

## Welcome to the December 2020 News!

Delivering the membership  
benefits to you

Ensuring you know what's on offer





# About the Board

The management of the Association is undertaken by the Board, which derives its authority from the members, and is responsible for fulfilling the objectives of the Association having regard to the decisions taken by the members at the Annual Meeting.

The Board comprises the following members:

- President
- Vice President
- Past President
- up to 5 Industry Board members
- up to 5 Agency Board members
- Treasurer and General Manager (non voting)

Members of the Board for 2020 - 2021 are shown below. The term of office is 1 October to 30 September the following year.



**Karsten Trautmann**  
Merck KGaA  
Board Industry Member  
President



**Thomas Hein**  
Thermo Fisher Scientific  
Industry Member  
Past President



**Charles Tissier**  
EphMRA  
Treasurer (non voting)



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EphMRA  
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(non voting)



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**Nicola Friend**  
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**Gabi Gross**  
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**Richard Head**  
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## Thank you for joining

**EphMRA**  
www.ephmra.org

EphMRA is a professional association for International Healthcare research and insights professionals supporting you at every stage of your career.

Help encourage excellence and continue driving the International Healthcare Industry forward with a professional association dedicated for over 50 years to developing, regulating and promoting data, research and insights professionals.

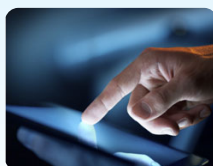
Your membership gives access to a range of benefits to support you as the business partner of choice for your employer and business.



**PROFESSIONAL  
STANDARDS**



**CAPABILITIES &  
DEVELOPMENT**



**CONNECTED  
COMMUNITY**



**EXPERT  
CONTENT**



**YOUR VOICE -  
YOU COMMITTEES**



**Get in Touch**  
generalmanager@ephmra.org  
Always happy to hear from you!

It's great to have you as a member – here's a brief overview of some of the key next steps.



Visit the web site and apply for a members access to take advantage of all the resources there

<https://www.ephmra.org/register/>



Take our training courses (Log in – members area – online training)

Young Professionals Training course and modules

Ethics: Preparing for Field (new course)

Code of Conduct for Medical Personnel Reviewing Market Research (new Course)

**Ethics: Code of Conduct Training module & Competency tests**

EphMRA Code of Conduct Training Course

Code of Conduct Competency Test - complete test

Code of Conduct Competency Test - supplementary test

**Ethics: AER Training module & Competency tests**

EphMRA AER Training Course

AER Competency Test - complete test

AER Competency Test - supplementary test



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# EphMRA

**Agency Member 1.10.20 - 30.9.21**

This is the logo for you to use on your website etc to denote membership.



### Membership year

As a reminder – your membership runs from 1 October to 30 September the following year. There is automatic renewal.



### Join us at our next Conference

15-17 June 2021

Find out more here:

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



### Chapter Meetings

We hold 3 x one day meetings per year – join us to meet and network with colleagues as well as hear cutting edge papers.

More details here -

<https://www.ephmra.org/events-training/events/>



# Hello from the President of EphMRA

November update from Karsten Trautmann, Merck KGaA, President of EphMRA



## Dear EphMRA Friends and Colleagues

Good to be back in touch with you after what has been a very different and at times challenging year. We hope that you and your families have managed to stay safe and well and you have adapted to being in the home office!

EphMRA as an Association has been working a lot behind the scenes since March to bring you increased member value and a wide choice of member offerings in these challenging times and I would like to share with you more on our upcoming events and activities.

## 2021 Conference

The planning for our annual conference in 2021 is the key topic on our agenda as there is a lot of uncertainty about the possibility of meeting in-person next year. As the outlook is unclear, the Board has taken the decision to plan for both an in-person and a virtual event – and at some point, we will focus on just one of these options.

While an in-person event offers all the in-person networking opportunities, which is an important aspect of our global community, we are also planning to develop a best in class virtual event – including virtual exhibition, networking and discussion forums. We will keep you updated as the Board makes the decision, which one will reflect the best way forward for the Association.

## Online Training

Your membership includes a suite of training courses and tests that you can choose from to meet your needs eg Code of Conduct and AER training, competency tests as well as 3 new courses:

1. Preparing for Field
2. Code of Conduct for Medical Personnel Reviewing Market Research
3. Young Professionals Training Course

## Webinars and Training

Our webinar programme and LDC training have provided many opportunities since March to keep you up to date – over 900 members have shown their interest in our webinars and if you missed them you can access all in the members' area of the web site via login.

If you have any comments, suggestions or feedback please do not hesitate to share with me. In the meantime stay safe and of course, do get in touch at any time.



Karsten Trautmann,  
Merck Healthcare KGaA  
EphMRA President



# Improving HCP Engagement Through Delivering Seamless Customer Experience

Nicole Pedersen, Associate Director, InMoment

## Companies That Effectively Measure And Manage Customer Experience Outperform Their Competitors

Research has shown that HCPs are more likely to engage with a company if previous interactions have proved to be a positive experience. In turn, higher engagement levels correlate with prescription rates, resulting in improved business results<sup>1,2</sup>. However Pharmaceutical companies have traditionally been slow in adopting a truly customer centric approach and urgently need cohesive strategies to improve HCP engagement by aligning and integrating complex multichannel experiences.

## The COVID-19 Pandemic Has Accelerated The Imperative For Change

Face-to-face meetings with sales and medical reps have been the dominant channel for HCPs engagement. However, the status quo has changed and the demand for timely, simpler, more personalised interactions across channels, particularly digital channels, is growing.

## Delivering a Seamless HCP Experience Across Multiple Channels Requires an Integrated Understanding of The Moments That Matter

Managing HCP relationships across multiple channels is complex and requires the alignment of a wide base of stakeholders and functions. However, mapping the end-to-end HCP journey significantly improves the development of an organisation's multichannel strategy. It enables organisational alignment, identifies the specific events and interactions causing friction and forms the basis on which to build a futureproof experience improvement framework.

<sup>1</sup> Van Tongeren, Tim and Capella, Carlos (2019): The State Of Customer Experience In The Pharmaceutical Industry, 2018: HCP Interactions. DT Associates

<sup>2</sup> Ascher, Jan et. al (2018): From product to customer experience: The new way to launch in pharma

## Best Practice Customer Journey Mapping Entails a Three-Step Approach

1. Preliminary Customer journey maps are drawn from cross-functional workshops where stakeholders from front-line teams (e.g. sales reps and customer support) to strategic decision makers (e.g. line of business and channel leaders) take a walk in the customers' shoes assessing HCP objectives and expectations focusing on both functional and emotional aspects of the end-to-end customer experience.
2. In-Depth customer interviews serve to validate, enrich and finetune preliminary journey maps. By deep-diving customer expectations and the feelings & values attributed to each touchpoint, we identify the triggers that impact engagement.
3. Deep dive journey analytics with data taken from customer surveys, operational and commercial data further validates the map and informs decisions regarding channel prioritisation and the actions that require investment.

## Summary

Customer Journey Maps not only deliver insights that companies can take immediate action upon but also provide the intelligence that feeds into the development of an ongoing experience improvement plan. The journey map will focus where, when and how companies should install continuous listening posts with HCPs. With these in place, pharma companies are better enabled to customise their service offerings, stay more relevant and improve HCP engagement levels.

*InMoment has been servicing pharmaceutical clients for more than 20 years and helps companies improve their customers' experience by combining leading edge technology and sector expertise. Visit us at <https://inmoment.com/en-gb/healthcare/>*



## What's next? How behavioural science can support pharma's future

**Dan Coffin**

Director, Research Partnership



**It's been a distressing time for many people. The economic outlook looks bleak, healthcare systems are overwhelmed and customers are still adjusting to the 'new normal'. Marketers could be forgiven for being unnerved in these uncertain times... But the future could be bright.**

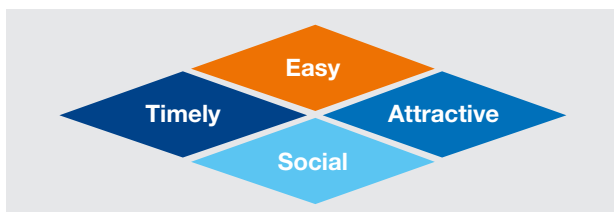
### A light at the end of the tunnel?

