EphMRA

keeping members informed and involved

news

December 2018

Join EphMRA in Warsaw 25 – 27 June 2019

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Contents

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March 2019 News –
copy deadline is 15 January 2019
Send to: generalmanager@ephmra.org
www.ephmra.org

Get in touch

If you have any enquiries, suggestions or feedback, just phone or email us:
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Tel: +44 (0) 1457 766 382
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Bernadette Rogers
General Manager

Diary

27 February 2019

Join us for a one day meeting in the heart of London to hear great papers and network with colleagues. We are returning to the same venue as for the past 2 years: 30 Euston Square, London NW1

The meeting will be convened by:

Alex Marriott, Cello Health
Gayle Hughes, Pfizer
Anna Garofalo, Janssen EMEA Market Research Centre of Excellence
John Grime, Strategic North

26 March 2019

We are delighted to be returning to Berlin for our 8th meeting next year on 26 March 2019! The meeting will comprise of a mix of papers and discussions and will be held in German, with no translation available for attendees.

The meeting will again take place at the wonderful restored church in Berlin: Umweltforum Auferstehungskirche, Pufendorfstrasse 11 1029 Berlin

The meeting will be convened by:
Yvonne Engler, Bayer Pharma AG
Katja Birke, Produkt +Markt
Janine Ruhl, Sanofi-Aventis
Johanna Glaser, Point Blank Research & Consultancy

25-27 June 2019

EphMRA is delighted to announce that our conference in 2019 will be held in the beautiful and historic city of Warsaw in Poland. Located in the heart of Europe, Warsaw can be reached easily from all round the world and has great air and rail connections from all over Europe. As one of Europe's leading scientific and business cities, EphMRA delegates will be in the heart of this thriving community for what we hope will be an inspiring and thought provoking conference in 2019.

The conference will be held at the Hilton Warsaw Hotel & Convention Centre, which is located a few minutes taxi drive or a 25 minute walk to the historic Old Town. Warsaw Frederic Chopin Airport is a 20-minute drive and the walk to Rondo Daszynskiego

Q4 update from Karsten Trautmann, Merck KGaA, President of EphMRA

Dear Colleague

It's been a very busy year and the months have flown by. I hope you have had a great year and looking forward to a good end to your Q4. This quarter is full of strategy and budget planning for members – a lot of work for us all!

Our annual conference in Basel was a successful event for the Association and we are already working on the 2019 conference in Warsaw – put the dates in your diary: 25-27 June. Don't forget that we have a programme of 3 local chapter meetings as well – held in London, Berlin and Basel – all designed to enable members to network and keep up to date.

Our collaboration with EFAMRO/MRS with regards to our ethics service is now enabling EphMRA to update its members with the Ethics News, the Position Paper on Determination of Controllers in Research and Analytics and the recently published paper on the Application of Health Research Regulations in Ireland. Also coming soon is a Brexit Survival Guide – this will focus on International Transfers of Data so watch out for announcements.

The members survey which concluded earlier this year has focussed the Board on looking at the points raised and in particular communication with members. Of course we don't want to flood members with emails but we do need to keep regularly updating you as to our initiatives. But you can keep up to date through our LinkedIn page as well as our soon to be launched Facebook page for EphMRA. The Board has formed Workstreams to look at our activities around Networking, the Conference, Promotion and the Association's culture. I aim to give you an update on this next time.

If you would like to contact me to discuss your views on any of the activities of EphMRA then please email me at presidentofephmra@ephmra.org

I'd like to take this opportunity to wish you and your family and friends all the best for the festive season.

All the best,
Karsten Trautmann

Keep up to date

EphMRA communicates with members as regularly as practical:

- Send out emails
- Post on our LinkedIn page:
- Use Twitter – follow us:

NEW!
Facebook page – follow us on Facebook and get immediate notifications in your own FB feed

Just like our page – easy and simple.

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 regular Board members
- Treasurer and General Manager (non voting)

Up to 5 supplier members may be appointed to the Board. The number of Associate Members appointed to the Board must not exceed the number of Full member Board members.

Karsten Trautmann
Merck KGaA
Board Full Member, President

Thomas Hein
Thermo Fisher Scientific
Full Member, Past President

Charles Tissier
Treasurer (non voting)

Bernadette Rogers
General Manager (non voting)

Nicola Friend
AstraZeneca
Board Full Member

Gabi Gross
Thermo Fisher Scientific
Board Full Member

Richard Hinde
Norgine
Board Full Member

Xander Raijmakers
Eli Lilly
Board Full Member

Feel free to contact any Associate Member of the Board -

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Anton Richter
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Anton.Richter@eu.m3.com

Which Companies are Members (suppliers) of EphMRA?

We aim to list all companies of the web site – this provides a list so you check membership status.
https://www.ephmra.org/membership/associate-members/current-associate-members/

Company not listed?

Get in touch with the details and we will upload them: **generalmanager@ephmra.org**

Committees

Forcasting Forum

Initial Objective: To offer a free, regular, informal and high quality point of contact and resource to any individual involved in Pharma forecasting who is part of an EphMrA member company.

Value: We see the value in connecting individuals and departments with like-minded people outside who face similar questions in their day-to-day work without confidentiality or competitiveness becoming a major barrier.

Get in touch at **generalmanager@ephmra.org**

2018 Conference

EphMRA is delighted to announce the winners of the 2018 Jack Hayhurst (JH) Award for Best Paper at Conference in June.

Katy Irving from HRW and Yuuki Ochiai from Janssen have won the award for their outstanding paper at the conference entitled **Information overload: how our biases get the best of us and the keys to being better understood**, so we wish to congratulate them both on winning this highly prestigious award.

"I really enjoyed preparing and presenting our paper 'Information Overload'," said Yuuki. "It was about an issue that everyone is facing in this digital era and we tried to make the presentation as interactive as possible. The reaction and feedback from the audience was amazing and encouraging. Receiving this prestigious JH award is rewarding and is an extra bonus to the delightful experience.
Thank you so much EphMRA team!"

Said Katy - "We're thrilled to receive the JH award- making behavioural science tangible and actionable is something we are really passionate about and it was a delight to work closely with Yuuki to create a paper that had impact for delegates at the conference. Being given this award is real icing on the cake, and we're grateful to conference delegates, judging panel, and EphMRA for this honour."
You can read more about this winning paper on page 9 of this News.

It was a very closely fought contest for 2nd and 3rd place, but EphMRA is also very pleased to announce that the runners up are **Viv Farr from Narrative Health and Jonathan Lovatt-Young from Love Experience** for their paper entitled **Digital Transformation – It's Persona-L** . Congratulations to Viv and Jonathan - our runners up.

The 3rd place was won by **Rikke Zeeburg from Coloplast** for her paper entitled **Uncovering the reasons behind patients not being offered optimal treatment method(s).** We wish to congratulate Rikke on this achievement.

There were 9 papers eligible for the JH Award in 2018 - that is, papers which were presented by speakers which had gone through a rigorous selection process by the Programme Committee in the Autumn 2017 and Spring 2018.

