The EphMRA Forward Thinking Group was created at the end of 2013 and currently has two projects underway.

## **‘The State of the Pharma Market Research Industry’ Survey:**

This survey amongst EphMRA members will take the pulse of the Pharma market research industry from a commercial perspective. The outputs will deliver a business planning tool, relevant to all members, exploring the current and future direction of our industry.

It will cover: research spend, markets, methodologies and business questions of importance, the structure and influence of market research departments, and additionally, future issues likely to impact our business.

The results of the initial survey will provide a baseline with subsequent waves tracking changes over time.

Look out for the first survey wave - coming soon!

## **‘Working Successfully with Procurement’ Project:**

This project will deliver an objective analysis of the challenges and opportunities encountered when working with procurement via a discussion paper exploring how companies and market research suppliers can work most effectively with procurement professionals.

Case studies will help EphMRA members to evaluate the advantages and disadvantages of each approach, identify factors contributing to a successful working relationship and hone best practice for use within their own companies.

The Forward Thinking Group has also provided input to the Conference Programme Committee on the key hot topics that could be included in this year’s conference programme.

If you would like to learn more about the activities of the Forward Thinking Group, please contact Sally Birchall (Group Chair) on [forwardthinking@ephmra.org](mailto:forwardthinking@ephmra.org).

## Interview



# “By focusing on the horizon we can ensure that our members are prepared for upcoming commercial pressures”

Sally Birchall, Chair of the Forward Thinking Group

With the launch of the organisation’s Strategic Plan in June 2013, it was established that EphMRA would focus its attention on several key objectives, including becoming better business partners, driving the development of best practice and “doing more for less”.

Since then, the most significant development in reaching these goals has been the formation of the Forward Thinking Group (FTG), of which I am the Chair. Our aim is to drive our industry forward, helping EphMRA members to negotiate the difficulties that lie on the road ahead. By focusing on the horizon we can ensure our members are prepared for upcoming commercial pressures, allowing them to respond to developments in the industry as they happen.

In an ideal world, all EphMRA members would have the time to identify the upcoming issues that are likely to affect their commercial success, but we know that mounting pressures mean many of our members simply don’t have the capacity to future-gaze in this way. The FTG, which is a panel of experienced industry figures with seasoned perspectives, is able to support these members by doing the horizon-scanning for them.

Specifically, the FTG will identify and advise on key issues in our industry. Outputs might range from full reports following primary research through to white papers, webinars, information packs addressing specific topics, or articles in EphMRA News reporting on expert perspectives. The FTG will always use its findings to provide prompt and agile insight to EphMRA members.

Since our formation, we’ve been working on two projects. The first is our State of the Industry (SOTI) review. By constantly taking the pulse of the pharma industry from a commercial perspective, the SOTI will be a valuable business planning tool for pharma and agency members and is likely to guide our future research. A survey will go out to all EphMRA members – this will be an important opportunity to contribute thoughts and ideas to the FTG and guide the issues we research in the future.

Our second project focuses on successful working practice with procurement professionals. We are looking at successful case studies and facilitating an objective dialogue on implementing effective relationships with procurement colleagues. An independent journalist will conduct confidential interviews with key personnel in both procurement and pharma companies and agencies, examining effective relationships between the two and establishing best practice in the field.

The FTG has also been providing input to the 2014 Conference Committee, identifying “hot topics” that should be included in the 2014 Conference programme. The need for practical guidance when using innovative approaches is one such topic. Exploring this will help members to objectively measure the added value of these innovations, allowing them to assess their worth in comparison with traditional approaches.

We hold monthly teleconferences to identify further relevant topics to explore in due course. So far these include the up-skilling of market researchers to meet future commercial requirements, and the debunking of current buzzword approaches to provide real case studies, tips and advice on avoiding pitfalls for EphMRA members. Other key issues identified by the FTG include the increasing number of compliance requirements and their impact on market research, and the need for cost-effective approaches to deliver better commercial insight on a reduced budget.

The FTG exists to support EphMRA members, and as such, feedback from those members is welcomed, as are applications to join the group, whether as a regular contributor or on an ad hoc basis. To get in touch, contact me on [forwardthinking@ephmra.org](mailto:forwardthinking@ephmra.org) or Bernadette Rogers on [generalsecretary@ephmra.org](mailto:generalsecretary@ephmra.org).