A marketer's goal is to encourage customers to change their behaviour and adopt the brand. It can be a tough challenge. Yet the pandemic has required billions of people to change their behaviour in the blink of an eye. The reality is that customers have never been so open to change. For pharma marketers, understanding and shaping these changing behaviours could be key to differentiating and optimising their brand potential.

This is an opportune time to embrace behavioural science which, in recent years, has been successfully adopted and used by government and private enterprise as a means to enable favourable behaviours that benefit brands. It's essentially about tapping into the unconscious biases and heuristics we each unknowingly hold when making decisions. If we can understand these biases at play, then we can provide nudges to effect a positive change in behaviour.

### The EAST framework

In our behavioural science work at Research Partnership, we utilise the EAST framework, a simple model proposing that to enable a behaviour it must be Easy, Attractive, Social and Timely.



Take telehealth as an example. Despite its benefits, many have long resisted the switch to telemedicine. A number of behavioural biases inhibited this adoption. One example is 'satisficing', the tendency to settle for 'good enough' rather than the best possible outcome. Another is 'loss aversion bias', where the pain of a loss is more than the reward of a gain. A third example is 'social norms bias', where we conform to the views of our peers. No one was adopting telehealth and, without advocates, the movement lacked traction.

Yet in spite of this entrenched behaviour, one billion telehealth appointments are now expected to be completed worldwide by the end of 2020. Using the framework, we can consider the factors that helped make the adoption of telehealth so rapid and so widespread:

**Make it Easy:** just pick up the phone; no need to go anywhere

**Make it Attractive:** save money through efficiencies; "Do it, or coronavirus spreads"

**Make it Social:** "Stay at home, Protect the NHS, Save Lives"

**Make it Timely:** what better time than a global pandemic?

Post-pandemic, the challenge for pharma will be identifying the underlying drivers and motivators that will need to be enabled to

create sustained behaviour change. Market research plays a pivotal role in unearthing those insights. By determining the biases that are driving and inhibiting customer behaviours and utilising the EAST framework, marketers can develop interventions that will result in a positive outcome for their brand.

### Changing behaviours

Below we explore some of the behaviour changes that might emerge in healthcare over the course of the pandemic and consider which insights would be needed to support brand development.

**Market changes:** wholesale attitudinal shifts regarding the importance of vaccination and increased worry about catching or spreading other illnesses means vaccination has become an easier, more attractive and socially acceptable behaviour. Vaccines to protect against a range of diseases are likely to be more widely and more quickly adopted, by all customer types.

**Physician behaviours:** as many 'non-essential' treatments have been deferred, physicians may now start treating patients more aggressively in order to 'catch up'. Conversely, physicians may choose products with a longer half-life, or choose 'safer' options to minimise future hospital visits. How can we overcome this risk aversion or, indeed, benefit from it?

Which pathway and treatment choice shifts will we see? How will decision-making be affected? Where will it leave your brand? An understanding of physician behaviours will be critical.

**Communication channels:** as HCPs increasingly adopt the digital health interface during the pandemic, we'll see an increasing acceptance of these channels for promotional and non-promotional services. How will customers be looking to interact? Which messages will perform best? Which emotional and subconscious drivers can be leveraged on digital platforms? Customers are increasingly relying on the internet for information and interaction: How have digital HCP profiles changed? Will it open up new audiences? Digital engagement has also changed for patients: What are they engaging with? How? Where do they find information now?

**Patient behaviours:** patient journeys and behaviours will undoubtedly be affected. Asthma is a prime example where adherence has risen significantly. How have behaviours changed? How can we help sustain these? What are the touchpoints where should we engage, and what kind of messages and interventions should we use?

### Behavioural insights

There are changes we envisage will stem from the pandemic but many we cannot predict. At Research Partnership we're supporting our clients to understand the wide-ranging impact of COVID-19 across healthcare. Insights will be key to navigating the path forward, but they must be underpinned by a strong understanding of behavioural science. We are in a time of great uncertainty, but there is light and opportunity at the end of the tunnel.

**For more information on how we may be able to utilise behavioural economic theory in any upcoming studies please contact [danc@researchpartnership.com](mailto:danc@researchpartnership.com)**



# Impact of COVID-19 on Laboratory Test Volumes, Challenges and Potential Services to Improve Workflow

J. van de Sande, R. Blain, D. Ortega  
SUAZIO Consulting, Antwerp, Belgium

## INTRODUCTION

Laboratory testing has a central position in providing insight and direction on the evolution of the COVID-19 pandemic. Laboratories are requested to increase testing volumes and cope with changes in demand and workflows. This may lead to changes in laboratory needs and engagement models.

Therefore, SUAZIO Consulting took a closer look and interviewed a sample of laboratory professionals in the USA and EU to understand expected test volumes, changes in workflow and expected services from laboratory diagnostics suppliers.

For this analysis, we interviewed a total of 64 laboratory professionals in the USA (N=19), EU (N=40) and APAC (N=5). Interviews were conducted in June 2020. Characteristics of sample are provided in Figure 1 & 2.

## TEST VOLUMES

Our sample expected an average of 60% test volume increase, compared to pre-COVID, for PCR and Viral Molecular tests in a 3-month outlook. Overall, antibody tests and respiratory tests were indicated to increase, with 53% and 51% respectively. (Figure 3)

## LASTING IMPACT AND WEEKS TO NORMAL

83% of the respondents believe COVID-19 will have a lasting impact in their laboratory test volumes in the next year. On average, our sample expects to return to normal, pre-COVID-19 test volumes in 22 weeks, with differences between EU (24 weeks) and USA (18 weeks) and between Laboratory Manager (23 weeks) and Head of Laboratory (19 weeks). (Figure 4)

## CHALLENGES & POTENTIAL SERVICES

The COVID-19 pandemic results in challenges for the laboratories. The top five most impactful challenges are: shortage of diagnostic tests, a need to validate tests, staff education on new assays, shipping issues and personal safety issues/shortage of protective equipment. (Figure 5)

51% of respondents indicate their main diagnostics solution provider offers innovative solutions to support in their workflow. When asked what potential services could be offered, respondents highlight higher quality products, advanced technical support and increased test availability. (Figure 6)

## CONCLUSION

Feedback from laboratory profiles indicate that laboratories will be impacted by COVID-19 for at least the remainder of the year. Diagnostics solutions providers have an opportunity to engage with laboratories to overcome their challenges and set up new customer engagement initiatives.

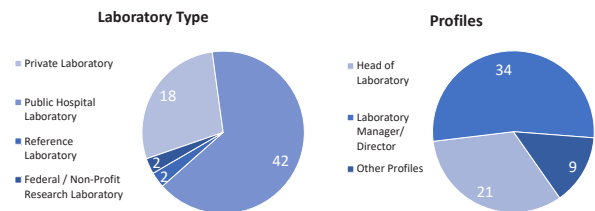


Figure 1. Distribution of respondents by Laboratory type

Figure 2. Distribution of respondents by Laboratory professional profile

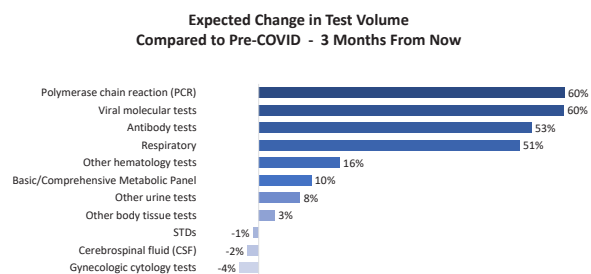


Figure 3. Average test volumes compared to pre-COVID in 3 months from now (June)