As last year, these papers were judged by members of the Programme Committee, who attended all the sessions and used a strict set of criteria to evaluate each paper. These criteria covered the delivery of the presentation itself; the overall value provided by the paper to delegates and an overall score for the presentation. In addition, delegates were asked to rate papers they attended and these scores, along with the post conference evaluations and the judges evaluations were all amalgamated to reach the final decision.

EphMRA would like to congratulate our winners on their achievement.

What is the JH Award and why is it such a prestigious award to win?

To give you some background, Jack Hayhurst worked at ICI Pharmaceuticals for many years, firstly in their Animal Health Division and then later moved to their ethical pharmaceutical arena, where his enthusiasm to encourage excellence from all agencies - whether providing data or ad hoc research - was well known. He was appointed President of EphMRA in 1976, during his period of heading ICI's Pharmaceutical research department. He was also Treasurer and the first General Secretary until he retired in 1988 and sadly passed away in 2005

In recognition of Jack's work in the pharmaceutical market research industry, it was decided to establish the Jack Hayhurst Award and the first award was given in 1988. In particular, Jack was passionate about encouraging those who presented at EphMRA conferences to deliver innovative presentations which optimised the messages delivered to delegates and this vision still holds true today, despite the massive technological changes in how presentations are delivered!

It may seem incredible to think that in Jack's day, he encouraged the use of clear and concise 35 mm slides rather than simply hand writing their presentations. It may seem a lifetime ago but just shows how much technology has moved on in the past 30 years! He also encouraged the use of video and enhanced the professional way EphMRA approached the Annual Conference.

Talking to previous winners of this award, it is very clear that this has become a highly treasured award, as it recognises the inspiration and striving for excellence which he brought to our industry and winning it is highly meaningful - both professionally and personally. To appear in the JH Award 'hall of fame' is highly sought after and we are sure that all more recent winners feel the same sense of pride and excitement that previous winners have felt.

For the full list of previous winners, please go to the EphMRA website -
http://www.ephmra.org/Jack-Hayhurst-Award

Parallel Session 8: Information overload: how our biases get the best of us and the keys to being better understood innovation?

Speaker: Katy Irving, HRW & Yuuki Ochiai, Janssen

Chair: Kally Wong, Alexion

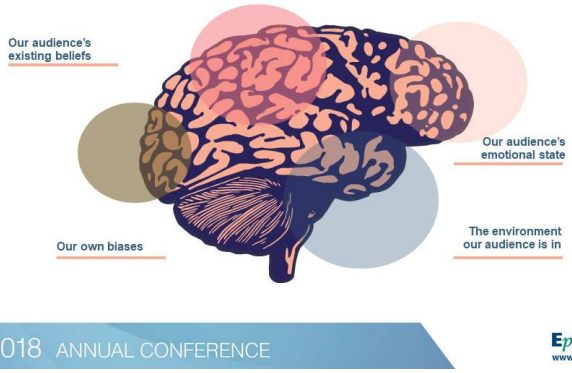
Yuuki and Katy's paper bridged the potential gap between Behavioural Science theory and its practical application in our working lives, highlighting four biases impacting communication and providing three simple tools to overcome them.

Opening with a clip from the film "50/50" where a patient receives a cancer diagnosis, Yuuki demonstrated how we might all feel when faced with a barrage of information that we are unable to process and absorb. She emphasised the importance of information transmission and consumption underpinning the professional lives of market researchers and identified information overload as an ever-present and business-critical threat.

Yuuki identified four key settings within our professional lives which the presentation used to showcase tangible examples of the impact and mitigation of each of the biases when we communicate with different stakeholders:

- HCPs: when the pharma industry communicates with HCPs about their products and services
- Patients: patients need to understand the products and services they receive from HCPs, with pharma supporting patients by facilitating communication and understanding
- Market Research: where we test concepts and materials amongst HCP respondents and patients/carers and need to ensure that our respondents fully understand the test materials
- Insights: when market research professionals disseminate their insights across multiple stakeholder groups and need to ensure that the intended message is received and understood

Katy then set out the four key biases that Behavioural Science tells us represent barriers to information absorption and understanding or which can contribute to information overload:



1. Our audience's existing beliefs
2. Our own biases as information or message creators
3. Our audiences' emotional state
4. The physical environment our audience is in

Katy explained how each of these biases affect communication and understanding.

1. Existing beliefs:

Katy outlined that research has shown that when presented with new information, we do not consider all of it equally. Confirmation bias leads to over-valuing information that confirms our existing beliefs, with active information avoidance meaning that we ignore information that might have negative implications for us. We also post-rationalise ways to fit new information into our existing beliefs to avoid cognitive dissonance.

The impact of existing beliefs on our interpretation of new

information was demonstrated using a scrambled audio clip. Initially, the audience struggled to make out the words, but once "primed" with the unscrambled version, the repeats scrambled clip now seemed perfectly clear.

2. Our own biases

Katy noted that people often struggle to recognise their own biases. We struggle to convey familiar information to others (curse of knowledge) and assume that others will reach the same conclusions as us if provided with the same information (information deficit model).

Another demonstration involving a delegate tapping out a familiar song demonstrated this phenomenon very effectively.

3. Emotional states:

Katy explained that everyone's ability to absorb information is affected by their emotional state at the time the new information is presented. Heightened emotional states lead to fragmented memory of information, and our ability to process information is affected by factors such as tiredness, hunger or whether we have already been required to make a lot of decisions. The impact of the emotional environment was demonstrated with a poignant testimonial from the parent of a baby in intensive care.

4. The physical environment

Katy reported that the environment that are audience is in can affect their ability to process information and therefore their susceptibility to information overload. She related several studies that have demonstrated this, from the calming effect of painting a wall a certain colour of pink to the impact of a white coat in perceptions and decision-making, or the increased warmth perceived in other people's personalities when you have been recently holding or consuming a warm beverage.

Yuuki reassured us that Behavioural Science gives us the tools to recognise the situations that could lead to information overload and also provides evidence-based tools to help us overcome the biases and communicate to our audiences more clearly.

The three tools demonstrated in this paper were the use of:

a) Simplification

b) Sense memory

c) Social norms & commitment devices

a) Simplification

Simplifying terminology, breaking information into chunks by topic and leveraging our natural desire to read on and complete a task have all been shown to have a positive impact on information absorption and understanding, and Katy provided some evidence and example to demonstrate this.

Yuuki then brought the application of these tools into practical focus with examples of how each could be used within the four settings defined earlier.

- HCPs: creating e-details with modules explaining the information in chunks not only makes it easier for HCPs to digest but also helps the reps to engage with their customers, presenting each "chapter" in a different visit over time
- Patients: simplification is particularly important on occasions when patients may be emotionally vulnerable. Simplifying terminology and breaking down information into digestible chunks will help with understanding and acceptance
- Market Research: simplification of our research materials and our reporting will help to boost understanding. Even simple approaches such as infographics or font can all help. Yuuki reminded us to be aware of sequence biases to ensure accurate interpretation and retention of key messages
- Insights: Yuuki suggested that building "hooks" into communication with stakeholders can help to engage interest, and tailoring presentations to the audience using chaptering can ensure that all information shown is relevant and impactful

b) Sense memory

Katy demonstrated the impact of multi-sensory experiences in aiding memory recall. The audience was shown a set of images, and later asked to recall them. This proved challenging, but when the same images were shown alongside new images, we were more likely to be able to identify the previously-seen image from the pair.

