

Welcome to the March 2023 News

Delivering the membership benefits to you Ensuring you know what's on offer





Welcome to the EPHMRA March 2023 News

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Member News

Agency Members can include one piece of News for free: 50 words max (increased from 30 words) plus photo/logo.

Member Articles

In addition we encourage companies to submit articles for publication – these can be on any topic you think the EPHMRA audience would find interesting. There is no charge for these articles but it's an offer only available to Agency Members of EPHMRA.

Each article can be one A4 page long (full page) and supplied ready formatted as follows:

No bleed 297mm x 210mm With bleed 307mm x 220mm Type Area 277mm x 190mm

Resolution/Artwork - If using photoshop or software dependent on resolution please ensure that it is set at the correct size and that the resolution is set to no less than 300dpi. Finished artwork needs to be supplied in CMYK with

embedded fonts, or text should be converted to outlines/paths and supplied as an EPS. Print quality PDF files are also acceptable. PLEASE NOTE: We cannot be held responsible for any misprint, if fonts are not embedded/converted and the file is not in CMYK.

System - Apple Mac

Programmes - Quark Xpress, Adobe Illustrator, Freehand, Adobe Photoshop

File formats - Graphics should be supplied (CMYK) in the following formats EPS, TIF, JPEGS and Print Ouality PDF files.

Copy Deadline

For the June 2023 News -Copy deadline is 15 April 2023 Send to generalmanager@ephmra.org www.ephmra.org

Get in touch

If you have any enquiries, suggestions or feedback just email us: Bernadette Rogers, General Manager Email: generalmanager@ephmra.org



Meet the EPHMRA Board



Who are your representatives on the board?



Karsten Trautmann Merck KGaA Board Industry Member President



Thomas Hein Thermo Fisher Scientific Board Industry Member Past President



Richard Head Research Partnership Board Agency Member



Xander Raijmakers Eli Lilly Nederland BV Board Industry Member



Stephen Potts Purdie Pascoe Board Agency Member



Marcel Slavenburg SKIM Board Agency Member



Carolyn Chamberlain Blueprint Partnership Board Agency Member



Amr Khalil Ripple International Board Agency Member



Ana Maria Aguirre Arteta Novartis Board Industry Member



Paul Warner Vifor Pharma Board Industry Member



Vijay Chand AstraZeneca Board Industry Member





"BELIEF IS EVERYTHING"

An interview with our new CEO, Gareth Phillips

Following the company's acquisition by Inizio last year, Research Partnership has appointed healthcare market research veteran Gareth Phillips as CEO. We ask him why he took on the role and what his thoughts are on the future of the market research industry within the life sciences sector.

Congratulations on your appointment. Tell us a bit about your background and some of your career highlights.

Thank you! I'm proud to have been a market researcher for my whole career and consider myself to be fortunate to have found the right path early in life. I have always enjoyed statistics, data, understanding people and bringing clarity to situations where it is lacking. It has been a privilege to work at the cutting edge of medical innovation and support clients who are making a tangible difference to patients' lives.

I am proud of being able to help others find focus and achieve success in their careers and am a firm believer that successful teams deliver more than the sum of their individual parts. In other words I focus on developing teams that trust each other, work together and play to their collective strengths.

I also believe in seizing opportunities which take me out of my comfort zone. For example, the experiences I gained living and working in the US and Asia were significant in terms of developing my global perspective, cultural awareness, and providing me with rapid leadership development opportunities. I would not be the person I am today had I not been bold and taken the challenging route at several stages through my career.

What do you think makes a successful leader?

Leaders are successful in different ways, and I have taken inspiration from many different styles of leadership over the years, however the underlying basis of strong leadership for me is authenticity – understanding yourself and being yourself at all times.

I also believe that mutual trust is an important leadership foundation which helps to foster an environment of healthy challenge, debate and diversity of thinking among teams, leading to new ideas and growth. One of the most important roles leaders should fulfil is to signpost the way forward, the vision, bring clarity on what is most important to do, and bring belief and confidence to the whole team.

What are your goals for Research Partnership?

Research Partnership is a business I have long admired and, through delivering excellent work to clients over the past 25 years, has been able to consistently grow and mature into the very strong business that it is today. This provides an excellent foundation for the next stage of our journey within Inizio.

We are now embarking on a new growth strategy within the Inizio ecosystem, where we have the opportunity to build on our heritage and grow new business together with colleagues focused on areas such as strategy consulting, medical affairs, communications development, real-world evidence, and data analytics.