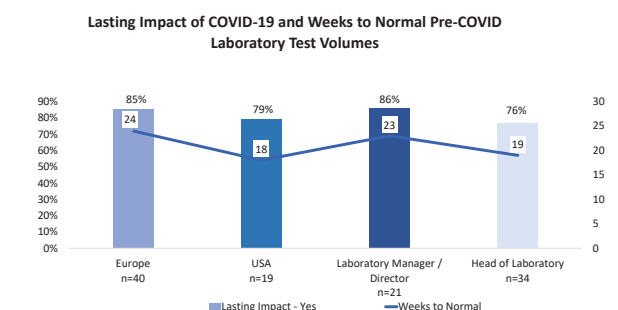


Figure 4. Percentage of respondents who believe COVID has a lasting impact on their laboratory test volumes in next year and average weeks to return to pre-COVID lab volumes

### Most Impactful COVID-19 Related Challenges for Laboratory

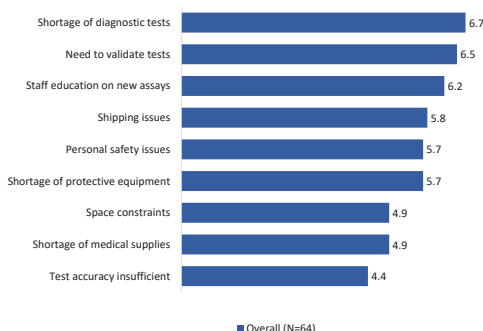
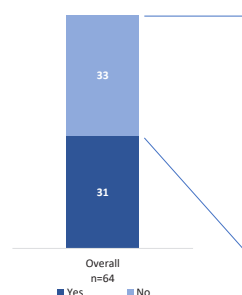


Figure 5. Averages of most impactful challenges to laboratory following COVID-19 measured on a scale from 1 to 10, where 1 is not impactful at all and 10 is very impactful.

### Innovation by Your Diagnostics Solution Provider



### Most Important Potential Services by Diagnostics Solution Provider

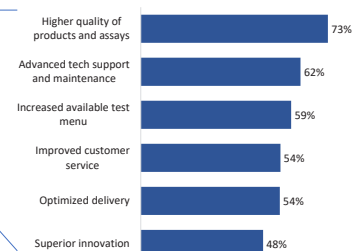


Figure 6. Number of respondents indicating that their main diagnostics solutions supplier offered them innovative solutions related to COVID-19 which enhanced their laboratory's workflow and make it more efficient and Potential services by diagnostics solution providers that would be useful.



# BELIEVE OR NOT BELIEVE IN MARKET RESEARCH

More than ever we find ourselves in a VUCA environment (Volatile, Uncertain, Complex and Ambiguous), and it is precisely in these unpredictable environments when it is most necessary to take a step back, take a greater perspective and rely on market research to face what is yet to come.



**Daniel Suarez**

Integrated Insights Leader -  
Neurosciences (MS)

F. Hoffmann - La Roche Ltd.

"I do not believe in market research", perhaps it is one of the phrases that I have heard the most during the almost 20 years of experience that I have been working in market research in pharma, that and its variants such as "That data is not possible", "My doctors don't tell me that" ...

Even some lover of "famous quotes" always appears who says that Steve Jobs himself said that "he did not believe in market research" ... And the truth is that always leads me to think the same thing ... why do we try to separate the "research" of the "market"?

When someone reads and studies a bit more about the creation process that Steve Jobs followed, you realize that it is not that market research was done to find a market niche in which to launch a product "X" that was being created in his "Workshop", one realizes that research is carried out from a more natural way, from a deep observation of individuals, their behaviors, inter and intrapersonal relationships, which ultimately underlie different types of opportunities that can be exploited. Yes, it is true that this is the ideal, and it is something that rarely happens, it does not matter if we talk about pharma, retail, telecommunications ... but what is not what happens ideally, it does not leave us to forget how the process, and how the essence of market research lies in that "connection" with the market.

Using market research as a "unit of measurement" is necessary, because you cannot improve what is not measured and that is not evaluated, but at the same time we must bear in mind that research is defined as "that aims to expand knowledge scientific, without pursuing, in principle, any practical application", therefore, faced with data that does not fit, with any result that surprises us, we should not look for an explanation, or an excuse for not believing in this study, we must return To ask, in fact, the analyst goes more in search of a question, he does not worry about knowing the answers, because deep down he knows that in the process of asking himself questions is where clarity, brevity and purity of ideas are found.

This is when we must always remember the connection between research and the market, we must not be afraid to ask and observe at the same time. Many times we stay behind the computer screen, thinking about the correct flow to design a questionnaire, about how we could obtain the information we want to obtain (something that is already against "investigating"), we must remember that the market is not just a set of individuals who behave in a specific way, we must go further and see the ecosystem that makes up that market, and that in turn interacts with others. The ecosystem goes far beyond our clients, they are all those interactions that occur in real time, in all directions, and that many are not even related to the topic that may interest us, but nevertheless they are there, impacting on individuals and mobilizing that ecosystem.

Therefore, we must remember that as analysts, as people and as individuals, if we really want to know and anticipate what happens or will happen in a market, we must be part of that ecosystem, we must go out and interact as much as possible with the individuals who are part of it, it is useless (or it is of little use) to sit in front of a presentation, coding Python for the Machine Learning algorithm ... we have to include in our research arsenal, observation, experience, conversations with doctors, with nurses, with patients, the exchange of experiences with other analysts, with other areas, with other countries ... in a way it is about creating our own ecosystem, in which by connecting everything ... everything moves forward and becomes clearer.

Therefore, as we mentioned before, being in a hyper-connected world like the one we live in, let's stop trying to just measure the market, and give room for curiosity, for doubt when faced with a data that we did not expect ... let's pull the thread of that data and see where it takes us, without fear of reaching something known or nothing, because where the magic of market research really lies is not only in the final result, it is in the process and the journey towards that curiosity, and if that journey is also we do interacting with a diverse and wide ecosystem ... the learning will be maximum and we will be able to go beyond what we were initially looking for.

Always Go Beyond!

# HOW TO INVENT THE MARKET RESEARCH EQUIVALENT OF SPREADABLE CHOCOLATE

I first had Nutella (other brands of spreadable chocolate are available) when I was 14 years old, on an exchange to Germany. I remember thinking what a brilliantly naughty idea it was. Spreadable chocolate for breakfast! What's not to love? But it's such a simple innovation, taking a much loved product, chocolate, that had already been around for centuries, and simply changing the format so that it can be used in new ways and at other times of the day.



**Stephen Potts**

Director

Purdie Pascoe

The Nutella approach to innovation is rare in market research. As researchers, we are like magpies, attracted by the latest shiny thing. As an industry, we are constantly looking for the next advance in technology that can help us to gain better insights, in less time, for less money, and rightly so. However, in our pursuit of the latest shiny thing, many fantastic approaches remain under-used and under-innovated.

At Purdie Pascoe, we have always innovated by taking approaches that are values and trusted by our clients, market research chocolate, if you will, and applying them in new, relevant ways. In this article, I would like to share three examples of market research Nutella with you.

## Product testing in unprecedented times

With our heritage in medical devices, Purdie Pascoe has always done a lot of product testing, normally face-to-face, in viewing facilities. When one of our most important clients asked us to conduct product testing in IV infusion sets, during lockdown, we proposed a novel approach. We couriered a set of samples to respondents and conducted video-depth interviews to gauge their reactions. We also asked nurses to conduct certain testing elements up close to their webcam, thereby capturing footage of product usage. Our client was also able to view the research and see for themselves any usability issues that respondents faced.

This innovative approach, like Nutella, was not rocket science, but a nice way of using tried and tested approaches in a new way.

## Conjoint, but not as we know it

A pharmaceutical company recently approached us to conduct a Market Assessment Study for a product that they wanted to launch in the US. One of the objectives of the research was to identify the patient types that the new product would be suitable for and to build a forecast model that provided a realistic estimate of the sales that they could expect over the next 3 years.

Conjoint or trade-off experimental designs are usually used to assess the potential of a new product, allowing for different product profiles based on future results of clinical trials. In this situation, though, our client's product profile was fixed.

We proposed an innovative way of using conjoint to both identify the patient types most likely to receive the new product and then to build the results into a forecast model. The conjoint design included patient characteristics rather than product attributes and involved asking respondents their likelihood to prescribe the new product for a number of different patient profiles.