Katy noted that encoding using both words and images has been shown to be more impactful that words alone – pictures really are worth 1,000 words!

Yuuki returned to the four settings to provide examples of how this tool could be used in practice.

- HCPs: she suggests using alternative formats in communication campaigns, such as multimedia and virtual reality, such as case study videos and expert testimonial videos
- Patients: sense memory can play an important role, for example when supporting patients to select and use a new inhaler device. Interactive delivery methods such as coaching videos and medication alarms could help patients to improve compliance
- Market Research: using dynamic stimuli and multimedia approaches, for example using patient or product profile videos, could markedly improve respondent comprehension and absorption of the complex information we are testing in our market research interviews
- Insights: using multimedia deliverables to communicate with stakeholders can heighten the impact of our research findings. Janssen, Yuuki explained, create a 5-minute video or animation to highlight all key findings and recommendations from projects to engage stakeholders

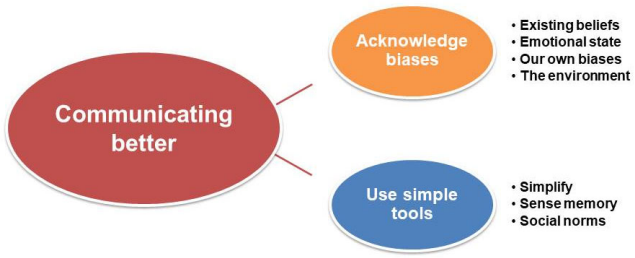
c) Social norms

Katy explained that humans are naturally social creatures, and that using our herd instinct and comparison tendencies can encourage us to pay attention to information. Furthermore, asking people to commit to doing something has been shown to create a strong "pull" to uphold the promise and achieve the desired result.

Yuuki again highlighted tangible ways in which this tool can be applied:

- HCPs: use information from peers to challenge thoughts
- Patients: showing other patients taking an active role in their treatment decisions can be used in campaigns as a call to action for other patients in the same way that a sign in your hotel bathroom informing you that "85% of previous occupants re-used their towel for environmental reasons" dramatically increases the number of people who do the same
- Market Research: we can use peer data as stimulus, for example from previous studies or a pre-task
- Insights: understanding (and avoiding!) social norms can be valuable in presentations to avoid stakeholders saying that they "knew the conclusions already". Asking the audience to predict the outcomes before the presentation can help them to recognise the value of the findings.

Yuuki summarised by reminding us that biases can create information overload affecting the quality and power of communications. Recognising these biases and mitigating with simple tools can help us to overcome them – and we can start today!



Written by: Kally Wong, Alexion

2019 Conference - Venue:

Having held our annual conferences over the past few years in conference centres, where delegates have to stay in local hotels, we are for 2019 returning to a venue where you can enjoy the conference and stay on site overnight. This means minimal travel and an even greater opportunity to network with colleagues beyond the conference hours. Warsaw is a unique venue, offering wonderful cultural sites, as well as great business opportunities.

Our venue for the 2019 conference is:
The Hilton Warsaw Hotel and Convention Centre, Grzybowska 63, Warsaw, 00-844, Poland

2019 Conference - Sponsoship:

Conference planning is full steam ahead and this started back in the Summer when 4 of our 2018 conference sponsors signed up to sponsor again in 2019! We wish to extend our thanks to all 4 companies who are sponsoring again next year in Warsaw, as their support and loyalty is much appreciated by EphMRA.

We have some more exciting sponsorship opportunities for 2019, so if you wanted to sponsor one of the below items, all is not lost! **We have lots of different sponsorship items on offer to suit a range of budgets, from sponsoring on the highly popular conference App to high profile signage and a Social Media Wall.**

All the sponsorship items will help to enhance your brand awareness at the conference, so don't delay – get in touch!

More details can be found on the conference website https://www.ephmraconference.org/home/sponsorship/ but if you want to find out more about any of these outstanding sponsorship opportunities, please contact Caroline Snowdon – events@ephmra.org

Sponsors so far confirmed for the conference next year are:

2019 Sponsors

Delegate Bag – sponsor: GLocalMind

Badge Lanyard – sponsor: Ipsos

Delegate Water – sponsor: M3 Global Research

M3 GLOBAL RESEARCH

Photographer – sponsor: Research Partnership

research partnership

Thanks to our Steering Committee for 2019

EphMRA relies on the expertise and dedication of our Steering Committee to ensure that the annual conference provides all delegates with great insights and opportunities to network with colleagues from all over the world. Our Committee is already starting to work on the programme for 2018 and will meet in October to discuss

the submissions which will have been received over the summer.

Our Steering Committee comprises of the following people from Agencies and Healthcare companies and EphMRA wishes to thank all of them for all their hard work in advance and during the conference

Carolyn Chamberlain
Business Unit Head
Assure BrandPanels - UK

Letizia Leprini
Customer Business Insights
Bayer Pharmaceutical
Division - Switzerland

Xierong Liu
Director
Elma Research

Vicky Burke
Director of Client Services
Fieldwork International - UK

VivFarr
Managing Director
Narrative Health - UK

Erik Holzinger
Managing Director
groupH - UK

Katy Irving
Research Director
HRW - UK

Dennis Engelke
Director
Jazz Pharmaceuticals - UK

Jill Wilson
Global Qualitative Leader
OSG - UK

Tracy Machado
Director
Pheonix Healthcare - UK

Sarah Phillips
Senior Principal
IQVIA - UK

Amr Khalil
Managing Director
Ripple International - UK

Mike Pepp
Account Director
Blueprint Partnership - UK

Varying Use of Response Scales, Globally

By Chris Claeys, MSc – Senior Director of Analytics, KJT Group

When collecting and analyzing global data, one of the most important questions we need to ask, as researchers, is whether or not observed differences are a true finding or due to response bias. Response bias may be defined as a "systematic tendency to respond to a range of questionnaire items on some basis other than the specific item content" and when this bias is applied consistently across time and situations, the bias is said to be a response style[1]. When conducting global market research, we may observe one or more response styles as a function of the degree of differentiation between the cultures being studied. This differentiation may be characterized along any number of dimensions; however, the individualism-collectivism dimension continually stands out with respect to the research industry due to the impact these stances have on larger personal constructs related to communication and information processing. Research has shown that one of the net results of these stances is that individualist cultures (traditionally Western cultures) tend to be characterized by an extreme response style (i.e., tendency to use only the extremities of the scale) while collectivist cultures (traditionally Eastern cultures) tend to be characterized by a midpoint response style (i.e., tendency to use predominantly the middle of the scale)[2]. As discussed, these results are due to larger processes related to how information is communicated, stored, and retrieved and are therefore, correlated with questionnaire and scale design.