We are still at the early stages of understanding how we might integrate our skillsets across Inizio, to bring additional value to our clients, however I believe what we have at our fingertips across the group has the potential to be incredibly powerful.



Where do you see the company fitting as part of Inizio?

We are the market research consultancy within the Inizio Advisory group. We help our clients to identify and understand strategic insights relevant to their business context, and represent the voice of the healthcare professional, patient and payer in their decision making.

Now that we are part of the Inzio group we have an opportunity to further expand and develop how we can support our clients bringing together expertise and skillsets from across the wider Inizio team to add even deeper value for our clients. It is a very exciting time for the whole Research Partnership team and I feel privileged to have the opportunity to work with such a talented team as we continue on our journey within Inizio.

Currently, what do you think are the major opportunities for healthcare market research?

Market research continues to provide a key benefit to our clients in terms of understanding markets, people and the wider business context, so that we can support fact-driven business decision-making. Our opportunity as an industry is to ensure that we evolve our research tools, our agility, our access to data, our industry knowledge and business skillsets so that we can improve the understanding and advice we are able to bring to our clients – we have to remain relevant and connect the dots as much as possible.

What do you think are the biggest challenges?

For providers, being prepared to stop doing certain activities or types of work and being brave about our changing business models and ways of working.

Is recruitment still a challenge in the industry? How do you think we can best resolve this?

Yes, the talent challenge continues and is not just unique to healthcare market research but applies across many industry sectors. At RP we continue to invest heavily in bringing entry level staff into the profession and training them to become highly experienced market research consultants of the future. We are also increasing our focus on training programmes targeted to our mid and senior team members in order to support faster development of their skills and experiences. Like many organisations, we are also embracing flexible working options in order to widen the available talent pool as much as possible. This includes full remote working and investing in our off-shore hubs as well as our other offices around the world.

Ok, quick fire round. What is your favourite business quote?

I think there is a lot of truth in "culture eats strategy for breakfast... and then has structure for lunch".

What gets you out of bed in the morning?

These days its invariably my chocolate Labrador, Poppy, looking for her breakfast.

And finally, what is your life motto?

I live by the mantra that "belief is everything". A very wise man once shared with me how powerful taking control over your mindset can be... I have never looked back.





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

It's time to start organising your submission for the EPHMRA Awards - these are outlined be members and non members).

Winners will be announced in April 2023.

The winning papers will receive a certificate and memento award.

Submissions now being judged

1. Future leaders and Future Rising Stars - An exciting, not to be missed opportunity!

Calling all Line Managers – a fabulous opportunity for a member of YOUR team to elevate their profile across our industry and to shine!

Please do have a look to see who in your Team could make a submission for this prestigious 2023 Industry Award! Who can you nominate from your agency or client company?

As a Professional, if you or a member of your team has been working in Healthcare Market Research for 5 years or less we are looking for your submission which focuses on one, two to three PMR insight projects you have played a major contributing role in. In your submission please outline the projects, their objectives, how it helped your clients and end stakeholders and what you've learnt in terms of your own professional development from being involved in these projects. We want you to share your experiences! We want to hear about them! Raise your profile and your company's profile across the Healthcare circuit.

Sponsored by



2. Innovative Approach

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

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3. Making a Business Impact

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

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Submission deadline 28 February 2023

How to submit:

Award submissions should be in the form of a total of 7 Powerpoint slides along with a zoom recording file in which you walk through the slides and give your 5 minute pitch. This recording should be no longer than 5 minutes.

Your submission should be organised around the following headings:

| INTRODUCTION | BACKGROUND | METHODOLOGY | TECHNIQUES | CONCLUSIONS |
|--|------------|-------------|--|-------------|
| Submission title, the name of those making the submission and their company names, job titles and contact email addresses. | | | Highlighting any new or different approaches taken | |

After the submission deadline we will assess the submissions and some will be invited to walk the Judging Panel through your submission and to answer questions.

All Awards will be judged according to these criteria:

Making a business impact:

- · Clarity of presentation and message conveyed
- · Level of added value the approach provided given the business challenge
- Degree of measurable business impact

Innovative approach

- · Clarity of presentation and message conveyed
- Level of innovation demonstrated
- Level of added value the innovative approach provided compared to more traditional approaches

Future leaders

- · Clarity of presentation and message conveyed
- Demonstration of future leadership skills (skills beyond just being a good researcher)
- Ability to answer judge's questions well

Who will judge the Award submissions?

Members form the Judging Panel so they are assessed independently and by colleagues with a range of experience.