The output was a simulator that modelled the likelihood of any patient being prescribed the new product, which could then be fed into forecasts. Not as tasty as spreadable chocolate, but what's not to love?



### Online Qual – The best of both worlds

Over the past 12 months, we have been conducted a lot more online qualitative research, for obvious reasons. There are a range of online qualitative tools available and it is important to select the right one for each project.

We are currently conducting a research programme for a pharmaceutical company to the area of cholesterol and decided to combine two different online qualitative approaches, in two phases:

- The first phase is designed to gain a better understanding of the challenges that patients, caregivers, doctors and payers are facing in managing cholesterol to target. For this phase, we felt that online communities provided the best approach, allowing us to explore issues over the course of a week and to probe on key areas of unmet need as they arise.
- The second phase involved a co-creation session, where we wanted to bring different stakeholders together to design solutions that would improve patient care.

For this phase, we felt that online focus group discussions provided the ideal research forum, enabling better collaboration and interaction.

By combining two different approaches, we harnessed the strengths of each and used them for the elements of the research programme that they were best suited.

After all, to quote Tom Freston, co-founder of MTV, "Innovation is taking two things that exist and putting them together in a new way."

So, as we approach Christmas, and look forward to all the chocolate that, no doubt, we will gorge ourselves on, remember that every After Eight, every Terry's Chocolate Orange and every Ferrero Rocher is a delicious innovation made from tried and tested ingredients, put together in a new way.

And ask yourself what brilliantly naughty ideas will you come up with for your clients in 2021? Will they be as good as spreadable chocolate?

### Our syndicated research services deliver real-world insights across a broad range of disease areas, quickly and cost-effectively.

**Therapy Watch** provides brand teams with access to aggregated Patient Record Forms to help measure and track the dynamics driving their market, while our **Living With** patient reports offer a robust and in-depth insight into the patient journey from pre-diagnosis to stabilisation.

Visit our website to find out more:  
[researchpartnership.com/syndicated](https://researchpartnership.com/syndicated)





# EphMRA Directory

## FREE LISTING

EphMRA celebrates 60 years in 2021 and we really do set the gold-standard in healthcare market research and will continue to build on excellence.

## WHERE TO START?

The best starting point is the EphMRA Directory, this enables healthcare intelligence and market research suppliers to connect and advertise their services for FREE with the opportunity to receive an enhanced listing if you are an EphMRA member.



## THE LEADING DIRECTORY FOR HEALTHCARE Market research Suppliers

Listing your in the EphMRA Directory provides you with the opportunity to share your services & areas of expertise – a great platform to showcase your business to the right target audience.

You don't have to be a member to list your company in the Directory.

Non-members of EphMRA can advertise their business in the directory for FREE, or can access an enhanced listing as a member, or by upgrading for a small annual fee.

For Your Free Directory Listing: <https://ephmradiirectory.org/sign-up/>

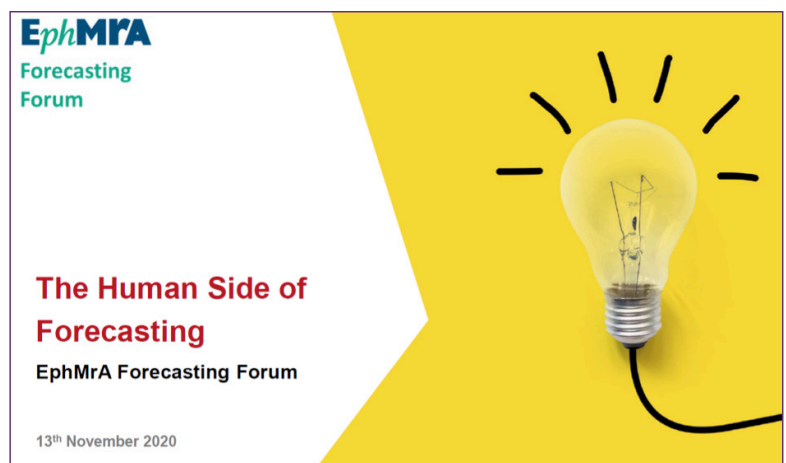
# Forecasting Forum

The Forecasting Forum held a great session on 13 November entitled:

**The Human Side of Forecasting or 'Making it through Business Review Committees' as the topic of a recent online meeting and were joined by Florent Edouard -Global Head of Commercial Excellence Gruenenthal.**

Florent's experience covers a broad range of senior commercial roles in Sales, Business Insights, Business Development and Forecasting & Analytics.

The ensuing discussions were wide ranging and very beneficial to those who joined and thanks to Florent for a really excellent review of the topic and valuable insights that may hopefully inspire a follow up in member organisations.



### EphMRA/ Intellus Worldwide Classification Committee: who we are and what we do

Pharmaceutical sales audits were introduced in the 1950s. While most were based on similar classification systems, there was some variation. For effective comparability, therefore, it was essential to have a single unified classification system.



In 1968, market researchers from European-based international pharmaceutical companies began to develop the current Anatomical Classification. Their counterparts in the USA joined them in translating the old system into the new version.

Today, virtually all pharmaceutical audits around the world are based on the EphMRA/Intellus Worldwide Anatomical Classification System, which groups pharmaceutical products into categories in sales, medical, and promotional audit services. Secondary data suppliers also use this classification, among them IQVIA.

The EphMRA/ Intellus Worldwide Classification Committee is responsible for maintaining the integrity of the system, meeting the demands of an evolving marketplace, and reviewing and approving the classification of individual products. The classification brings order and standardization, enabling market researchers to analyze therapeutic markets and compare products.

In the 1970s, the World Health Organization (WHO) adapted the EphMRA system for its own needs, creating a separate Anatomical Therapeutic Chemical (ATC) classification for clinical use. While the two systems are similar, they have different goals.

The purpose of the WHO ATC is to meet the needs of teaching, clinical trials, health organisations, and governments, while the EphMRA/Intellus Worldwide Anatomical Classification system aims to meet the needs of marketing research and marketing. Furthermore, the WHO ATC classifies substances while the EphMRA/Intellus Worldwide Anatomical Classification system classifies products. EphMRA and WHO have met annually since 1991 to harmonise the systems and avoid confusion.

Membership of the EphMRA/ Intellus Worldwide Classification Committee, a global working group from multiple organisations and companies, brings a range of benefits. Primarily, it offers participants unique developmental opportunities and interaction with other industry colleagues. It also gives member company representatives a seat at the table, enabling them to review and discuss classification issues that may impact their business. Committee members are expected to be unbiased in their assessments, but each member can present their corporate interests where applicable. Classification issue outcomes are determined by the Classification Guidelines.

Being part of the Committee offers participants very early insight into new developments and the opportunity to influence how market classifications are structured in the future, thereby contributing to broadening drug class and overall industry knowledge. It also enables them to make meaningful contributions to the continued evolution of the pharmaceutical industry.

The Anatomical Classification Committee is made up of approximately 10 pharmaceutical company representatives, consisting of individuals from EphMRA full member companies in Europe and one full member from Intellus Worldwide. There is also a position for Liaison members from Japan and China, and IQVIA is represented on the Committee as a non-voting member. The main criteria for membership are knowledge of the international pharmaceutical market and its products, and current experience with global secondary databases. There are two categories of membership: full position and apprentice position (determined by level of experience).

The Committee meets four times a year for approximately 1.5 days, with hosting duties rotating between members. Each member has primary responsibility for one or more therapeutic categories and is encouraged to be part of the Committee for at least two years.

Members are expected to attend at least three meetings per year, with their organisation funding expenses and travel costs.

When positions on the Committee become available, member companies are asked to put forward nominations for members who meet the qualification requirements. Industry member volunteers are also considered.

In the first quarter of the year members attend the WHO Harmonisation Meeting, where they review annual changes to both classifications, seek areas of alignment and review future anticipated developments, and a Classification Meeting, where they review new and existing investigations and finalize proposals ready for voting. They meet in May or June each year for the Annual Voting of new classes. Q2 events include a further Classification Meeting, to review the outcome of annual voting on new classes and to review new and existing investigations. In Q3 members take part in a Classification Meeting, to refine detailed rules of newly voted classes and to review progress on new and existing investigations. A final Classification Meeting takes place in the fourth quarter, with Committee members finalizing new class guidelines, reviewing progress on new and existing investigations, and determining a list of proposals ready for voting the following second quarter.