It is generally agreed that the use of contextual information, when understanding and forming a response to a question, is universal; however, the extent to which this information is used varies from one culture to the next. Along the individualism-collectivism continuum, this impact would follow as less sensitive to more sensitive and consequently, have a significant impact on pragmatic interpretation – the respondent's understanding of what we, as researchers, are ultimately interested in (this is decidedly different from the literal interpretation). In general, this has implications for how we communicate intent not only in the questions we're asking but also in the anchors we use on scales – a simple "strongly disagree" to "strongly agree" scale may seem universal; however, the concept of "agreement" is categorically different for a respondent from an individualist culture as compared with a respondent from a collectivist culture. Further, the amount of information being considered, contextually or otherwise, directly impacts response formation. This is especially true when considering the formation of attitude objects and standards with individualist's being more likely to form attitudes through objective contrasts and collectivist's being more likely to form attitudes through assimilation[3]; responses to any form of attitudinal question will be biased. In totality, there is a commonality within these predispositions that speaks to differences in autobiographical memory. The frame of reference from which a respondent will think about their behaviors, attitudes, and opinions, as a function of the recall of their life's experiences, varies by cultural disposition and sets a differential locus of response.

Global market research often hinges on the belief that cultures are comparable to one another with respect to the instrument being used to study them; response biases (construct, method, and item) do not vary systematically with culture and a single, translated survey instrument is applicable to all markets. However, when considering culture along the individualism-collectivism dimension and the subsequent impact on conversational maxims we can imagine some deleterious effects of this line of thinking. Whether a culture is individualist or collectivist will necessarily impact how they the communicate, encode, and retrieve information; significant response bias in a survey setting can exist between cultures with different response styles and threaten the validity of empirical findings. As researchers, it is important to consider where each country being studied falls along this continuum and make appropriate accommodations both in design of research and analysis of data.

[1] Paulhus, D.L. (1991). Measurement and control of response bias. In: Measures of Personality and Social Psychological Attitudes, Volume 1. San Diego, CA: Academic Press Inc.

[2] Ayse K. Uskul, Daphna Oyserman, Norbert Schwarz, Spike W. S. Lee, and Alison Jing Xu (2013). How Successful You Have Been in Life Depends on the Response Scale Used: The Role of Cultural Mindsets in Pragmatic Inferences Drawn from Question Format. Social Cognition: Vol. 31, Situated Social Cognition, pp. 222-236.

[3] Schwarz, N., Oyserman, D., & Peytcheva, E. (2010). Cognition, communication, and culture: Implications for the survey response process. In J. A. Harkness, M. Braun, B. Edwards, T.P. Johnson, L. Lyberg, P. Ph. Mohler, B.E. Pennell, & T.W. Smith (eds.), Survey methods in multinational, multiregional and multicultural contexts (pp. 177-190). New York: Wiley.

Classification Committee
Add your voice – it matters!

Log into the members area of the web site to find updates from the Classification Committee.

Updates from the EphMRA/Intellus Classification Committee Meeting: Basel 25th -26th June 2018

2019 ATC Developments

The following new class structures were voted on by EphMRA/PBIRG in May/June 2018 and agreed in principle. These structures will now be used in the next part of the development process which is the detailed refinement of the rules.

Please note that these new structures are provisional at this time. The 2019 codes, descriptions and Guideline text will be finalised and published by the Committee at the end of 2018. The new structures then come into effect from the beginning of 2019.

Each year in May the EphMRA/PBIRG Classification Committee contacts all Pharma members of both associations to ask for their vote on the proposed changes to the classification structure, for example, new classes. These new classes, if agreed, are then available for use in the following January.

If you are a pharmaceutical company with a number of products on the market or in the pipeline, then changes to the classification structure are a vital part of your strategic planning.

Every year a significant proportion of Pharma members do not return their votes.

Why vote?

Pharmaceutical products are grouped into categories in secondary audits according to the EphMRA / PBIRG Anatomical Classification System - voting ensures that all companies get a chance to ensure these are the right new classes as they can affect a number of pharmaceutical companies.

How are the new classes created?

Proposals for new classes are carefully reviewed by the entire Committee. The Committee consults with appropriate involved member companies and sometimes with medical opinion leaders to gain input and refine the initial proposal.

The Committee finalises the proposal and it is sent out to the full EphMRA / PBIRG membership for voting in the second quarter of the year.

How does the vote work?

Eligibility:

- Only Full (Pharma) Members of EphMRA or PBIRG may vote.
- Each member company is entitled to one vote. If a company has membership of both EphMRA and PBIRG then one vote is allowed between them.
- A 'company' is defined as a corporate entity. In other words, there is one vote per corporation, regardless of the number of affiliates or subsidiaries (unless any are separate corporate entities).
- Proposals need the approval of a 2/3 majority of the voting companies to be passed.
- If a 2/3 majority is not reached, a second count is made of interested/involved companies.
- If 2/3 of the interested/involved companies approve, the class is approved.

Process:

The vote is completed online and an email is sent to companies with the relevant link. This method was introduced last year and has proved to be much quicker to complete than previous methods.

You can abstain on individual proposals. This means that you have the flexibility to vote yes or no in an area in which you are involved, and abstain in another area.

What do I have to do as the Pharma company contact for EphMRA/PBIRG?

- In advance of the May vote, identify and nominate the person in your company who will progress internally and then finalise the vote.
- If you wish, you can provide EphMRA with the email address of the nominated person and we can ensure the voting email and information go to both of you.
- Look out for the voting email alert which comes out in May.
- Ensure your company registers its vote.

Technology Demystified

Simplifying intimidating technology words and their applications for healthcare research

New technologies are emerging all the time, and these come with new terminology that can feel intimidating and give the impression of being complex, which can result in adoption being delayed or rejected altogether until they've become commonplace and thus more 'approachable' to use.

At HRW, we've been watching tech for a while and are keen to demystify a few terms, so that we are all better informed to discuss best applications within healthcare research and don't miss early opportunities.

Machine learning

In simplest terms: Using computer power to adaptively 'learn' patterns from data sets.

What it is: Machine learning is an application of a bigger (and perhaps more intimidating) category of technology, Artificial Intelligence (AI), but all it means in this context is that the computer power is not limited to performing pre-defined functions or human control; instead has the flexibility to act on feedback from its own performance, learn from new datasets, and continue to improve. It is an evolution of the computer power we already use to analyse and recognise patterns in data, but with the added advantage of being adaptable. For example, machine learning starts with some target (this can be a fact, a decision, or a prediction) and we can ask it to predict an endpoint; the computer will troll through to identify which fields appear to be related; much like CHAID or correlation analysis but less limited to the pre-defined input variables. Machine learning creates and augments an algorithm to explain the relationships between the variables within a degree of certainty; the unique benefit is the use of neural networks (feedback loops) – which relay if the decision outcome was right or wrong and thereby refines the accuracy of the algorithm on future runs. Therefore, if you collect a large enough data set and an effective enough programme, you can evolve an algorithm that is 'smart enough' to predict one variable based on the other(s).

Case studies of applications in healthcare: Many companies are using machine learning to analyse data collected from wearable devices to link together time and location stamps with a variety of biometric measures, to see what factors have an impact on health and activity.

