

Incentives Overview: Country differences and Summaries by Market

Creating excellence in professional standards and practices to enable healthcare market researchers to become highly valued business partners

Incentives - Regulations / Restrictions

General points

Information on country specifics is limited. General advice would be to check with the fieldwork provider in each relevant market for further information if required. The following general principles have been extracted from the EphMRA Code of Conduct and apply in all markets. <http://www.ephmra.org/professional-standards.aspx>

Incentives

An 'incentive' is any benefit given to a respondent to encourage participation in a market research study and should be:

- Dependent only on the correct completion of a questionnaire/ interview and not on any additional conditions in the case of one-off surveys
- Kept to a minimum
- Appropriate to the time involved
- No more than the normal hourly fee charged by that person for their professional consultancy or advice
- Appropriate to the respondent type
- Appropriate to the task(s).
- For patients/members of the public it is a token of appreciation - not a fee for time.
- Handled only by the agency however if the market research is conducted by a company's in-house researchers, respondents' personal data MUST NOT be accessible to company personnel outside the research team.

Panel members should be made aware of the approximate level of commitment and/or length of time required before the incentive will be paid.

Confidentiality/disclosure of recipients' incentive data

The personal data of respondents eligible for incentives are confidential, so cannot be passed to clients without permission, unless legal or regulatory disclosure requirements demand otherwise. The permission to share personal data MUST NOT be linked to the receipt of an incentive.



Incentives that are Not Allowed

Incentives are not allowed in the following situations:

- That could influence opinion or behaviour e.g. to encourage use of a drug; excessive payments that could be seen as an attempt to buy good opinion or reward use
- That require the respondent to spend money
- That are made up of the sponsoring client's goods, services or vouchers for these
- As a covert means (alongside supposed market research questions) to collect personal data.

Explanation of terms

Cash - includes any equivalents that allow the recipient to remain anonymous and there is no transfer of personal data.

Cheque - includes all forms of cheque unless otherwise specified. Any cheque that incurs a cost to the respondent in order to access the money is NOT allowed.

Bank transfer - includes electronic bank transfers and any other methods of transfer that are not anonymous and personal data is transferred.

Vouchers - includes vouchers for local or multi-national products or services. Products or services related to the sponsoring company are generally disallowed.

Prize draw - includes sweepstakes, and relates to situations where prizes are allocated by chance, with no payment to enter.

Yes - Allowed/recommended but not necessarily mandatory - see comments column

No - not allowed

Some source references appear in the original language, not in English. In this case, EphMRA is not able to provide translations.