The Anatomical Classification System is based on a cascade. Products are grouped by anatomical site of action; indication; mechanism of action; or composition. The second level gives details of the first level, the third level of the second, and the fourth level of the third. Crucially, individual products, rather than substances, are classified, 'product' referring to a pack or unit that can be dispensed, prescribed, and so on. Each product pack (SKU) is assigned to one category.

Creating a new class within the system requires several key factors, including a compelling need for a new class. A substance with an approved indication launched in at least one country is required, as is a second, different substance that is in registration and expected to be launched soon. A one-substance class will not be created.

New classes can be suggested by EphMRA/Intellus Worldwide members, non-EphMRA/Intellus Worldwide members, or the Committee. Proposals must be clearly stated and the impact of the change to the system outlined.

Each proposal is reviewed by the Committee, to ascertain whether there is a general consensus that the system should be modified and what the changes should be. The finalised proposal with background information is sent to EphMRA/Intellus Worldwide membership for voting in the second quarter of each year.

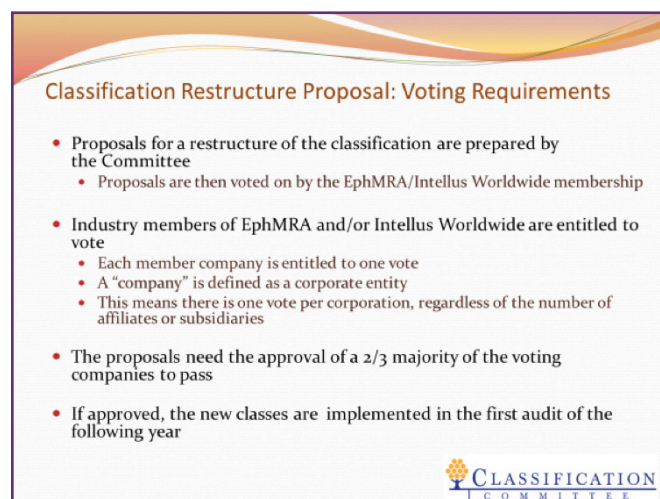
Proposals for a restructure of the classification are prepared by the Committee, then voted on by the EphMRA/Intellus Worldwide membership. Industry members of both organisations are entitled to vote, with each member company awarded one vote, regardless of the number of affiliates or subsidiaries. To pass, proposals require the approval of a two-thirds majority of the voting companies. If approved, the new classes are implemented in the first audit of the following year.



**Anatomical Classification System Overview**


- The Anatomical Classification System is based on a cascade:
  - Products are grouped by anatomical site of action, indication, mechanism of action or composition
  - The 2nd level gives details of the 1st, the 3rd of the 2nd, and the 4th of the 3rd
- Importantly, individual products are classified, not substances.
  - "Product" is defined as a pack or unit that can be dispensed, prescribed, etc.
  - Each product pack (SKU) is assigned to one category





**Classification Restructure Proposal: Voting Requirements**

- Proposals for a restructure of the classification are prepared by the Committee
  - Proposals are then voted on by the EphMRA/Intellus Worldwide membership
- Industry members of EphMRA and/or Intellus Worldwide are entitled to vote
  - Each member company is entitled to one vote
  - A "company" is defined as a corporate entity
  - This means there is one vote per corporation, regardless of the number of affiliates or subsidiaries
- The proposals need the approval of a 2/3 majority of the voting companies to pass
- If approved, the new classes are implemented in the first audit of the following year



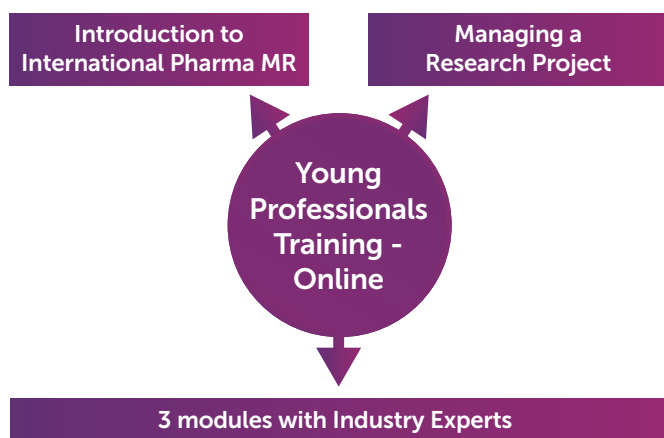
The Guidelines to the Anatomical Classification System and details of annual changes are available from EphMRA or Intellus Worldwide.



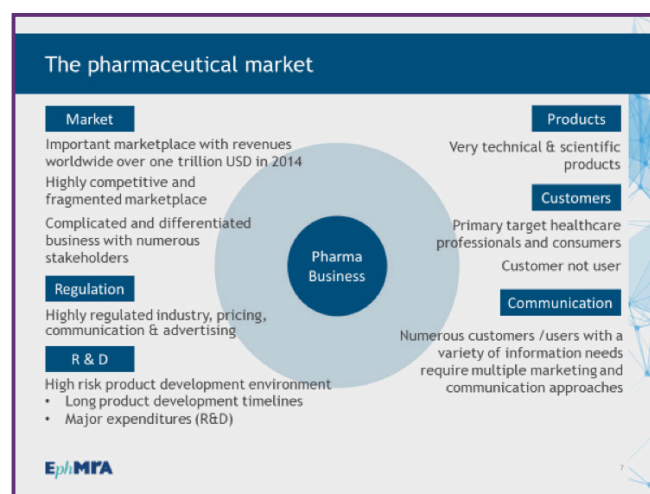
# LDC: Learning & Development Committee – delivering training to you

## Young Professionals Training

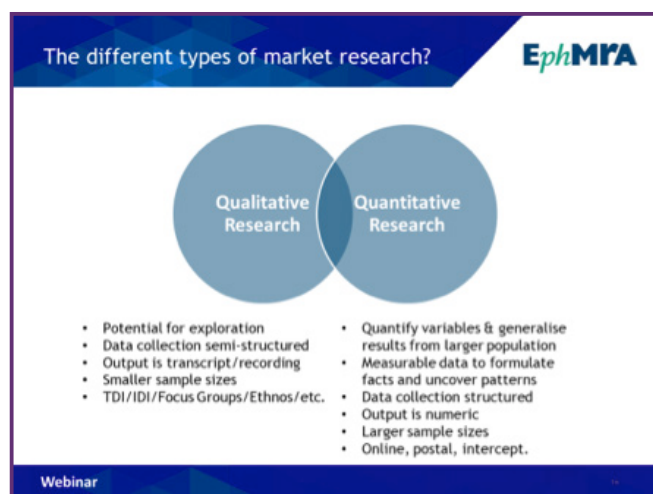
The LDC have developed a specific programme aimed at Young Professionals in our industry – those with 3 years or less in the industry.



## 2) Positioning and Messaging



## 1) Basic Skills: Project and Product Lifecycle



## 3) Projective Techniques





# MR Excellence Awards 2021



Submission deadline 28 February 2021

EphMRA colleagues are engaged in a huge range of healthcare market research initiatives, studies and projects and the Board wants to take this opportunity to learn more and to enable members to show case their expertise.

It's time to start organising your submission for the EphMRA Awards - these are outlined below and open to all (including members and non members).

Winners will be announced in April 2021.

The winning papers will receive a certificate and memento award and are offered the opportunity to present at the June 2021 Conference (but this is optional).

## 1. Making a Business Impact

Sponsored by



This award is for a market research project that has made an impact on the business. It will showcase how, through the project design, implementation and insights generated you have made a difference. Please do highlight in your submission where the company's business has modified and improved its strategy and/or how the project made an impact and helped the client company move its business forward. This Award would ideally suit a joint submission – agency/industry.

## 2. Innovative Approach

Sponsored by



Your submission should demonstrate an aspect of a project that was done differently – there was something innovative included or the approach was more cutting edge. We'd like to hear about studies where you have tried new approaches – it may have been successful/partly successful – so tell us what worked/what didn't work and what you have learnt from this.