Why people are excited: It is already making life simpler for people, from Netflix suggestions to automatically edited smartphone photos. It allows smarter analytics to throw up patterns wherever they lie because it is self-directed rather than being guided based on what you put in. It is also exciting because it looks at entire data sets; combining variables and adapting to growing/changing data sets.

Research applications: Machine learning already powers many automated analytics programmes and will only grow in potential as it becomes more commonplace. It has value in conjunction with therapy area/ behavioural psychology understanding as it can sometimes uncover patterns that may seem counterintuitive that particular psychological phenomena may explain.

Considerations and limitations: If it's not a person, who has access to this data, are there any GDPR implications of analysing data in this way? Also, machine learning may come up with 'crazy' things - it will seek efficiency, but these may not be commercially viable or socially acceptable (e.g. it might tell you that experiencing a side effect drives satisfaction).

Our verdict: Whilst we already regularly work with partners who use machine learning in analytical tools, most of the data sets we collect in healthcare are too small to use machine learning effectively now. But we're so excited about the potential for this approach to help our clients leveraging the data they're already sitting on and are also keeping a close eye on partners delivering self-evolving coding via machine learning to improve turnaround time on quantitative surveys.

Bots

In simplest terms: Simple computer programmes that respond to cues in free text fields.

What it is: Although the term might have you imagining a R2-D2 character, a bot is a simple set of 'if/then' programmes that allow a computer to have a 'conversation' with a person in an email, phone call, or chat thread. Bots use word detection to get a sense of audio or free text entered by the human, and then deliver their scripted response depending on which trigger word is present.

Case studies of applications in healthcare: Most applications use the technology to aid 'virtual' diagnosis conversations, but excitingly, charities have been using bots to help adolescents and teens with depression through positive reinforcement. The young people can chat with the virtual partner who provides encouragement and positivity.

Why people are excited: Bots allow for a more engaging exchange of simple information as opposed to data stores; saving money and making information entry and retrieval more conversational and easy-flowing.

Possible research applications: The main application is to make surveys more conversational. Rather than clunky routing, the participant would feel as though they are having a conversation and the programming facilitates the correct filtering. It could also be applied in qualitative ongoing/longitudinal research - install on your phone and talk to it about experiences, and each time you bring up something of relevance, it asks specific probes. Thinking bigger, we see a future where we could work with clients to create a bot that works with a dynamic research library; you could ask the bot questions and the computer would search the database to find relevant project reports.

Considerations and limitations: It is relatively simplistic and constrained. Bots are most effective for simple surveys because the technology is quite rudimentary and relies on recognitions of correct themes based on specific words rather than their synonyms (which is why many consumer customer service bots ask questions like "If you would like to speak to a representative, say 'representative'").

Our verdict: Bots hold a lot of potential for replacing or augmenting the survey interface to make the process more enjoyable and natural for participants; possibly reducing respondent fatigue, and even allowing participants to feel as though they are having a conversation, but one where the 'moderator' is incapable of judging them because they're 'just' a robot. And hey, who wouldn't want to tell C3PO a secret?

So, as we follow these technologies unfolding, we are excited about their potential. And the future also holds some intersections of their potential: Bots can make obtaining information simpler, but the best will rely on some machine learning in order to get to a level which is effective for the diversity of respondents.

By Katy Irving and Jaz Gill, HRW

EphMRA
www.ephmra.org

SWITZERLAND MEETING REPORT
6 November 2018

EphMRA UK One Day Meeting Highlights and Insights

IN THIS REPORT

The second EphMRA Switzerland meeting saw a greater emphasis on relevance for those in the pharma industry who are commissioning research, with four presentations around three major business questions:

- What processes can be taken to obtain robust market data for decision-making in rare diseases where physician and patient sample sizes are small?
- How can we best keep insights live and memorable within our brand teams and what are the best communication techniques to maximise understanding, impact and 'stickiness'?
- How can a market research agency help a pharma company to build a campaign that builds emotional entrenchment quickly?

Convenors:

Raya Taneva,
F. Hoffmann-La Roche

Chantal Bayard,
IPSOS

Carlos Oliveros,
F. Hoffmann-La Roche

Letizia Leprini,
Bayer

The views expressed by those quoted in this report do not necessarily represent the views of EphMRA.

Speaker: Erik Holzinger, groupH

LOOKING FOR AND QUANTIFYING VALUE IN RARE DISEASES

- the call to look beyond sample size and traditional market research

Rare diseases present a number of challenges for manufacturers that are absent in more prevalent conditions These include epidemiology, a potentially smaller number of doctors, little or no awareness among payers and gaps in data. Doctors may not have an consensus about an end point and while you may have volumes or values, you may not be sure how to break them down in the right way by indication. pros and cons of adherence devices only become clear in the field.

It is therefore important to:

- Understand the value behind the proposed new treatment and identify and quantify it.
- Identify risk, quantify it and ideally reduce it.

Value and risk are a trade-off. The clinical value includes the patient value but there is a clinical development risk depending on how you structure and design your clinical development. The payer value is arguably the hardest to assess and anticipate. There is also risk in terms of competitors and anybody who is doing anything else in your pipeline.

Understanding different stakeholders' definitions of value is key. The stakeholder groups can be broken down into:

- **Payers,** who mainly talk about relative efficacy compared to existing treatments. They look at what else is already on the market. This is easier for orphan drugs or rare diseases than for more prevalent diseases. Payers look at access restriction, budget impact and affordability. With rare diseases, payers often accept a lower level of evidence because of the level of unmet need.
- **Regulators and doctors,** who represent the most transparent group. Value for this group is about absolute efficacy. In rare diseases, value is important because you have to create it from the data i.e. segmentation and end points.
- **Patients,** who are the focus of market research activities. They are looking for symptom relief and a better quality of life. With rare diseases, patients help with patient reported outcomes and they can therefore drive value.

- **Investors,** who want to see return on investment.
- **Asssessors,** who look at HDA measures and assess the cost effectiveness of your drug. They are represented by payers.

Of these stakeholder groups, payers are the most important.

Although there is an acknowledgement that for orphan or rare diseases, there is more lenient assessment criteria, there is not a guarantee that you will be reimbursed unless you present appropriate data for your value proposition. There is a correlation between the rarity of a disease and reimbursement. The smaller the incidence, the more the payer realises that the price per treatment has to be higher.

Generating value in a project.

Value can be generated in a project through taking a different look at a number of key stages:

- Are the right questions being asked and are the answers convincing enough for the project? Robustness involves quality of the source, statistical anaylysis and comment from a therapy expert. The weight of an argument can get around the challenges of sample size but if the outcomes are not satisafactory, we need to look for better answers.
- Value can also be created by looking at the areas we don't understand yet to reduce uncertainty. Look at how uncertain they are and whether they have an impact on product value.
- There are trade-offs and choices between measures that are generated. This means playing with a broad range of potential sources and measures, such as going from desk research to multi-country quant research.
- You can also go up the chain in a project from data generation to analysis and insights. This requires a technically good way of undertaking research. From this, you have to become the champion of your product.