Winners

Each Award winner will be required to:

- make a presentation to the EPHMRA membership in May 2023.
- this will be via zoom and last for 20 minutes with 10 minutes for Q&A
- the session will be recorded and along with the slide deck presented be made available to the membership in the members area of the web site.

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

Any questions? Please do get in touch and send your submission to generalmanager@ephmra.org by 28th February 2023.



EPHMRA Online event - 24 January 2023

Survival Psychology - How to recognise it, manage it and not let it hijack you!

Speaker: Tony Brooks

Convenor: An-hwa Lee, Sr. Director, Basis Health and LDC Member

Leadership Psychologist Tony Brooks began EPHMRA's webinar programme for 2023 with a presentation on recognising and managing the different aspects of survival psychology to create more effective individual and team behaviour.

Introduction

What we do is driven by our thinking and how we see the world i.e. how we see ourselves and other people and organisations. However, we all have a multitude of cognitive biases that can lead us down unproductive paths. For example, the planning fallacy leads most of us to overestimate what we are capable of delivering in a period of time. We don't allow enough time for eventualities to happen and a lot of projects therefore struggle to meet their deadlines.

Our brain also operates at different frequencies. During intensive work, the brain is often in beta and gamma frequency. It is highly alert when dealing with problem-solving. Slowing our brains down to alpha frequency or even theta frequency tends to be where we are more creative, although our brains often operate at very high frequency and we are not able to do this. Prolonged activity at high frequencies can cause stress.

There is still a part of our brain which is very primitive and not really in tune with the complexity of modern life. We are very much survival-driven and are monitoring for threats, problems and things that can go wrong which will trigger our fight, flight, or freeze mentality. Survival thinking can also turn inwards. As well as monitoring for potential problems, we look inwards to where we are vulnerable and flawed. This leads us to arriving at a place where we don't feel good enough in our personal lives and when we are assigned new projects.

What is survival psychology?

There are five aspects of survival psychology:

- Imposter syndrome is the notion that people think they will be found out as an imposter i.e. a fraud.
- Defensive mindset is the place we go to when we feel threatened by mistakes, challenges or feedback i.e. we go
 into a more defensive position.
- Destructive self-talk is a monologue within ourselves that is potentially quite unhelpful, unproductive and negative.
- The damage done by ego to ourselves as well as to others.
- Tribal behaviour occurs when we operate as a pack and seek survival through association with a pack. It can lead to problems but in other circumstances it can be used positively.

Imposter syndrome

If you think you have imposter syndrome, you probably don't have it but are dealing with a normal functioning part of the human psyche that looks for vulnerabilities and flaws within us. It sees vulnerability as a threat. The term originated in 1978 from two psychologists who describe it as the idea that you have only succeeded due to luck and not because of your talent or qualifications. In other words, it is more about being found out to be a fraud or not capable of doing something. It can manifest through:

- · Over-promising i.e. perfectionism, people-pleasing or attempting to fulfil unrealistic demands.
- Under-promising i.e. the fear of failure.
- Under-achieving i.e. not taking the right growth steps. We grow when we take on new skills and challenges and the feeling that we have imposter syndrome tends to keep us hidden away.

Addressing imposter syndrome involves celebrating our achievements and valuing ourselves more - what we do, what we have done and who we are. If you believe you are suffering with imposter syndrome, you can:

• Put together a success and strengths script. Reflect over your life and look at your successes, as well as the strengths you were born with and the strengths you have developed. You will keep adding to the script over time



and when you are about to go into an interview or stressful situation, you can look at it and see what you have achieved.

- Accept where 95% is good enough. There are areas where you will want to aim for 100% but we often don't need to get to 100%. Know when 95% is good enough and be able to move forwards with this.
- Value yourself more. Be more assertive and clearer with people that you only have so much capacity and won't be able to do something additional within a timeframe.

Defensive mindset

A defensive mindset can manifest itself through:

- Not learning from mistakes. If you are the kind of person who looks to point the blame at others or look for excuses, you may be able to protect yourself but it might mean that the opportunity is missed to learn from mistakes. These can be mistakes you have made or mistakes that others have made. It is good to reflect on mistakes made and take the learnings, as well as talk them through with other people.
- Being held back by challenges. We all have plans, tasks and projects which can involve challenges. It is good not to give up and seek ways around them. This can be achieved by showing vulnerability and asking colleagues if they have been in a similar situation.
- Delivering or receiving feedback poorly. We can go into a defensive mindset too quickly rather than being receptive to the feedback. When delivering feedback, we need to deliver it in a way that people don't get defensive, triggering them into a growth mindset rather than a fixed mindset.
- Micro-managing others too much. Our fear of mistakes being made can mean that we almost don't want to allow others the opportunity to make mistakes.

