Ethics Committee Telecon: Minutes & Actions 3 March 2020		
Participants	Mattias Blomgren	Camilla Ravazolla
	Matteo Cappai	Bernadette Rogers
	Florence Chopin	Jessica Santos
	Jeanette Kaufmann	Matteo Scaringi
	Christine May	Piergiorgio Rossi
	Xander Raijmakers	
Apologies	Alex Adams	Karen Giorgio Vigo
	Anne Beatrice Clidassou	Analia Revaux
	Roni DasGupta	
Please kindly remember that all EC discussions should remain confidential		

MINUTES & ACTIONS

	Topic	Who?
1	**Introductions and apologies.**	
2	**<u>AER Guidelines</u>** The revised Guidelines were sent round for final comments and feedback received forwarded to Georgina to finalise the document. BR asked if EC members on the call had any further comments. Georgina raised a point on the need to update the AER template. Analia (Zeste) had volunteered to updated Ethics template (AER and in Code as somewhat out of date). Matteo S volunteered to help with the review of current templates. **Action:** Sub-group – **Georgina, Analia and Matteo** – to review AER and Code templates and update by end April.	Georgina, AR, MS
3	**<u>Countries to be added to the Code.</u>** Countries proposed to be included in Code: China, Australia, and Argentina The Code currently covers: Includes: Brazil, Canada, Denmark, Finland, France, Germany, Greece, Italy, Japan, Mexico, Netherlands, Norway, Poland, Russia, South Korea, Spain, Sweden, Turkey, UK, USA Other suggestions? <u>Priority countries include</u>: **Tier 1**: Australia and China **Tier 2**: Switzerland (focus GDPR non-EU members re: data transfer); option data transfer in Argentina **Tier 3**: MENA region (longer-term as relatively low volume MR and lack resources to access) Previous experience working on inclusion China and other markets is the need for someone locally on the group to provide support and act as a liaison. It is feasible now as appropriate points of contact have been identified. Kantar office in China, Camilla's contacts for Switzerland and Argentina (data transfer to/from Europe). The sub-groups to facilitate inclusion of additional countries into future Code update.	

	Action: Kantar (Shanghai office) – Diana and Adele, plus Jessica (UK office) focus on China. **Camilla** focus on Switzerland and Argentina (Fine research?). Update progress next EC call.	JS, Diana and Adelle (Kantar); CR
4	**<u>Statement on Germany and Incentives</u>** Number of enquiries have been received relating to German incentive levels for HCPs, specifically GOA 85 guidelines and an upper limit fee for HCPs of €67/per hour. The guidelines include incentive levels for different types of activities undertaken by HCPs, but not specifically market research. The closest / proxy activity is 'special advice or consultancy'. The Board recommended that EphMRA issue a statement to clarify the situation. EFAMRO drafted a statement which was circulated to the EC for comments. Several points raised by EC: Clients insisting on using lowest fee levels, need for clarity on referencing / using GOA table 85 for HCP incentives in MR and preferred statement that "incentives may only be provided" instead of "granted". EFAMRO statement is a little wordy and we want to avoid the risk of further confusion or misunderstanding on this topic. (CR) This issue was raised several years' ago and appears to be a recurring theme based on individuals' interpretation or misunderstanding of GOA table 85. The situation in Germany has not changed: there is no new interpretation by ADM or regulation. ADM guidelines for studies in public health services suggest referring to the GOA tables, but nothing more specific. It is not possible to be prescriptive on incentive levels as there are several factors that need to be taken into consideration: type of research, physician or other HCP type(s), etc. **Action: CR/BR** review EFAMRO statement: clarity GOA are guidelines, refer 'special advice or consultancy' on fee levels but to consider by situation, i.e. type of MR, type of HCP, incentives are "provided" rather than "granted", and succinct, to the point, simpler and shorter statement to aid the readers' understanding. **Revised statement** to EC for **comments ahead of April TC**.	CR/BR
5	**<u>An online course for those managing field operations/moderators etc for healthcare MR</u>** RDG/BR will guide and outline the topics, section and flows and BR will organise populating course content. The work needs to be started in April and aim to have it completed by September. EC comments and input to help scope the main themes. Query on the scope of the training course. BR clarified that the training is for everyone working in healthcare/Pharma MR, i.e. not limited to agency / fieldwork only. Course will not be as broad as the Code of Conduct training but intended to be practical and focussed on pre- during and post-MR activities. It will cover points for the client in preparing and directing MR, what to consider for observation of fieldwork, use of forms and templates, etc. Matteo C will support RDG and BR, but dependent on time available to input.	

	Action: BR/RDG to lead sub-group to scope course topics, etc starting April and BR organise population of the content to be completed and ready for members by September 2020. MC to support RDG/BR if possible.	RDG/BR (MC)
6	**Webinar end April** Ideas for topics of Ethics update webinar (2nd webinar for the 12-month period). Suggestions include (first 3 relating mainly to DP regulations): • **Updates / Anything new**: Country updates? GDPR - interest or concern on areas where there are mistakes, transgressions, fines, etc. Information on actions taken by regulators is in public domain as examples, not just big tech (e.g. Facebook, Google with massive fines) but smaller organisations (e.g. Hungarian DP authority fined firm ~€90+). Implications for MR industry, small and large agencies and clients? • **Update on global development of privacy and protection**, on how GDPR is implemented by data supervisory protection authorities, fines, etc. • **Development of privacy law outside of the European Union (EU)**: Indications are most regulators refer to EU GDPR as most stringent, e.g. California looking to adopt EU approach – European-centric focus. Clients aren't all based in Europe and view the Code as heavily GDPR focussed. What other DP developments members should be considered? Other DP frameworks to reference? What is happening in Brazil, APAC region, etc? • Highlight that expanding the **Code to include more countries** (useful marketing tool).	
7	**AOB** Interpretation on passing personal data to the MR sponsor in Germany: issue raised with EC regarding differences of interpretation to EphMRA's position. ADM interpretation is that personal information may be passed to the commissioning company if the correct "boxes are ticked", i.e. consent for research purposes, safeguarding agreement, etc. This has been the situation for the last 10 years and no different from France or other European countries. Comment that ADM guidance is for recordings of research and transferred for research purposes only (e.g. transcription/analysis). Not permitted to pass personal information to the Pharma company/sponsor. It is based on contract work and provided it is not possible to identify the respondent from the information it may be passed to the sponsor. However, there remains possible conflicts with GDPR and ADM are still working to update their code. **Action: BR/CR** to follow up for clarity and to understand what, if any, implications it may have for EphMRA's Code. **Close meeting**	BR/CR

Date of next Telecon EC Meetings

- April 2020