Country - Specific Information

Country	Cash	Cheque	Bank Transfer	Vouchers	Prize Draw
Brazil	Yes	Yes	Yes, for telephone and online studies	Allowed, but not recommended	Allowed, but not recommended
EphMRA has been advised that respondents prefer either cash or cheque, which they can take along with them. Bank transfers must be done on the same day that it was arranged that it would be done. These recommendations apply to health care professionals.					
Denmark	Yes	Yes (see comment)	Yes (see comment)	No	No
EphMRA has been informed that not all Danish HCPs like to receive bank transfers and thus MR requiring payment this way is increasingly difficult. Cash incentives are recommended by ENLI (ethical committee for the pharma industry in Denmark). Cheques are not commonly used. Incentives should only be in the way of real payment, not in kind or other indirect means. These recommendations apply to health care professionals. It is not known what regulations apply to consumers. In the past it has been debated whether ENLI rules are applicable for market research companies and local knowledge suggests that this recommendation may apply only to payment by pharma companies, not third parties.					
Source: http://www.enli.dk/media/19173/Reklamekodeks-version-1-7-final.pdf					
Finland	Yes	Yes (see comment)	Yes	Yes	Yes
The paid incentive to a respondent participating in market research should be of small but reasonable economic value. There are no other further specifications with regards to value or form. Cheques are not commonly used.					
Source: http://www.lmi.no/media/2586762/27289_regler_for_markedsf_ring_engelsk_-_rules_for_marketing_og_medicinal_products.pdf					
France	Yes	Yes	Yes	Yes	Yes
If a benefit of greater than €10 is given to a healthcare professional (in addition to any incentive), the benefit must be disclosed. For a full explanation of disclosure requirements please see the EphMRA Loi Bertrand briefing of 22nd January 2014 (link below).					
Source: http://www.ephmra.org/Country-News					
Germany	Yes	Yes	Yes	No - FSA, Yes - ADM	No
The address data of those receiving incentives must be stored for the length of time required by tax law. Personal data MUST be stored in a way that ensures the date of the interview is identifiable but prevents personal data being linked to response data.					
FSA Code of Conduct - Healthcare Professionals (German Pharmaceutical Industry Association) states that with regard to Contractual Collaboration with Healthcare Professionals, <i>'remuneration is only allowed in the form of money'</i> . The ADM (German MR Industry Association) Guideline on interviewing with physicians for market and social research purposes (section 4) states that it is preferable that incentives are offered in cash. The ADM guidelines now apply to all respondent types, not just physicians.					
EphMRA has been informed that the great majority of pharmaceutical companies do not apply the FSA Code to market research with regards to an incentive cap or form of payment.					
Source: http://www.fs-arzneimittelindustrie.de/verhaltenskodex/fachkreise/ http://www.fs-arzneimittelindustrie.de/secure/dl/0/3534950505/9702dd2ca0639767103a4415ae43ae99b035f168/fileadmin/medien/Code_of_Conduct.pdf www.adm-ev.de					
Italy	Yes	Yes	Yes	Yes	No
Incentives should not be too high and not exceed the hourly rate of a professional. They should be paid preferably in cash and always documented. The address data of those receiving incentives must be stored for the length of time required by tax law. Personal data MUST be stored in a way that ensures the date of the interview is identifiable but prevents personal data being linked to response data. These regulations apply to all MR respondents.					
Source: http://www.assim.it/direttiva-farma_kdirettiva_farma.htm#art8					
Japan	Yes	Yes but not preferred (see comment)	Yes but not preferred (see comment)	Yes	Yes but not preferred
Although no legal restrictions prohibit cheque and bank transfer as incentives, these are not preferred as these have implications on time, cost and response rate due to extra burden on the respondents.					
Bank account information is considered as important private information that should not be kept on record by research agencies. Reporting of incentive payment to client requires prior consent from the respondent. This is to abide to the Privacy Protection Law of Japan.					
Source: JMMRG (Japan Medical Marketing Research Group) members, November 2013 Singapore AsiaPac Post Conference News pages 28-30 http://www.ephmra.org/Newsletters					
Korea					
KRPIA members must report market research survey incentives quarterly. Food, drink and compensatory gifts up to a value of KRW 100,000 per HCP may be provided. If the survey takes 30 minutes or more to answer, payment of up to KRW 100,000 per HCP may be provided.					
Netherlands	Yes	Yes	Yes	Yes (see comment)	Unknown (see comment)
The most frequently used vouchers are called 'VVV-bonnen', vouchers with a particular value in cash, that can be spent at a large number of stores. We are not aware of any differences between incentive payments to medical professionals and consumers.					
EphMRA has been informed that prize draws may be allowed, as the value of incentives are communicated during recruitment. At this point respondents would be free to decide whether they want to participate in a research in exchange for a certain incentive.					
Norway	Yes	Yes (see comment)	Yes	Yes	Yes
Source document does not say specifically any amounts or way of payment for market research. Cheques are not commonly used.					
EphMRA has been informed that data gathered in 2007 stated the maximum incentive is 1000 NOK per hour and all payments should be made according to the tax rules (unable to find a published resource).					
Source: http://www.lmi.no/media/2586762/27289_regler_for_markedsf_ring_engelsk_-_rules_for_marketing_og_medicinal_products.pdf					