## 3. Future Leaders - Case Study Award

Calling all Managers: Please do have a look to see who in your Team could make a submission for this Award!

As a Young Professional, if you've been working in healthcare market research for 5 years or less we are looking for your submission which focuses on one, two to three MR projects you have played a major role in. In your submission please outline the projects, their objectives, and what you learnt in terms of your own professional development from being involved in these projects.



# MR Excellence Awards 2021



Submission deadline 28 February 2021

## How to submit:

Award submissions should be in the form of a total of 5 Powerpoint slides.

Your submission should be organised around the following headings:

### INTRODUCTION

submission title, the name of those making the submission (max 2 people) and their company names, job titles and contact email addresses.

### BACKGROUND

### METHODOLOGY

**TECHNIQUES** (highlighting any new or different approaches taken)

### CONCLUSIONS

After the submission deadline we will arrange a telecon in which you will make a 5 minute pitch to the Judging Panel, to verbally illuminate your submission, these 5 minute pitch sessions will take place on 16 and or 18 and or 23 March 2021.

**All awards will be judged according to these criteria:**

1. Clarity of the message conveyed
2. How well the message was presented and conveyed
3. How engaging will the message be
4. How new and innovative is the approach outlined

## Added value provided by the presentation

5. What is the level of the business impact resulting from the study
6. The paper provided clear and tangible takeaway messages

## Who will judge the Award submissions?

Members will be approached to help judge the Award submissions so that they are assessed independently and by colleagues with a range of experience.

## Winners

Each Award winner will be required to:

- make a presentation to the EphMRA membership in May 2021 (May is the appointed month and can't be postponed)
- this will be via zoom and last for 20 minutes with 10 minutes for Q&A
- the session will be recorded and along with the slide deck presented be made available to the membership in the members area of the web site.

If you are chosen to be an Award winner we will contact you in advance of the MR Excellence Award Winners announcement to re-confirm the above.

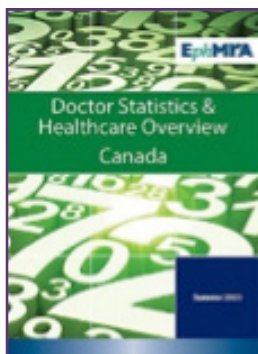
Any questions? Please do get in touch and send your submission to [generalmanager@ephmra.org](mailto:generalmanager@ephmra.org) by 28th February 2021



# Doctors Statistics Report

We've been busy updating some of our great Resources – including our Doctor Statistics reports - log in to the members area – Resources – Foundation.

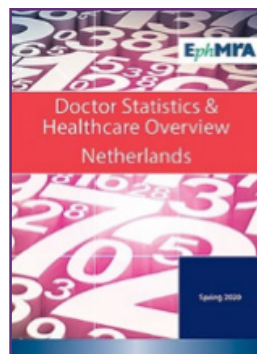
## Canada



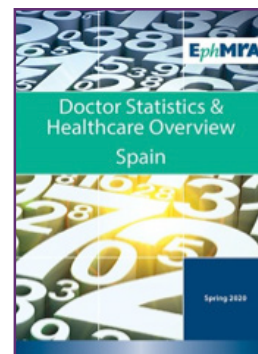
## Germany



## The Netherlands



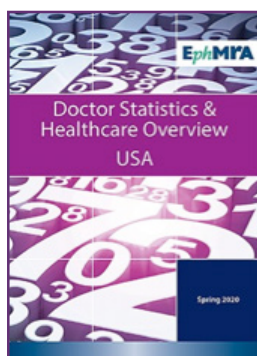
## Spain



## UK



## USA



These great reports contain a wealth of information – take a look at one of the contents pages showing what's included:

1.	Introduction to the United States of America
2.	US healthcare system
3.	Healthcare insurance
4.	Healthcare financing and expenditure
5.	Healthcare Service and Delivery
6.	US pharmaceutical market
7.	Bibliography
8.	Doctor Statistics
Table 1: Number of Licensed Physicians in the USA	
Table 2: Number of Licensed Physicians 2010 - 2018	
Table 3: Geographical origin of Licensed Physicians	
Table 4: Locations of the largest Number of Licensed IMGs	
Table 5: Physicians by Age 2010 and 2018	
Table 6: Physicians by Gender and Age	
Table 7: Physicians with ABMS and AOA Certifications	
Table 8: Numbers of Licensed Physicians by State	
Table 9: Physician Numbers	

# Ethics Update

This quarter for our members we have published the November Ethics News with a global round up of everything you need to take note of ethics wise.

EphMRA Ethics Healthcare News	
November 2020	
<b>Global</b> .....	1
Declaration of the United States of America and the United Kingdom of Great Britain and Northern Ireland on Cooperation in Artificial Intelligence Research and Development Harnessing the Power of Real-World Evidence to Develop Innovative Medicines in the UK and the EU .....	1
<b>BREXIT</b> .....	2
UK Issues New Guidance for Medical Device Regulation After Brexit .....	2
<b>EU</b> .....	4
EMA Guideline on registry-based studies - launch of public consultation .....	4
EMA: Making best use of big data for public health: publication of the Big Data Steering Group workplan for 2020-21 .....	4
MEPs issue their list of demands for Digital Services Act .....	5
Council of the European Union corrects GDPR official translations .....	5
An EU framework for artificial intelligence .....	5
Parliamentary research service issues study on ethical framework for AI .....	5
The Science of Regulation and the Regulation of Science .....	6
<b>Australia</b> .....	6
PIPC publishes guidelines on medical health data anonymisation and use .....	13
PIPC launches public consultation on a draft guidance and commentary on data protection laws .....	13
<b>Spain</b> .....	13
AEPD fines Centro de Investigación y Estudio para la Obesidad €50,000 for unlawful data transfer .....	13
The AEPD publishes a guide to facilitate the practical application of data protection by default .....	13
<b>Sweden</b> .....	13
Dataspäktionen publishes guidance on children's online rights .....	13
<b>Turkey</b> .....	13
Amendments on the Medical Device Sale, Advertising, and Promotion Regulation .....	13
<b>UK</b> .....	14
ICO Blog: Engagement key in protecting people's privacy across the UK during the pandemic .....	14
House of Lords EU Committee highlights political turmoil, UK surveillance laws, Schrems II decision as key risks for UK adequacy .....	14
<b>USA</b> .....	14

Find tailored resources on Brexit in our Hub – log into the members area.



- No deal Brexit guidance
- Appointment of EU representative
- Immigration Update
- Standard Contractual Clauses
- EU-UK Data Transfers
- Brexit policy statements for government and MRS
- International Data Transfers: Privacy Shield and Standard Contractual Clauses

Looking for Guidance on the anti-gift regulations in France? Check out the members web site.

EphMRA

COUNTRY UPDATE 09/2020

## FRANCE: entry into force of reinforced anti-gift restrictions

New notification and authorisation regime

France has strengthened the so-called "anti-gift regulations", which prohibit numerous types of persons (including certain healthcare professionals and public officials) from receiving benefits in kind or in cash, in any form, directly or indirectly, provided by entities manufacturing or selling health products or services. Such entities are also prohibited from offering or providing benefits to these persons.

### Consultation Response to EDPB Guidelines on the concepts of controller and processor

EFAMRO and EphMRA joined EFPIA, the European Federation of Pharmaceutical Industries and Associations; IPMPC the International Pharmaceutical & Medical Device Privacy Consortium; and BHBIA the British Healthcare Business Intelligence Association in the consultation response to the EDPB Guidelines on the concepts of controllers and processors.

Access the proposal in the members area – log in [www.ephmra.org](http://www.ephmra.org) – Ethics - Publications

# New for 2020: Preparing for Field



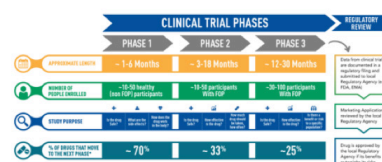
## What is Healthcare MR?

### What is the Product Life Cycle?

Pharmaceutical products move through what is called a 'life cycle' – which spans from molecule development right through to the post launch period.