You can avoid having a defensive mindset through:

- Being open about your mistakes and allowing people to learn from theirs. The more open we are about making a mistake, the more opportunity we have to share experiences and learn from them. It is important to have a culture where people don't cover up mistakes.
- Helping yourself to find a way through challenges. A model that has been around for a long time in the coaching arena is called GROW. It involves holding up a mirror to sort your own problems out:
 - The G is Goal what you are trying to achieve.
 - The R is Reality the reality of the situation in terms of what have you tried so far and why you feel stuck.
 - The O is Options your options to move forwards, possibly based on what you have done in the past in a similar situation that worked.
 - The W is Will the action you will take.
- Giving and receiving feedback in the spirit of a growth mindset. The way you position feedback can help people to be more receptive to it, rather than making them feel defensive.

Destructive self-talk

We face an internal battle between potential self and destructive self. We all have potential that we will never fulfil but we also have a more destructive part of our psyche which is driven by survival instinct as we are constantly fearful of threats, dangers and problems. This can manifest itself through:

- · Decreased motivation.
- Low mood and pessimism when we look for potential problems and flaws i.e. things that can go wrong.
- Stress and overwhelm when we have an internal monologue about all the problems we face.

We have thousands of thoughts a day and a lot of our thinking is unconscious and negative in nature. We also have much more ability to rise to a level of consciousness and observe what is happening with our thoughts. Our thinking can be optimistic and it can be pessimistic, depending on how we approach our lives.

- Destructive self-talk can be avoided by:
- Empowering yourself through observing your own thinking. If you are getting into a spiral of thinking, hit the pause button and rise above your thinking. We can go down paths with our thinking without being consciously aware but we have the power to observe our own thinking.
- Being mindful of the language we are using internally. Watch yourself if you are using doubtful or critical language.



Coaching yourself to be more optimistic and prepared for challenges ahead with a view that you will be able to push your way through them.

The damage done by ego

The need to strive to improve yourself can be thought of as a good thing but it can also manifest through:

- · Comparing, competing against and clashing with other people.
- Complaining and blaming others when you have made mistakes or feel disempowered.
- Being critical of yourself and others.

The ego relates to how we see other people. For example, are we continually needing to be ahead of them or do we see other people as an opportunity to collaborate and learn from each other? These areas can be addressed through:

- Focusing on your own journey of work and looking to collaborate. Don't compare yourself with people who are more privileged or who are in higher positions then you and don't feel threatened by other people see if you can learn from them. We are more powerful when we work together collaboratively.
- Being vulnerable and not letting ego get in the way of being honest with people. Create an environment where other people feel safe to do the same.
- Giving people praise and appreciation to help them on their journey of growth.

Tribal behaviour

Depending on the circumstances, tribal behaviour can be a force for good but it can also a force for bad. It can result in:

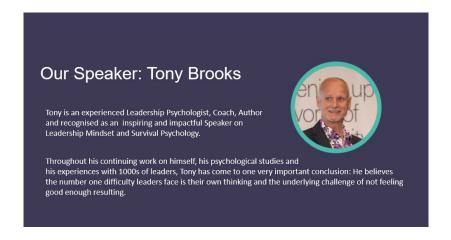
- People feeling isolated. It is important that we make people feel part of teams and organisations.
- Silo behaviour and an 'us and them' culture where there is a disconnect between management and employees.
- Toxic breakaway groups i.e. people who group together and are more negative.

The negative aspects of tribal behaviour can be tackled through:

- Working collectively and utilising everybody's strengths. Know where people in your team are strong and do your best to maximise this. Work collaboratively and identify other people who have skills that can help you.
- Dealing with relationship issues speedily and efficiently.
- Dealing with toxic individuals.
- Building a positive culture. This means having a shared purpose, a collective vision and knowing where you are trying to get to, as well as having behaviours that are in line with these values. A collective language can also unify when we have words or phrases that can pull together and align people.

Key takeaway

Our survival instinct is a more dominant force than we might believe as we look for threats, problems and dangers. The more we are aware of what is going on and the more that we do to shift our views and perspectives, the more effective we can be as an individual and team member.