Country	Cash	Cheque	Bank Transfer	Vouchers	Prize Draw
Poland	Yes (see comment)	No (see comment)	Yes (see comment)	Yes	Yes
<p>The address data of those receiving incentives must be stored for the length of time required by tax law. Personal data MUST be stored in a way that ensures the date of the interview is identifiable but prevents personal data being linked to response data. There is a requirement to advise the tax office if any respondent receives more than 250 PLN in a year.</p> <p>Cash and bank transfer are only possible based on an invoice or agreement signed with the recipient. In case of an agreement the tax office needs to be informed of remuneration of any amount. A regular tax declaration is issued at the end of the year. Cheques are allowable by law but are NOT used in practice. Small value gifts (by law up to 200PLN but in practice much less) are sometimes used for very short interviews.</p> <p>EphMRA has been informed that prize draws are possible, as long as the rules of procedure are publicised to participants.</p> <p>Source: http://www.biuletyn-prawny.pl/okresy-przechowywania-dokumentow-firmowych-37.html http://aktyprawne.poznajpodatki.pl/podatek-dochodowy/ustawa-o-podatku-dochodowym-od-osob-fizycznych-2013-dz-u-2012-poz-361-tekst-jednolity/3/</p>					
Russia	Yes	No	Yes (see comment)	Yes (see comment)	Consumers only, not doctors
<p>EphMRA has been advised that bankers drafts are allowed but are limited to larger sums and distant cities. Gift cards for local shops are preferred over multi-national vouchers such as Amazon. Cash is the preferred option. There is a requirement to inform the tax office if any respondent receives ≥ 4000 RUR in a year. These regulations apply to all MR respondents.</p>					
Spain	Yes	Yes	Yes	No	No
<p>Payment to participating professionals must be based on market criteria and be proportionate to the time devoted, the work done, and the responsibilities assumed, and must be adequately documented. Payment of incentives MUST be in cash (cheques and bankers drafts are acceptable). Exceptionally, and with prior authorization of the USD, some payments may be made in kind. It is not known what regulations apply to consumers.</p> <p>Source: http://www.farmaindustria.es/idc/groups/public/documents/publicaciones/FARMA_123819.pdf http://www.farmaindustria.es/idc/groups/public/documents/c%3B3digodocumento/farma_094297.pdf</p>					
Sweden	Yes	Yes (see comment)	Yes	Yes	Yes
<p>The format for payment of incentives is not stipulated anywhere but EphMRA has been advised that pharmaceutical companies may have their own rules. Vouchers are most often used to pay respondents for market research; cheques are not commonly used.</p> <p>In recent guidelines published on the LIF website, pages 40 and 41 address market research and for incentives it says; <i>Maximum amount is 2.5 % of the current base amount/KPI.</i></p> <p>Taking the KPI for 2014 as 44 400 SEK (see second reference), the amount would be 1110 SEK.</p> <p>Source: http://www.lif.se/Publik%20webb/Sidnehall/Publik_Dokument/Etik%20och%20regler/LIF%20ethical%20rules%20140101%20.pdf http://www.scb.se/sv_/Hitta-statistik/Statistik-efter-amne/Priser-och-konsumtion/Konsumentprisindex/Konsumentprisindex-KPI/33772/33779/Behallare-for-Press/Prisbasbeloppet-for-ar-2014/</p>					
UK	Yes (see comment)	Yes	Yes	Yes	Yes
<p>Electronic bank transfers are allowed but transfers must be conducted within British Healthcare Business Intelligence rules. Children may <u>not</u> be paid cash but can receive age appropriate vouchers. It is permissible to offer as an incentive a copy of the research report or findings, even if it bears the client's identity or mark, provided that the report does not contain any client promotional material or messages.</p> <p>Pharmaceutical companies MUST make publicly available details of payments made to healthcare professionals in relation to market research - <u>unless the company is not aware</u> of the identities of those participating in market research.</p> <p>Within business to business MR studies (e.g. involving a device supplier and drug manufacturer) donations to charity are sometimes given as recompense. Gifts are rare due to company policy or for tax reasons.</p> <p>Respondents must not be required to do anything other than agree to participate in a MR exercise, or return a questionnaire, to be eligible for entry to a free prize draw. 'Free' includes any method of communication (post, telephone, or other) at a "normal rate". The MRS has also issued a series of regulations for administering free prize draws.</p> <p>Reimbursement should not be more than internal company guidelines recommend, or the normal hourly fee charged by that person for their professional consultancy or advice, whichever is the lower. There is no MR industry guideline published or a central source for standard reimbursement rates for comparative purposes. However, the British Medical Association provides some guidance on fees for work for pharmaceutical companies, although they do not cover MR reimbursement. If there is evidence to suggest the standard reimbursement will not be successful, e.g. if past experience proves that a respondent type is particularly difficult to recruit because they belong to an exceptionally small universe; then it is possible to amend the reimbursement, but it should not be excessive in relation to the task(s) required.</p> <p>Source: www.bhbia.org.uk www.abpi.org.uk www.bma.org.uk/employmentandcontracts/fees/mafees.jsp (page 6) https://www.mrs.org.uk/pdf/2012-02-23%20Regulations%20for%20Incentives%20and%20Prize%20Draws.pdf</p>					
USA	Yes	Yes	Yes	No information available	See comment
<p>The Sunshine Act does NOT include mandatory reporting of survey incentives made by drugs companies or their agents to doctors. The Bill EXCLUDES thank you payments for taking part in surveys provided the research sponsor is unaware of the respondents' identity. However some state laws are different - these are detailed within the appendices - US State Law Summaries. Vermont prohibits payments to physicians for their participation in market research.</p> <p>With regard to sweepstakes, CASRO specifically state that "this is an evolving body of law" and that "it is not possible to construct a set of rules and practices that we can guarantee will comply with every applicable law. Anyone running sweepstakes, especially online, should have their counsel carefully monitor state and federal legislation and court decisions in this area."</p> <p>Source: http://www.casro.org/news/137727/Physician-Payment-Sunshine-Act-Alert.htm http://www.ephmra.org/user_uploads/industry_position-physician_payments_sunshine_act.pdf http://www.marketingresearch.org/news/2013/02/03/final-physician-payments-sunshine-act-rules-released-protecting-marketing-research-w</p>					