Market research and consulting can complement each other to create value, with market reasearch focusing on technical excellence that relies on data and analysis. The business and value end belongs to consulting, but probing and modifying questions belong to both groups. Although there are sometimes differences in opinion as to what these groups are in reality, pharma companies often use market research and consulting synergistically.

Key takeaways:

- It is essential to understand what different stakeholders understand to be value
- Projects require a flexible approach with different touchpoints where you can change materials depending on what you find
- Use a broad range of sources and triangulation
- Challenge experts through peer-led conversations
- Remember that every project is a bespoke arrangement

Speaker: Adrienne Hoevers-Den Hollander, SKIM

Speaker: Daisy Lau, SKIM

SMALL SAMPLE, SMART SOLUTION, BIG IMPACT!

Applying multi-criteria decision analysis in healthcare, a comparative study.

In market research, there is often low discrimination between different product attributes and while conjoint analysis is well-established and can be useful when you have a large sample size, it doesn't always reflect reality.

Multi-Criteria Decision Analysis (MCDA) is a methodology that has been used considerably in healthcare in risk assessments and health technology assessments but has not been used so much in market research.

There are a number of differences between conjoint analysis and MCDA, including:

- With an MCDA, it doesn't matter how big the sample size is
- With a conjoint, there are more elements involved and there needs to be a more complicated design
- With a conjoint, flexible product profiles are used unlike in MCDAs
- With a conjoint, the entire product profile is shown. MCDAs involve evaluating per attribute

SKIM case study

SKIM put MCDA to the test against a previous study for a client in dermatology. The challenge was to make use of the two methodologies but generate the same insight results.

The original project involved a quant 30-minute online survey with 140 US dermatologists. There was a conjoint to obtain the key drivers and some patient share. The MCDA involved two mini-groups of 8 dermatologists, with an exercise using self-completion forms where participants had to fill in the rating and the ranking before it was talked about, giving their unbiased rating in a quant way.

The four key objectives for the research were:

- How is the new product perceived?
- What is the impact and how much uptake will the new product drive?
- What are the key drivers and which attributes of the new product make it a winner or a loser?

- What are the competitor products and what will be the impact of future competitors?

The conjoint was used to understand the key drivers and capture impact i.e. patient share. The MCDA did not give information about patient share but it gave a lot about key drivers and an evaluation of competitors.

To set up the conjoint, the participants were shown the whole profile during the survey. All the attributes were randomised so that different attributes would show up. Data was captured based on the allocation of patients and this exercise was repeated multiple times.

Before showing the product profile in the MCDA, SKIM focused on the key attributes they were looking for and an allocation exercise was used.

Participants were then shown four different profiles with different attributes. Each respondent was required to rate the product per attribute on a five point scale. The data was therefore captured per profile.

The final stage involved evaulation of the product, with questions built in to ask participants to change their ratings.

SKIM did an analysis based on transcripts and listening to recordings, plus another analysis including the quantitative results from the MCDA. Data quality, robustness, granularity and the insights were compared.

Results of the case study

- In terms of identification of key drivers, this came out as efficacy from both the MCDA and the conjoint. The second and third key drivers were also comparably similar.
- In terms of the impact of future competitors, partcipants in the quant exercise only had 30 minutes and most of this was taken up with the conjoint. With the MCDA result, much more understanding of the key competitors was gained.
- With the level of adoption of patient share, the conjoint came to a more humble patient share but had much more granularity. The MCDA did not offer this but by combining with the patent allocation, it provided an indicative patient share based on product level.

Conjoint is a really well-established technique that is used in many areas. Its accuracy depends on how well the exercise is designed and how the respondent got engaged.

Key takeaways:

- An MCDA and a conjoint are two completely different methodologies with different outputs
- An MCDA exercise can be really beneficial in a qualitative setting and can add quantitative data to discussions
- An MCDA can be an acceptable approach when a large scale quantitative study is not feasible in rare or orphan diseases
- An MCDA is a good way to keep respondents focused on the question at hand and to keep the final comparison more structured

Speaker: Laura Mucha, W20

Speaker: Angel Brown, W20

TOP 5 WAYS TO MAXIMISE THE VALUE OF INSIGHTS

In W20's experience, five things really work to help messages carry, resonate and stick.

1. Think like consultants
2. Triangulate, measure and frame insights
3. Tell effective data stories
4. Interactive delivery formats
5. PR and socialise the value of insights so that they carry further

1. Think like consultants

Thinking like consultants is about focusing on outcomes and starting with the end in mind, as well as telling stories backwards.

Securing early buy-in to projects is critical. It is easy to forget that the purpose of a project is to drive change in the business and that you need to take all stakeholders with you. Try to involve the wider brand teams and key stakeholders to make sure that they feel empowered and own the insights. It is important to measure what you need to achieve and deliver metrics that are useable within the business.

Telling stories comes down to understanding how your research is going to be used. Asking a lot of provocative questions up front gets to the point very quickly. Assume that everybody is time poor so try to come to conclusions very early i.e. start with the conclusion and work backwards. Sharing insights, rather than data, shows why, what and how it matters. It is important to remember that data in itself isn't really the answer.

2. Triangulate, measure and frame insights

Integrating primary data collection and digital data collection offers considerable potential and frameworks can help in this. There is real value in understanding the type of data that is going to be created by various tactics and how insights will be used. Use metrics other than sales to show ROI. The ROMI or Return on Marketing Investment Model shows which marketing techniques are moving the needle towards conversion. This could be a learning moment with a particular brand message or the rate of engagement with a particular content type versus the amount of effort.

A variety of approaches can be used as part of a framing workshop to find insights to drive strategy and feed into core research. These include:

- An audit of research done before
- Social analytics to understand current conversations
- Search behaviours, such as a reverse search to see where people are landing

Following this, a strategic workshop can be held to engage stakeholders into using the insights and getting

them to see the connection between the research and what they are going to do with it.

Framing the data in language that the brand teams will understand and packaging things up differently will lead to more traction and stickiness.

3. Storytelling in action

There are many dimensions of data and the experience of the data makes a big difference. Keep it clear and focus on what is important. Remember that people are time poor and measure what you need to achieve. Deliver clear metrics that are usable within the business and will stick.

A unified design system is a standardised way of telling stories with data. Try to de-junk and pare slides right back to focus attention where it matters. Driving collaborative input from other colleagues will enable them to start to see how they can use the research. When possible, use visual metaphors which are easy to remember and bring segments to life with animations.

4. Interactive formats

Interactive formats sustain interest and an interactive tool has a lot of filters so that you can query the data. Linking diagrams to live news feeds means that the data is updated as the news feed is updated, giving more traction. The data therefore becomes more of a tool than a static report and if people engage with it, they will keep it in their minds.

5. PR and socialising the value of insights

Tactics to PR and socialise the value of your insights can include:

- **Lunch and learns.** Work woth your colleagues who are actively involved in the projects to support them and shout about what you are doing.
- **Playbooks.** Organisations frequently don't have good research memories and often do the same research over and over again. Start to see patterns between projects and realise that extra value can be added by developing guidelines or playbooks for different things that are repeated across the business.
- **Events.** Find a way to create an event that you can push out on social media that emphsises how what you do is important to the bottom line.