### What is the Product Life Cycle?

Pharmaceutical products move through what is called a 'life cycle' - which spans from molecule development right through to the post launch period.



## What are the types of methodologies in Healthcare MR

- Qualitative methodologies
- Quantitative methodologies
- Strategic Market Research

## What types of respondents are typically interviewed in healthcare market research?

### Examples of who is regularly interviewed

**Primary Care:**  
GPs  
Practice Nurses  
Practice Managers  
District Nurses  
Retail Pharmacists  
Dentists



**Secondary Care:**  
Specialists (Grade SR+)  
Surgeons  
Specialist Nurses  
Hospital Pharmacists  
Clinical Directors  
Key Opinion Leaders



**Payers/Key Stakeholders:**  
Senior Pharmacists  
Medicines Management and Optimisation  
Head of Commissioning  
Key Opinion Leaders  
Hospital Purchasing Managers  
Hospital Business Managers  
Head of Long Term Conditions

## Course Objectives

This EphMRA online training course is aimed at those:

- Working in field and operations – recruiters, field executives, freelancers and consultants working in healthcare market research

The scope of the course is:

- to give background information on healthcare market research and the different elements (eg respondent types, how to recruit etc)
- to emphasise code of conduct and ethical considerations – these will be signposted and more detail is available in the Code of Conduct
- provide clarity on some of the different types of methodologies – qualitative and quantitative interviews
- the course will complement two other EphMRA training courses – Introduction to International Pharma Market Research and Managing a Research Project



The course is structured:

How to prepare for going into Field

Recruitment of respondents

Respondent Incentives

Re-contacting respondents – what is permitted

Observation at fieldwork – what you need to know

Recording of fieldwork

Adverse Event Reporting (AER)

Data Storage of lists and other materials provided

Role of the Medic within MR

Code of Conduct for Medical Personnel Reviewing Market Research

How can EphMRA's Code of Conduct help?

Code of Conduct for Medical Personnel Reviewing Market Research

Code of Conduct for Medical Personnel Reviewing Market Research

Protecting Respondents

How can EphMRA's Code of Conduct help?

Medical Personnel Reviewing Market Research

Adverse Event Reporting

Code of Conduct for Medical Personnel Reviewing Market Research

## Data Storage of lists and other materials provided



## New Training for 2020: Code of Conduct for Medical Personnel Reviewing Market Research

- To help medical personnel commenting upon Market Research (MR) to do so effectively, understanding how EphMRA's Code of Conduct guides all aspects of a MR project in ensuring that it meets regulatory and company standards
- Provide an understanding of the basis, scope and purpose of EphMRA's Code of Conduct
- Including its inter-relationship with the other local and international codes of practice and regulations.
- Make clear distinctions between MR, other types of research and promotional activities
- Review the key considerations and issues that medical personnel should be aware of when commenting upon MR materials

## Code of Conduct for Medical Personnel Reviewing Market Research

EphMRA

## Ethics Online Training

Currently there are over 2000 members in the online training portal taking our ethics training modules – as a reminder this is what we offer:

1. Code of Conduct Training Course
2. AER Training Course
3. Code of Conduct Competency Test – complete test
4. Code of Conduct Competency Test – supplementary test EphMRA members who are also BHBIA members will have the opportunity to take this supplementary test which covers EphMRA specific requirements and, in combination with the BHBIA Legal and Ethical Guidelines Competency Certificate, meets EphMRA's full requirements.
5. AER Competency Test – complete test
6. AER Competency Test – supplementary test EphMRA members who are also BHBIA members have the opportunity to take this supplementary test which covers EphMRA specific requirements and, in combination with the BHBIA certificate, meets EphMRA's full requirements

# Events 2020

## Delivering Cutting Edge Topics and Training

We can't meet face to face but that hasn't stopped EphMRA delivering a fantastic range of webinars to support you whilst working from the home-office.

You can keep up to date by logging into the members area of the web site and there you can find the slide decks and recordings.



## November

Are your numbers correct? Does it add up? Data checking for quantitative research – Best practice/Tips and tricks (from design to QC checks)

**SPEAKER(S):**  
Evgeny Zlatkovsky, N'counter

Devices and Diagnostics – Better Marketing by Design: Integrating Global HFE and Market Research Strategies

**SPEAKER(S):**  
Sabera Hyderally, Research Partnership

Devices and Diagnostics – Human Factors Testing – The importance to product development and challenges posed by COVID-19

**SPEAKER(S):**  
Sean Houghton, Ipsos Health & Christophe Homer, Ipsos Health

Keeping you up to date – Regulations on Medical Devices

**SPEAKER(S):**  
Camilla Ravazzolo, EFAMRO

Devices and Diagnostics – R&D strategy in Diagnostic Blood & Plasma Screening Technology

**SPEAKER(S):**  
Hugo Verpeet, suAzio & Jasper Van de Sande, suAzio

## October

Professional/Personal Development – Are you Future Fit?

**SPEAKER(S):**  
Sue Coyne, Leadership & Team Coach

## October

Post COVID-19: a new normal for carbon emissions in Pharma Market Research?

**SPEAKER(S):**  
Bors Hulesch, Brains & Cheek

## September

EphMRA Switzerland Online Meeting – 'The doctor will Zoom you now' – the impact of care at a distance on patient experience

**SPEAKER(S):**  
Janneke van den Bent, SKIM & Krysten Corbijn, SKIM

EphMRA Switzerland Online Meeting – Digital Personas: Optimising multi-channel engagement through deeper customer understanding

**SPEAKER(S):**  
Belinda Shearer, GSK & Whitney Wells, Ipsos MORI

EphMRA Switzerland Online Meeting – Identifying brand moments of magic and misery using voice tech and emotion AI

**SPEAKER(S):**  
Abigail Stuart, Day One Strategy & Hannah Mann, Day One Strategy

EphMRA Switzerland Online Meeting – Innovation has to prove its worth – Putting tech under the microscope – time for an augmented approach?

**SPEAKER(S):**  
Carolyn Chamberlain, Blueprint Partnership & Mike Pepp, Blueprint Partnership

## September

**EphMRA Switzerland Online Meeting – Upskilling the role of Market Research – an industry perspectiveG**

**SPEAKER(S):**  
Yvonne Engler, Bayer A

**EphMRA 2020 MR Excellence Award – Making a Business Impact. Webinar: Vision Seeing is Believing**

**SPEAKER(S):**  
Lucy Oates, Narrative Health &  
Natalie Ambrose, Johnson & Johnson

**EphMRA Germany Online Meeting – Improving the insights into the German health care market**

**SPEAKER(S):**  
Ludwig Prange, Berlin Chemie &  
Joachim Rittchen, Roche Pharma

**EphMRA Germany Online Meeting – How to define and execute a high impact omnichannel campaign to substitute for the loss of 70k rep visits and maintain sales of impacted brands?**

**SPEAKER(S):**  
Martin Hoffmann, Across Health

**EphMRA Germany Online Meeting – The Point Blank Insight Compass – A Companion for Sustainable Insight Management**

**SPEAKER(S):**  
Gerhard Keim, Point Blank Research & Consultancy &  
Jelena Bubic, Point Blank Research & Consultancy

**EphMRA Germany Online Meeting – Social Listening in Pharma: Taking the Pulse of Patients and Digital Stakeholders**

**SPEAKER(S):**  
Yannick Rieder, Janssen-Cilag GmbH

**Agile – Creative approaches to patient recruitment**

**SPEAKER(S):**  
Grzegorz Stanczyk, Hall & Partners

**Agile – Data Collection in Africa – challenges and considerations**

**SPEAKER(S):**  
Asebh Eshomienye, ABA Healthcare Africa

**Agile – Focus on Operations**

**SPEAKER(S):**  
Yuliya Fontanetti, HRW

## September

**Agile – Transforming your patient journey, a new Agile approach**

**SPEAKER(S):**  
Rob Seebold, Buzzback & Julie Loving, TherapeuticsMD

**Agile – How business need has transformed agile research in 2020**

**SPEAKER(S):**  
Tim Dungey, M3 Global Research &  
Hannah Brown, M3 Global Research

**How capturing real-world prescribing experience can drive behavioural change**

**SPEAKER(S):**  
Claire Mason, Cello Health Insight & Caroline Bourguet, Bayer

**What can we learn from epidemiologists, statisticians and behavioural scientists during the COVID-19 pandemic?**

**SPEAKER(S):**  
Andrew Grenville, Maru/Matchbox

## July

**Professional/Personal Development – in conjunction with the LDC: Find your own WHY – How understanding yourself can lead to better professional development**