The current members of the FTG are:

Alex Adams, Novartis  
Angela Duffy, The Research Partnership  
Carl Garrard, Eisai  
Fenna Gloggnier, Novartis  
Saliha Idir, Pfizer  
Piergiorgio Rossi, SGR  
Nick Voysey, Janssen

The State of the Industry survey will be first released to members at the June annual conference – see the State of the Industry Debate session on 25 June.

# Country Capsules in the

The new EphMRA website now shows all Foundation projects together in one place! EphMRA members can access over 30 completed Foundation projects – Members Area – Foundation projects.

The Country Capsules are the most recent project series that that Foundation has undertaken, with country selection on the basis of EphMRA member requests.



## What is inside the Korean Country Capsule?

Each Capsule follows the same format to aid comparisons between countries. They represent a snapshot of the country including:

- Geography and Population
- Society and Technology
- Key health statistics
- Overview of the healthcare system
- Healthcare funding
- Healthcare spending and the pharmaceutical industry
- Legal / Ethical considerations
- Market research “hints and tips” for successful research

**Q: I'm conducting research in South Korea including both a qualitative and quantitative stage. Which cities should I include in each?**

Each Capsule includes a section with guidance on cities to include in qualitative research and for a more representative quantitative sample.

# Major Cities and Sample Variables

The largest cities and their populations (2010) are shown below.

Since metropolitan (Chicago) and nonmetropolitan (Dallas, Denver, Cleveland) and Chicago (metropolitan) should be included in quantitative samples for a representative study.

For qualitative studies, Seoul only or some times including Seoul and Chicago, metropolitan (metropolitan) area are mostly recommended, as this is the most important area where all the economy, government administrative, are affiliated.

Urban population represents 81% of Korean population, so any cities are typically suitable.

	Name	Population (2010)	Cities typically included in Quantitative Research	Cities typically included in Qualitative Research
1	Seoul	9,827,482	Essential	Essential
2	Seoul/Seag	11,190,082	Strongly Recommended	Essential
3	Metropolitan	12,615,018	Strongly Recommended	Essential
4	Dallas	3,385,191	Recommended or Less	Essential
5	Chicago	2,674,774	Recommended or Less	Essential
6	Cleveland	1,682,052	Recommended or Less	Essential
7	Denver	1,468,743	Recommended or Less	Essential

(Data Source: "Metropolitan-Nonmetropolitan Statistical Areas" (2010) (USDA, US Census Bureau)

Source: <http://www.census.gov/popest/data/totals/2010/totals.html>

**Q: I have a very short timeline for my project. Can I conduct research in English to save time in translation? And can I conduct fieldwork over the Christmas period?**

Each Capsule provides guidance on languages spoken – and those feasible for research, and on key national holidays that may affect fieldwork timings.

# Languages and Holidays

The Korean language is spoken in the vast north of the peninsula. English is widely taught in primary schools, middle schools and high schools. Students are required to be taught in higher education. The most appropriate language for travel is Korean. Korean is spoken in China and in Russia.

(Link to selected language description: [http://www.korea.net/eng/2004/04/20040401/eng20040401.htm](#))

For National Holidays see the table below and the **Country's calendar** -

It is a new version (original: [http://www.korea.net/eng/2004/04/20040401/eng20040401.htm](#)) per - Calendar - that means to report on national holidays for the period of lunar new year and Chuseok - with 3 days public holidays for each occasion.

Korean National Holiday List	
Name	Date
Lunar New Year	Jan. 28 (2004), Jan. 29 (2005), Jan. 30 (2006)
Independence Movement Day	Mar. 1 (2004), Mar. 2 (2005), Mar. 3 (2006)
Children's Day	May 5 (2004), May 6 (2005), May 7 (2006)
Building Day	Jun. 28 (2004), Jun. 29 (2005), Jun. 30 (2006)
Teachers' Day	Aug. 27 (2004), Aug. 28 (2005), Aug. 29 (2006)
Chuseok (Korean Thanksgiving Day)	Aug. 29 (2004), Aug. 30 (2005), Aug. 31 (2006)
The National Foundation Day	Sep. 2 (2004), Sep. 3 (2005), Sep. 4 (2006)
Mid-Autumn Festival	Sep. 15 (2004), Sep. 16 (2005), Sep. 17 (2006)
Chuseok Day	Dec. 30 (2004), Dec. 31 (2005), Jan. 1 (2006)



**EU-MPA**  
European Monitoring and Assessment Programme

Q: Who are the gatekeepers in South Korea? Do I need to sample specialists only, or is there a primary care gatekeeper who also makes decisions?