Key takeaways:

- Focus on outcomes and telling stories backwards by understanding how your research is going to be used
- Use a variety of techniques to find insights to drive strategy and feed into core research
- Keep data clear, focused and pared back when delivering it to stakeholders and try to use visual metaphors to bring it to life
- Use different tactics to PR and promote the value of your insights, including seeing patterns with past reasearch

Speaker: John Storey, AplusA Research

MESSAGE TESTING VERSUS EMOTIONAL ENTRENCHMENT - IS 'QUICK' GOOD?

Motivation is the key to getting emotional entrenchment. If you have emotional content or an emotional response, you are more likely to achieve an effect in the physician or patient. The issue for pharma companies is getting their brand remembered as the most appropriate brand for that condition and getting the physician to remember the product. Emotion can have a positive effect in leading people to use a brand. The key question is whether there is an ethical consideration as well.

The aim is to find the sweet spot between emotion and high motivation. If it is an emotional message with this goal incumbant, it could be effective. It is therefore not just about finding the highest emotional response.

There are a number of different ways and methods of testing this out:

- **Qualitative concept testing** involving a positioning statement with features and benefits. Concept testing can also deal with strategic issues as well.
- **Multiple message testing.** Clients now often want to test 40 or 60 messages with different variations in one go. These are then used to form a story or content. This type of testing typically deals with positives and negatives and the agency will have an algorithm that deals with the difficulties, time and fatigue. Multiple message testing does not incorporate the emotional factor.

Marketeers are looking for the best combination of these messages and for who, as different physicians, disease stages and countries require different messages. Categorisation and segmentation can be used to aid this and you can put the stories into different buckets, such as efficacy, type, country, channel or patient profiles.

Emotional engagement and design

The best message or story you have is only as good as the batch of messages or stories you had to start with. This may or may not have emotional content and is where qualitative and social listening can come in. Qualitative

methods can help you to understand the emotional content while social listening can look at the language of the category, what physicians are saying, what emotional words are used and what emotions are patients encountering. You can also look at sentiment, positve/negative statements, what is being said in the different channels and different themes.

Different emotional scales can be used although it is important to remember that using words might provide differences on a country level. Non-verbal ratings scales can be used which often give a more natural response that can then be back-engineered into particular emotions to find the sweet spot of appeal and engagement.

If you get a series of different positionings as answers, the best messages are the ones that have a high frequency in the ideal story but also an emotional temperature to generate the sweet spot.

The problem with scales and emotional impact is that you have to do them at the beginning. Potential best practice could be to build the messages first using emotional metrics and social listening, challenging the emotions that are in the content and going through the process to look at the emotional impact. At the first point the message is shown, you have to scale it so that a natural and unprompted response can be given. Neuroscience can tell you whether an emotion is being generated.

However, there are further problems. Does your message break through? How does it compare to other stories? What story works best in which channel? This is where multichannel marketing comes in using digital research. If you combine digital research where you measure the clicks and ask questions at the point of being online, you can begin to measure emotion.

Looking to the future, Patient Reported Outcomes have a lot of scales which have been validated, many of which have been applied to emotional trackers. Within these scales, there is a lot of digital data that could be used to look at messages and social listening.

Key takeaways:

- Focus on outcomes and telling stories backwards by understanding how your research is going to be used
- Use a variety of techniques to find insights to drive strategy and feed into core research
- Keep data clear, focused and pared back when delivering it to stakeholders and try to use visual metaphors to bring it to life
- Use different tactics to PR and promote the value of your insights, including seeing patterns with past reasearch

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Ethics Update

EphMRA position re Adverse Event Reporting Guideline Changes in the UK

The latest ABPI/BHBIA Guidance notes on collecting adverse events, product complaints and special reporting situations (Adverse Events [AEs]) during market research was published in August 2018.

The main change concerns when AEs are collected directly from patients or consumers where market research is conducted in the UK. Market researchers now need if possible to collect the patient/consumer's contact details and forward these details to the Marketing Authorisation Holder's (MAH) pharmacovigilance (PV) team to follow up where needed. This change was implemented to allow PV to meet their European Medicines Agency (EMA) obligations. Please refer to the BHBIA website for details of the Guidance notes.

EphMRA recommends that this process should be followed for healthcare market research conducted in the UK with patients/consumers. EphMRA is assessing the implications of the changes in UK AE reporting for other EU countries and will update members in due course.

It has been a busy month for the EphMRA Standards Group and we've brought together an update on some of the key ethics and data protection developments from around the world.

Have a read of the Update in the Members area of the web site – log in – Ethics – Publications.


EphMRA Ethics Healthcare News

October 2018

Legislative developments

EphMRA advocacy

EphMRA, EFAMRO and ESOMAR has also published its Position Paper on Determination of Controllers and Processors in Research and Analytics – also available in the members area of the web site – Ethics – GDPR update.

Just published

EphMRA publishes the EFAMRO Application of the Health Research Regulations to market, opinion and social research in Ireland.

Incentives - Regulations / Restrictions

EphMRA is working to update this resource but 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.

Ethics Team - Working for Members

Georgina Butcher, Chair	- Astellas Pharma Europe
Mattias Blomgren	- Janssen
Alex Adams	- F Hoffmann La Roche (Basel)
Chloe Simmons	- F Hoffmann La Roche (UK)
Anne Beatrice Clidassou	- MSD
Xander Raijmakers	- Eli Lilly
Karen Giorgi Vigo	- Takeda
Matteo Cappai	- Ipsos Healthcare
Roni DasGupta	- M3 Global
Christine Mai	- AplusA Research
Piergiorgio Rossi	- SGR International
Jessica Santos	- Kantar Health
Sarah May Hall	- Zeste Research

The Ethics Committee is supported by Bernadette Rogers, General Manager

Web Resources

The web site has many useful resources available free of charge to members.
Make sure you have a members log in and password so as to be able to access these.

Conference Drop Zone Files Members can download all the papers from the conferences	
Ethics	
	Professional Standards - you can ask a question about the Code of Conduct here: http://www.ephmra.org/Code-of-Conduct-Enquiry-Form Members can submit a query and a written reply is given.
Key Points Booklets designed to give a brief overview:	1. Market Research for non Market Researchers 2. Market Research, Ethics Approval & Non-Interventional Research 3. Market Research with Patients and Carers 4. Market Research and Incentives 5. Market Research and social media 6. Market Research and emobile 7. What is Market Research - definition 8. Testing Products & Devices in Market Research 9. Adverse Event Reporting in Market Research 10. Disclosure Requirements  
Country Differences Grid:	A handy guide updated in January 2017 (saves you going through the entire Code to find country exceptions) 
EFPIA Disclosure Code requirements	September 2016: Overview by country
	Frequently Asked Questions - FAQ
Adverse Event Record Keeping Checklist and Adverse Event Reporting Checklist	Published: October 2016
Incentives - at a glance	Save time looking through the Code to see what incentives are allowed per country - here is an 'at a glance' resource which brings it all together on one sheet
Foundation Reports	
Country Capsules **Internet Access BRIC** **Doctor Statistics**	2014 - Country Capsule - Poland 2013 - Country Capsule - Ukraine 2013 - Country Capsule - Turkey 2013 - Country Capsule - Spain 2013 - Country Capsule - Russia 2013 - Country Capsule - Lithuania 2013 - Country Capsule - Korea 2013 - Country Capsule - India 2013 - Country Capsule - Egypt 2013 - Country Capsule - China 2013 - Country Capsule - Brazil 2011 - Internet Access - BRIC Summary Webinar 2011 - Internet Access - BRIC Report - China 2011 - Internet Access - BRIC Report - India 2011 - Internet Access - BRIC Report - Russia 2011 - Internet Access - BRIC Report - Brazil 2006 - Internet Access - Europe 2006 2001 - Verification of the Internet as a Research Tool 2009 - Doctor Statistics - Bulgaria 2009 - Doctor Statistics - Czech Republic