**SPEAKER(S):**  
Anthony Rowbottom, Boxee Group

**Professional/Personal Development – in conjunction with the LDC: Culture in healthcare – developing awareness and competence**

**SPEAKER(S):**  
Elina Halonen, Square Peg Insight

**Professional/Personal Development: Tell them a story they can't refuse**

**SPEAKER(S):**  
Erik Mathlener, Story Management

**AI/Digital: Human Vs Machine: who will win the battle for insights?**

**SPEAKER(S):**  
Hannah Mann, Day One & Shruti Malani, PY Insights



*July*

**AI/Digital: Pharma's use of digital channels is often poor. How can insight/MR teams improve the quality of their brand's digital marketing campaigns?**

**SPEAKER(S):**

Lucy Ireland, Hall & Partners & Beth Stagg, Hall & Partners

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*June*

**AI/Digital: AI in Healthcare Primary MR – Smoke & Mirrors or a future staple?**

**SPEAKER(S):**

Carolyn Chamberlain, Blueprint Partnership & Georgina Butcher, Janssen

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**Forecasting and Data Analytics: Powering market research – bringing secondary and primary data together for greater insights**

**SPEAKER(S):**

Tom Haslam, IQVIA & Magali Pullino, IQVIA

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**Forecasting and Data Analytics: Looking at data differently – Using technology to discover and deliver insights from secondary data**

**SPEAKER(S):**

Kris Barker, J+D Consulting & David James, J+D Consulting

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**Forecasting and Data Analytics – How AI is (not) changing demand planning**

**SPEAKER(S):**

Sven Crone, Lancaster University Management School

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**Forecasting and Data Analytics – China Forecasting: Primary Market Research in China, Market Access and Overcoming Other Challenges in Forecasting**

**SPEAKER(S):**

Julia Liu, Kantar Health & Richard Goosey, Kantar Health

**Patient Centricity – Patient advocacy insights from ultra-rare disease caregivers**

**SPEAKER(S):**

Alec Pettifer, SuAzio & Al Triunfo, Mowat-Wilson Syndrome Foundation

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**Isolation Nation – Pharma's role in shaping the new normal**

**SPEAKER(S):**

Georgie Cooper, Basis Research & Soumya Roy, Basis Research

*June*

**MR Excellence Award: Making a Business Impact: Mobile – Don't break the data**

**SPEAKER(S):**

Alex West, Instar & Nadine Winter, Boehringer Ingelheim

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**A view of the future: CoVID-19 & Employee Resilience with a lens on Pharma and Healthcare**

**SPEAKER(S):**

Dom Boyd, Insights & Mandy Rico, The Inclusion Index

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*May*

**How to Connect and Communicate in Challenging Times**

**SPEAKER(S):**

Crawford Hollingworth, Behavioural Architects

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**Rising to the Challenge**

**SPEAKER(S):**

Sam Hope, Blueprint Partnership & Lea Kalweit, Bayer AG

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**Listen to the voices of 1.000.000.000 authentic patients**

**SPEAKER(S):**

Yannick Loonus, Semalytix

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**Performance tracking throughout the lifecycle of a drug**

**SPEAKER(S):**

Andrew Cleveland, IQVIA & Daniel Cadoni, IQVIA

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**Using facial analysis to uncover deeper reactions**

**SPEAKER(S):**

Richard Head, Research Partnership & Sarah Fletcher, Janssen

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**Transform your marketing by measuring the imagination of consumers**

**SPEAKER(S):**

Leigh Caldwell, Irrational Agency

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**Digital Opinion Leaders are the new Key Opinion Leaders**

**SPEAKER(S):**

Daniel Ghinn, Creation & Jamie Doggett, Creation

*April***Update on...Doing Fieldwork in 5EU, Fr, Ger, It, Sp, UK****SPEAKER(S):**

Tom Pugh, M3 Global Research and Niraj Patel, Medefield Europe  
 France: Sarah-May Hall, Zeste Research  
 Germany: Richard Habis, psyma  
 Italy: Piergiorgio Rossi, SGR Int  
 Spain: Georgette van den Bosch, Pharmore  
 UK: Rosalyn Twite, KeyQuest Health Ltd

**The Perfect Storm; Why Business Intelligence is (almost) ready for artificial intelligence****SPEAKER(S):**

Sarah Philips, IQVIA & Romain Lasry, IQVIA

**The Future of Research Debriefs****SPEAKER(S):**

Georgina Cooper, Basis Research &  
 Soumya Roy, Basis Research

**Maximise your profit through a thoughtful segmentation****SPEAKER(S):**

Sonia Benchiker, Branding Science &  
 Arthur Davison, Branding Science

**Can AI really add value in PMR? - Learnings from real life cases****SPEAKER(S):**

Rachel Medcalf, Adelphi Research &  
 Ratna Wynn, Adelphi Research

**The End user is Boss - Provocative thinking about embedding patients and HCPs****SPEAKER(S):**

Guy White, Catalyx

**Update on Ethics Webinar - GDPR****SPEAKER(S):**

Camilla Ravazzolo, EFAMRO

**Qual 2.0. Applied Digital Tools****SPEAKER(S):**

Barbara Lang, Point Blank Research &  
 Johanna Glaser, Point Blank Research

*April***10 Ways AI is Helping Deal with The Coronavirus Pandemic: What are the implications for Pharma?****SPEAKER(S):**

Andree Bates, Eularis

**Voice The Next Frontier****SPEAKER(S):**

Abigail Stuart & Hannah Mann, Day One & Mike Page, Phebi

**Report Doing Fieldwork In 5 EU****SPEAKER(S):**

Tom Pugh, M3 Global Research and Niraj Patel, Medefield Europe  
 France: Sarah-May Hall, Zeste Research  
 Germany: Richard Habis, psyma  
 Italy: Piergiorgio Rossi, SGR Int  
 Spain: Georgette van den Bosch, Pharmore  
 UK: Rosalyn Twite, KeyQuest Health Ltd

**Reach for the stars. Achievable steps on the path to future insight greatness****SPEAKER(S):**

Paul Child, Join The Dots

*February***Concept and message testing – what you should be doing in 2020****SPEAKER(S):**

Hannah Mann, Day One & Kat Gridley, CDM

**Projective Techniques****SPEAKER(S):**

Emilie Braund, Research Partnership

*January***Positioning and Messaging****SPEAKER(S):**

Andreas Erkens, Dr Erkens Consulting Group

**EphMRA Member Benefits****SPEAKER(S):**

Bernadette Rogers, EphMRA & Sally Birchall, EphMRA

In July this year, HRW were delighted to welcome our new Senior Field Controller, Fatima Dos Santos; who rose brilliantly to the challenge of joining our organisation during remote working conditions. We were also pleased to welcome Director Robyn Laurie back into the team in August, following her maternity leave.



We are proud to share that for second consecutive year, Fine Research won a Judges' Choice Award in the AIR Project & Innovation category. The company is so far the only LatAm company that has won an AIR award!



This recognition is a strong motivation to all team members to continue committing to excellence as the most adequate possible response to these uncertain times.



Adelphi Research continues to grow having announced 4 internal promotions and 3 new hires in Europe. We're also delighted to have appointed Elizabeth Kehler as Managing Director, to lead our strategic direction going forward. Elizabeth has over 25 years of experience in research consultancy in Europe, Asia and the US.



Research Partnership has recruited over 25 new team members including 12 recent graduates. Commenting on the appointments, Angela Duffy said "We're thrilled to welcome these talented individuals. Despite the challenges presented by COVID-19, we continue to expand, thanks to the hard work, dedication and research skills of our employees".