Each Capsule explains the typical patient flow through the healthcare system, including the role of primary vs secondary care.





# Spotlight

**Q: I need to recruit my sample very quickly. Can I pay them €1,000 for a 30 minute interview to encourage them to take part?**

Each Capsule highlights key Legal / Ethical issues relevant to market research, and references the local industry organisations whose Codes of Conduct are applicable.



**Q: Can I conduct viewed group discussions so that all stakeholders can participate – either in person or via videostreaming?**

Each Capsule highlights feasible methodologies, based on the local expertise of our partner agency authors. This includes the availability / legality of videostreaming.



**Q: What are the plans for updates or additional countries to be added to the Country Capsule series?**

EphMRA is always interested in expanding its offerings and if you would like to provide a Country Capsule, based on your local expertise in a given market, or you would like EphMRA to produce a new Capsule in a given country, please let us know. If there is sufficient demand, we will attempt to find a local expert to partner with us to make it happen.

## Syndicated Data Committee

As reported in the December newsletter, the Syndicated Data Committee (SDC) is currently busy further developing the OpenData database and creating the Database of Syndicated Services.

### OpenData

This database provides EphMRA members with an easy-to-access database of free information on the web. It pulls together secondary and demographic data from a series of standard sources such as WHO, CIA Factbook, World Bank and many others. This is being developed in a new format to provide easier access and enhanced functionality.



### The Database of Syndicated Services

This is currently in development ahead of its launch mid-2014 and will provide full members (pharmaceutical companies) with a searchable repository of syndicated data services.

### Guide to using statistics in MR

Following the successful launch of previous guides and brochures, the SDC is working on a series of guides to help market researchers in their use of statistics. It plans to launch the first document prior to June 2014.

### New Project - Freelance Role

The Syndicated Data Committee (SDC) is looking to develop a series of documents and training aids to support market researchers in the use of epidemiology data and would like to enlist the support of a freelancer with a strong background in both epidemiology data and its use in a marketing/market research environment. Remuneration would be for hours worked and the Committee is looking to start this project in the first quarter of 2014.

If you are interested in this project, or would like to know more, please contact the SDC Chair, Karen Cooper at [SDCommitteechair@ephmra.org](mailto:SDCommitteechair@ephmra.org).

If you are interested in applying for the position please send a brief outlining your experience in this area and an indication of suggested hourly rate to Bernadette Rogers, General Manager at [generalsecretary@ephmra.org](mailto:generalsecretary@ephmra.org).

If you would like to know any more about the Committee or its activities, please contact Karen Cooper on [SDCommitteeChair@ephmra.org](mailto:SDCommitteeChair@ephmra.org).



**Karen Cooper**  
**Chair of the Syndicated**  
**Data Committee:**

# How the Committee can help you

As Chair of the Syndicated Data Committee (SDC), my role is to help EphMRA members stay abreast of industry-wide developments in syndicated data, to provide ways of sharing best practice in the field, and also to ensure that we provide our own services and resources to help members working in this area.

These services, which include the Database of Syndicated Services and OpenData (our free to access data source), provide a wealth of information at no cost; an invaluable service for members experiencing increasing financial constraints. You can find them on [www.ephmra.org](http://www.ephmra.org).

Our efforts to address the decreasing time and budget of those in the pharma industry are guided by EphMRA's Strategic Plan, which outlines that helping members to 'do more with less' is a key objective for the organisation. These services provided by the SDC enhance the efficiency of the Market Researcher without any additional costs.

Another of EphMRA's objectives is to encourage sharing of best practice. The SDC achieves this through the provision of guides, brochures and training. We are currently working on our own Guide to Using Statistics. This will be a series of guides covering different levels of complexity and we anticipate launching the first brochure during Q1 or Q2 of 2014.

The SDC is currently also looking at developing materials and training in the field of Epidemiology data and is looking for external support in this area.

We are always keen to hear from anyone looking to join the Syndicated Data Committee. Full (pharma) members benefit greatly from being able to share ideas and learn from like-minded people working in their field. It is also an opportunity to help steer priorities of the Committee, based on your own working experiences and needs.

If you are interested in joining the Committee or finding out more about the external support role available in the area of Epidemiology data, email Bernadette Rogers on [generalsecretary@ephmra.org](mailto:generalsecretary@ephmra.org).