Web Resources

	2009 - Doctor Statistics - Hungary 2009 - Doctor Statistics - Russia 2009 - Doctor Statistics - Slovakia 2008 - Doctor Statistics - 8 Major Markets - 2008 - Update of 2003 Report 2007 - Doctor Statistics - Scandinavia 2007 - Doctor Statistics - Turkey 2007 - Doctor Statistics - Latin America 2007 - Doctor Statistics - India 2006 - Doctor Statistics - Asia/Australia 2003 - Doctor Statistics - 8 Major Markets 2006 - What Makes Market Research Valuable to Internal Customers 2004-2006 2006 - Product Lifecycle References Compendium 2001 - Assessing the Cultural Impact on How Questions Are Answered 1999 - Perception and Reality in Prescribing
Meetings - One Day - Reports and Slide decks uploaded where available	
	Basel - November 2018 Berlin - March 2018 One day meeting UK - February 2018 Basel - September 2017 Berlin - March 2017 One day meeting UK - February 2017 Berlin - March 2016 One day meeting UK - February 2016 Tokyo - October 2015 Tokyo - October 2014 Berlin - March 2014 Frankfurt - April 2014 Berlin - October 2013 Milan - July 2013 Berlin - April 2013 Rome - February 2013 CEE - November 2012 2015 NYF, Paris 2014 IMM, London Senior and mid levellers 2013 IMM, Frankfurt 2012 IMM, Brussels Senior and mid levellers 2011 IMM, Frankfurt 2010 IMM, London 2009 IMM, Geneva 2008 IMM, London 2007 IMM, Frankfurt 2006 IMM, Brussels 2005 IMM, Brussels
Publications	
From the Learning & Development Committee:	**Managing a Research Project** **Research through the Product Lifestyle** **EphMRA Checklist**
From the SDC:	**Longitudinal Patient Data** Demystified - a handy guide for members: a Q&A on all things Longitudinal Patient Data. **Understanding Epidemiology Data** A Beginners Guide to Help You Understand Epidemiology Data **How to Reference Data** A useful leaflet about what should be included in a reference
Training	
Compliance Training - online Free of charge to Members	1. EphMRA Code of Conduct Training Course 2. EphMRA AER Training Course 3. Code of Conduct Competency Test - the complete test which fulfils EphMRA's requirements 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 - the complete test which fulfils EphMRA's requirements for AER training. 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. All completion and competency test certificates have a valid until date of 30 September.

Web Resources

Webinars - Reports and Slide decks uploaded where available	
2018	Combining Market Research and Real World Data Analysis - May 2018
2018	GDPR The Latest News - 16 January 2018
2017	Basic Skills: Project and Product Lifecycle - October 2017 Quant: Advanced Quantitative Methods & Analytics - April 2017 Positioning and Messaging - February 2017 Conference Overview - January 2017
2016	Ethics: GDPR Update - 17 November 2016 Ethics: Country & Regional Differences - 18 October 2016 Ethics: Compliance on the Fieldwork Frontline - 12 May 2016 Personalised Medicine - scientific promise to clinical practice - 14 April 2016 Oncology Patient Metrics: The increasing Value of Getting to the Right Numbers - 26 January 2016
2015	Ethics - Country and Regional Differences - October 2015 Getting the most from your Secondary Data Sources - September 2015 Disclosure requirements and their impact on market research - May 2015 Digital Ethnography - how to structure a digital ethnography project and present outputs in an engaging way - April 2015 Design at work for impact: Making presentations more visually persuasive and engaging in order to sell your ideas more effectively - March 2015 Are your numbers telling the right story? Best Practices in Epidemiology to support Market Research and Forecasting - February 2015 Optimising Lifecycle Management - 10 Drivers of Success in a Competitive World - January 2015 Code of Conduct for Non-Market Researchers Reviewing Market Research - January 2015
2014	Market Research and the Orphan Disease Area - 4th December 2014 Fieldwork Opportunities and Challenges in Argentina and Mexico - 25th November 2014 Making Sense of the 'non sense' of Conjoint - 18th November 2014 Fieldwork Challenges and Opportunities in Nigeria and Egypt - 6th November 2014 Advanced Quantitative Research - 28th October 2014 Fieldwork Challenges and Opportunities in Indonesia and Vietnam - 13th May 2014 Joint EphMRA-ESOMAR Webinar: Healthcare Market Research and Ethics: What You Need to Know - 3rd April 2014 Devices Research - Can You Handle It? - 25th March 2014 Ethical Considerations for Non Market Researchers - 20th March 2014 Rules of Engagement: Negotiation Made Simple - 6 March 2014 Fieldwork Challenges and Opportunities in Poland and the Ukraine - 22 January 2014
2013	Data Visualisation - Digging Deeper - 26 September 2013 Gamification - 23 May 2013 Adherence and Research - 14 March 2013 EphMRA's NEW Adverse Event Reporting Guidelines - 31 January 2013 Data Visualisation for Mid Level Researchers - 22 January 2013
2012	Follow up on Paris Masterclass on Optimising Insights from Digital Channels - 6 December 2012 How we might approach segmentation in the future? How to get it right at the patient level - 18 September 2012 Market Research Department of the Future - Researcher core skills and competencies required for an evolving MR role - 25 April 2012

Company NEWS.....

Hall & Partners are delighted to be shortlisted for innovation for the third consecutive year in the 2018 MRS Awards, reflecting our continued drive for deeper insight through novel approaches.

Hall & Partners

MRS Awards 2018 Finalist Healthcare Research

MRS Awards 2018 Finalist Young Researcher of the Year

Newly certified to global standard ISO 20252 for quality management of research. Asia-based support for healthcare marketing research in Japan, China, Korea, and Taiwan. Learn more: www.aurni.com

KQH KEYQUEST HEALTH

Suzie Curtis has joined KeyQuest Health as a Project Director. Previously with Hall & Partners, Suzie brings a wealth of qualitative fieldwork experience in both healthcare and international markets.

hrw accessing reality

Lots new at HRW! New website, new location for our London team and five new joiners. Welcome back Robyn Laurie (Research Director – pictured) returning from maternity leave.

M3 GLOBAL RESEARCH

M3 Global Research announces the availability of its Patient Access product offering, meeting demands of the market focusing on patient centricity and a wider healthcare stakeholder ecosystem. www.M3GlobalResearch.com.