Ethics Steering Group Minutes – 28 March 2012

On call: Bob Douglas, Georgina Butcher, Bernadette Rogers

Apologies: Piergiorgio Rossi, Catherine Ayland

1. Code Scope

There was discussion as to what the Code should look like – a summary overview or a detailed document. It was felt that just a summary Code would be a backward step – many members appreciate and get value from the detail contained in the Code. However it was felt that the Code could be simplified and a summary upfront would help – the detail can be maintained but possibly organised in a different way. The navigation should be looked at as it can be hard to find things and a challenge for those without English as their mother tongue.

There could be separate Addendums for specific areas eg AER which is a substantial section in the Code at the moment. ESOMAR do this for significant areas of the Code.

We do not want the Code (if too substantial) to become a barrier to acceptance from a legal point of view.

It was suggested that Catherine review the Code and come back with a suggested structure to make it more manageable. This could include signposting, addendum booklets, streamlining, navigation.

The previously suggested 3 stage review is still recommended:

1. EphMRA review – Catherine to indicate when the language etc can be looked at and indicate a timing for this.
2. Legal review
3. Pharma company review.

2. Code Changes

More rigour in terms of how changes are accepted into the Code is needed.

The Ethics Committee (EC) will be the group to look at recommended Code changes in a more formalised way. The Code will be updated annually and there will be a consultation period with the members who can comment on the proposed changes. It is the Ethics Committee who will sign off on changes. If changes in the law mean a Code change is needed then this could be fast tracked to be signed off by the Ethics Committee rather than being sent out for consultation to members.

Local Ethics Advisers (this includes some of the locally based Ethics Group members) will feedback on any issues which might mean a Code change is needed and this will help to widen our reach and extend our contacts.

3. AER

AER guidelines may change with the new EMA legislation. It may be advisable to say that the AER standards outlined in the Code are minimum standards and many companies follow their own guidelines which are more stringent and take precedence.

4. Code Enquiry Service

The service we offer will be maintained and there are no plans to move to a Codeline telephone service as this would be very difficult to operate within our present structure.

5. Membership

If the Code was mandatory does each member company need to physically sign up, ie sign a document? This could cause some problems as then the company legal department may wish to review the document. We need to check to see if in the membership renewal acceptance it is legally acceptable to say that membership renewal and invoice payment means acceptance of the Code. Thus the mandatory Code would be accepted by default – would this work? This needs a legal point of view and we can also check this through with a couple of pharma companies to see if their legal departments would accept this.

6. Grievance

It was confirmed that commercial problems will not be addressed during the grievance process. The Committee who will assess complaints will be a group of 8-10 mixed FM and AM volunteers from the membership who will be appointed by the Board for a term of 2 years. The grievance issues we will address will be published and other issues like service problems need to be addressed via MSAs.

If a grievance case lasted beyond the term of a committee member they will be asked to stay involved with a complaint until the case is concluded. This will ensure continuity and the expertise will not be lost.

7. Training

This will not be a compulsory aspect of membership but will be available as an option. The training will need to be updated once a year. If appropriate, the training and test may need to be updated

more than once during a 12 month period but this will need to be assessed as there is a design and implementation cost associated.

It is recommended that the training be renewed each year – this has to be done as the competency certificate runs out after 12 months.

8. Legal

The MRS have an insurance policy through the Royal & Sun Alliance which costs £5500 per annum.

ESOMAR will be asked about their insurance policy as well as for access to their legal adviser.

9. EMA

The EMA have now posted on their web site the implementation guidelines for the new legislation. The deadline for a reply is 18 April. A call has been arranged for 4 April to discuss the matter with the Task Force. The ABPI are working as part of the EFPIA team on a response to the EMA documents and EphMRA also needs to reply – it is important to try to work with the ABPI and ensure they understand that their recommendations can have a broader impact on companies operating in Europe.

The EMA have been emailed to ask for the voice of the MR industry to be heard and to have a call with them but no reply has been received. The aim of EphMRA is to be the consultation partner with the EMA on any issues relating to market research and PV. However this is not the case right now and so we need to increase our profile and become higher up on the radar screen for the EMA. We need to make the EMA aware that we are serious about wanting to be able to contribute to the discussions. Engaging a lobbying company might be an option and should be included in the plan to be submitted in June – such a company with the right connections could help increase the profile of EphMRA and MR.

Action: Bernadette to look around the internet and Catherine to ask any ABPI contacts if they know of any companies who could help us. This could be included in the White paper discussion document.

It was decided to try to get closer links with the EMA and to invite them to attend the AGM – maybe for the Ethics Training or the Ethics Group Meeting. Bernadette to action.