To find out more about the Syndicated Data Committee, visit [www.ephmra.org/Syndicated-Data](http://www.ephmra.org/Syndicated-Data)



## Data & Systems Committee

This very active Committee has a range of initiatives underway to support members in their daily jobs:

- Definition of priorities for CIS & African new sales panel launches
- Discussions around difficulties on following up with parallel trade trends in Europe
- Request for standardisation across countries of products transfers management within sales data
- Follow up of discussions to create Ethical / OTC products split in Middle East & Africa sales data
- Discussions around social media activities capture interest within promotional data

## Committee Members update:

The D&SC is very happy to welcome Jackie Lord back, standing in for Ana Roxo from AstraZeneca who is currently on maternity leave.

## Q&As

EphMRA News is introducing a new regular feature, in which we will put your questions to Committee Chairs. EphMRA works for its members and so our aim is to ensure that you are getting the most from our various committees.

The first Committee Chair to take questions will be Sally Birchall of the Forward Thinking Group. For more information about Sally's role at the head of our newest Committee, read our interview with her on [page 13](#).

To put a question to Sally, tweet us @EphMRA, post your question onto the LinkedIn discussion group (EphMRA - encouraging excellence in providing insights combined with business knowledge), or email EphMRA@onlybeattie.com.



# Code Corner

## In Brief

### Your Ethics Committee

Bob Douglas – PSL Group (Committee Chair)  
 Georgina Butcher – Astellas Pharma Europe  
 Karen Giorgi Vigo – Shire Pharmaceuticals  
 Solvea Lamarina – Pfizer  
 Christine Mai – AplusA Research  
 Peter Eichhorn – GfK  
 Piergiorgio Rossi – SGR International  
 Roni DasGupta – M3 Global Research  
 Supported by: Catherine Ayland (Ethics Consultant) and Bernadette Rogers (EphMRA General Manager)

### Professional Standards on the New Website

Have you visited the Professional Standards pages on the new website? If not, take a look! You'll find the Code of Conduct there complete with a new, easy to navigate contents side bar. In the Resources pages you'll find the Ethics resources, including the Overview of Incentives as well as a handy summary of Data Protection Agencies and Contact Details (via Member login).



### 2014 Code of Conduct Available

A revised and updated Code was made available on the website in January. Thanks to those members that provided input to the Code of Conduct update - it provided very useful food for thought.

The Code of Conduct now includes 16 countries having been extended to cover the Netherlands and Brazil (as well as France, Germany, Italy, Spain and the UK, Denmark, Finland, Norway and Sweden, Poland, Japan, Korea, Russia and the USA).

In addition, the updated Code of Conduct also includes the following important changes:

- Further definitions that distinguish market research from patient support programmes and non-interventional studies.
- More detailed mobile market research guidance, particularly upon the use of apps.
- The impact of the Loi Bertrand in France and the Transparency Act in Italy.
- Revised guidance on observation and recording requirements in Japan.



## Code Corner continued...

# Transparency and Payments to French Healthcare Professionals in France

In January EphMRA updated members on 'Transparency & Payments to French Healthcare Professionals in France'. In summary two laws impact market research the Loi Bertrand and Loi Anti-Cadeaux in the following ways:

### **Loi Bertrand**

It is the responsibility of the client company, i.e. the research sponsor, to report that they have an agreement with a named market research agency, its date and the purpose of the agreement (e.g. market research).

It is the responsibility of the market research agency (or if used, their sub-contractors) to report that an agreement with individually named HCPs exists (including a number of key details) and the purpose of the agreement. In addition, if a benefit valued over 10 euros is to be given, this must be specified along with the HCP's name - market research incentives are not classed as benefits and should not be disclosed, neither should the sponsoring company be named.

Reports should be made to the relevant national association/board e.g. CNOM and to a central public website when it is created. In the absence of this website, reports should also be published on company and agency websites.

### **Loi Anti-Cadeaux**

It is the responsibility of either the client company or the agency to declare the market research study to the relevant national association one month before the start of the study.

For full details of the update please see <http://www.ephmra.org/Country-News>





## What's Coming Up

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### 2014 Webinars

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**20 March 2014**

#### **Ethical Considerations for Non-Researchers Webinar**

This webinar is designed specifically for personnel in international roles involved in contributing to and reviewing market research materials such as medical, clinical, drug safety and marketing personnel. It will help them to understand how EphMRA's Code guides all aspects of a market research project in terms of legal and ethical requirements, allowing them to focus their input into market research more effectively and have confidence in the process.

Registration is open on the web site.

**3 April 2014**

#### **Joint EphMRA/ESOMAR Ethics Webinar**

This webinar is for those who work on healthcare market research projects and want to make sure their work is ethically and legally sound. The webinar will focus upon key regulatory requirements such as adverse event reporting, protecting patient data and testing product concepts. EphMRA has developed a healthcare specific Code of Conduct for market researchers and wants to share it with all those involved in market research with doctors and patients.

In the meantime, if you have any suggestions for webinar topics, please let us know.

## What Are Members Doing?

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#### **Code of Conduct Online Training & Competency Test**

In the last quarter of 2013, 68 individual members applied to take the Code of Conduct Competency Test. This brings the total number of applications since the Code of Conduct became available to 670.

Similarly, in the last quarter of 2013, 23 members applied to undertake the online training. Over 330 have completed the online training module since it became available.

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.

## Code Enquiries

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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 confidential Code Enquiry service is available on the website for all EphMRA members free of charge.



# Reconciliation Reporting

## Ethics Briefing – Bob Douglas, Ethics Lead

### What is a reconciliation report?

A reconciliation report is a summary report completed at the end of a market research study, detailing all of the suspected adverse events mentioned during the course of the project.

### Is it necessary to complete reconciliation reports?

The revised EphMRA Adverse Event Guidelines, which were introduced in 2012 were the result of a change of EU pharmacovigilance law, Directive 2001/83/EC and Regulation (EC) No 726/2004, detail the requirements for the collection, data management and reporting of suspected adverse reactions associated with medicinal products for human use authorised in the European Union. These requirements were then interpreted within the European Medicines Agency's (EMA) Guidelines on Good Pharmacovigilance Practices. One aspect of the new regulation was the need for 'reconciliation' reports of for suspected adverse events within market research at the end of each project.

The actual wording from the EMA guidelines are, 'When transfer of PV data occurs within an organisation or between organisations having concluded contractual agreements, the mechanism should be such that there is confidence that all notifications are received; in that, a confirmation and/or reconciliation process should be undertaken.' Reconciliation is not a substitute for the reporting of individual suspected adverse events, rather the confirmation at the end of each project of all the suspected adverse events that have been reported during the project.

The EMA requirement is reflected in the EphMRA Code of Conduct as follows, '*Confirmation and/or reconciliation involves production of a summary of all AEs identified during the project to be 'reconciled' with/checked against the individual AEs received during the MR study ensuring all AEs are accounted for*', (Section M). The reconciliation report is then forwarded to the sponsoring client.

### Who should complete the reconciliation report?

It should be completed by the research agency conducting the study. This may be the Project Director or someone else within the agency who has been given the responsibility to complete these reports.

### What should I include in a reconciliation report?

Reconciliation reports should include the number of suspected adverse events identified, including details of the respondent ID, product(s) and event details.

### Is a reconciliation report needed even if no suspected adverse events have been reported during the study?

Yes, it is good practice to complete a reconciliation report so that a record does exist and can be referenced at a later date if necessary.

### When did reconciliation come into force?

Both the EMA guidelines and the revised EphMRA Code were published in 2012. Since then reconciliation has been required.



## People News



Ruby Nanda (Co-Founder) and Fiona Cleeton (Project Director) have both returned to KQH from maternity leave, bringing experience and skills which are invaluable as KeyQuest Health continues to grow.



M3 Global Research Europe further expands its business development team with industry veteran Anton Richter joining the M3 London office after 13 years at Ronin.



Dean Smith joins BPR as an Associate Director. Dean joins from Insight and has a range of experience in positioning and communication studies and a particular interest in innovative methodologies.



Demanda Health is pleased to present Rafael Pereira as Project Manager. Rafael's focus will be conducting research through trending methodologies for the pharmaceutical industry.



Vincent Courtoison has been appointed International Project Director, to carry out international studies for PHARMACCESS, the STETHOS Group Department dedicated to pharmacy delivery monitoring and ad hoc studies.



Anterio is pleased to announce the acquisition of PharmaForesight, headed by Gaku Sasaki. Gaku brings extensive international experience and joins as board director to strengthen the global research and analytics business.



fastforward research has promoted Laura Hunt to Director. Laura is extremely passionate about the value of qualitative research, with an 'award winning' approach to innovative insight gathering.



Mathew Francis has joined as Research Director. Mathew has over 15 years healthcare experience in the market research industry, gained both in agency and in industry.



Millward Brown Healthcare are pleased to announce the arrival of a further new Client Manager, James O'Donoghue, to support their expanding qualitative business led by Carolyn Chamberlain.

Associate members people news continued over...

## People News continued...



Ipsos Healthcare announces the appointment of Susanne West as Senior Director. Susanne is a well-respected industry figure with experience and expertise that will benefit and delight our clients.



In 2013 we grew our team by adding 10 talented people, Gillian returned from maternity leave, and we celebrated many promotions; including Pete and Katy in our directorial team!



Lisa Kabouridis has joined the Elma Research team as Training and Research Director. Fabrizia Mombelli and Daniele Muntoni have also joined Elma as junior qualitative researchers.



Semantics Market Research kicks off 2014 with an expanded team, by welcoming Laura Iglesias, Paulina Dabrowska, Antonietta Guarino, Virginie Louvel, Valentina Di Minica and Katharina Hartmann in its team.

## Services News



FocusVision has introduced HomeVu a new service that utilises mobile devices to stream in-home immersions. HomeVu enables teams to get closer to patients in their natural environment.  
[ww1.focusvision.com/our-services/live-transmission/homevu/](http://ww1.focusvision.com/our-services/live-transmission/homevu/)



Phoenix Marketing International announces the merger of its US and International Healthcare research groups to provide clients with access to greater resources, techniques and capabilities across one global platform.



iCONSULT's after-visit survey Ad Trek™ relaunched: Unique diagnosis, unique scope of evaluative criteria covering all decisive aspects of detailing efficiency and effectiveness, innovative benchmarking. Available world-wide. [info@iCONSULT.de](mailto:info@iCONSULT.de) +49/(0)89/544 241-0



In India, healthcare panel specialist Krea has opened Qhub: a 5,000sqft viewing facility in Chennai. [www.Qhub.in](http://www.Qhub.in) offers two studios equipped with FocusVision, a location testing area and a 20-seat recruitment-center.



Specialists in Data Collection on HC area with patient profile and Mystery Shopping. Contact us to be your partner in Portugal.  
[www.intercampus.pt](http://www.intercampus.pt) [master@intercampus.pt](mailto:master@intercampus.pt)



Join the mobile revolution with GKA Mobile. Giving you real time access to patients and healthcare professionals in a live interactive setting that's always on! [www.gilliankenny.com](http://www.gilliankenny.com) +44 1242 220420

## Services News continued...



Has the Digital Age arrived in oncologists' everyday practice? Maritz Research has investigated oncologists' information-seeking behavior in Germany. For more information on this survey refer to [www.pharmatrendmonitor.de](http://www.pharmatrendmonitor.de)

## Company News



Take a look at our new website and "Ask DI" a question. Select PharmaHUB, our new personalised portal for your business [www.data-intel.net](http://www.data-intel.net). Email [clare.davis@data-intel.net](mailto:clare.davis@data-intel.net) and subscribe to our company newsletter.



Visit Clarity's redesigned website to explore our services, expertise, peer-reviewed publications, and more. See how scientifically valid patient record studies optimise marketing decisions: [www.claritypharma.com](http://www.claritypharma.com), [information@claritypharma.com](mailto:information@claritypharma.com).



42 market research announces the addition of the Philippines to our global online healthcare portfolio, increasing our coverage in the Asia region. Visit [www.42mr.com](http://www.42mr.com) for more information.



InforMed Insight has become part of Ashfield Insight & Performance. We specialise in global qualitative and quantitative market research and real world patient studies. For further details please contact [rob.parrish@ashfieldhealthcare.com](mailto:rob.parrish@ashfieldhealthcare.com)



New Boston MA Office. We've just moved into great new premises just opposite Harvard University: Omega Insights, College House, 3rd Floor, 1430 Massachusetts Avenue, Cambridge, MA 02138, USA.



Leader in Spain. We succeeded another year being the number 1 agency winning the AIMFA's award 2013. Major laboratories have directly trusted on us. Still doing it in this 2014!



SKIM expands to Latin America: To better serve our clients, we have opened two new SKIM offices in both Rio de Janeiro, Brazil and San José, Costa Rica.





# 3rd Germany Local Chapter Meeting

## April 3rd 2014, Frankfurt

Join EphMRA Colleagues  
for relevant local language  
discussions and  
presentations