Speaker: Claire Jackson, Research Director, 7i Group

The Covid-19 pandemic created unprecedented challenges for all healthcare systems, especially cancer services which rapidly had to adjust treatment pathways to reflect the new risks, as well as communicate with patients remotely away from hospital settings. In her presentation to EPHMRA, Claire Jackson gave an overview of research carried out by 7i Group on the impact of the pandemic on the attitudes and behaviours of EU oncologists to assess whether it has driven an evolution or a revolution in terms of new practices moving forwards.

The impact Covid-19 has had on cancer care and patients

Covid-19 had three key impacts for cancer care and patients:

- · Screening was ceased.
- · Surgery was postponed.
- Patients were treated and managed remotely and there were increased safety procedures.

According to data from across Europe from the EU Cancer Organisation:

- It is thought that 100 million screening tests were not performed.
- 1 million cancer patients are thought to be undiagnosed due to a backlog of screening tests, delays in referrals and restricted healthcare resources.
- It is thought that 1.5 million patients were affected by treatment delays in Europe in 2021.
- 1.5 million fewer patients were seen by clinicians in the first year of the pandemic.
- 40% of HCPs felt burnt out due to the pandemic.

However, it is important to recognise that the pandemic also had a number of positive impacts and created opportunities for changes to attitudes and practices moving forwards. Cancer centres had to change their pathways swiftly, demonstrating that decision-making can be more agile than previously thought. HCPs had to adapt to these changes which may have challenged their ideas i.e. the need to manage patients remotely which they may have previously thought would be detrimental and inhibit optimal treatment decisions.

The research conducted by 7i

7i conducted two pieces of self-funded research with European oncologists to assess the impact of Covid-19.

The first study took place in July 2020 when Covid was having a massive negative impact on cancer services. While online research demonstrated clear evidence of the catastrophic impact taking place, it was not known how widely new practices were being adopted and whether they were being viewed positively. It was also not known whether this signified a permanent or temporary shift in behaviours. The study was therefore designed not just to understand current challenges but also to understand whether there was any positive innovation that might be likely to become a permanent fixture within cancer services and whether there had been a shift in mindset and a greater openness to future innovation.

The second study took place in June 2022 to understand whether some of the innovations that oncologists predicted would become a permanent part of the cancer pathway had materialised. The study also aimed to ascertain the attitudes of HCPs to these services and capture current challenges that were still being faced as a result of the pandemic.

Although the research was not extensive in terms of sample size, it was enough to indicate attitudes and behaviours at a European level. It included 60 European Consultant Oncologists across the largest 5 EU markets with slightly more bias towards the UK market. The only screening criteria was that the consultants must be involved in the treatment and management of one or more of the most prevalent solid tumour types: colorectal, breast, lung, prostate, pancreatic, liver and stomach.



Attitudes towards change and innovation

In the first study, 83% of the oncologists said there had been positive innovation as a result of the pandemic.

Of the new services that had been set up and adopted by their cancer centres:

- 93% of consultants said that their centre had adopted telephone/remote consultations.
- 37% had adopted home administration.
- 37% had adopted home-based monitoring.
- 43% had adopted community cancer services.
- 28% had adopted rapid diagnostics at point of care.

The percentages of the oncologists who predicted that these changes would become more of a permanent change to their service were:

- 78% out of 93% telephone/remote consultations.
- 33% out of 37% home administration.
- 37% out of 37% home-based monitoring.
- 30% out of 43% community cancer services.
- 22% out of 28% rapid diagnostics at point of care.

If a centre had adopted a service during the pandemic, most oncologists felt it was here to stay and these predictions held true as the services had become permanent in June 2022:

- 88% telephone/remote consultations.
- 45% home administration.
- 35% home-based monitoring.
- 27% community cancer services.
- 22% rapid diagnostics at point of care.

The data therefore suggests there have been benefits to patients and services outside of addressing Covid-related risk factors because they have continued post-pandemic.

Attitudes towards some of these benefits in 2022

A large proportion of the oncologists believe that the changes to services offer additional patient benefits:

- 63% telephone/remote consultations.
- 42% home administration.
- · 30% home-based monitoring.
- 40% community cancer services.
- 45% rapid diagnostics at point of care.

The data suggests relatively high levels of positivity across most of the innovations, although it is important to acknowledge a degree of scepticism around patient benefits with some of the services. Home administration and monitoring is more mixed compared to remote consultations where there is more consistency of attitudes.

The changes brought about by the pandemic appear to have demonstrated that patients can be treated differently.

- The research has shown that it has shifted the mindset of oncologists and potentially paved the way for new ideas for patient management in the future.
- It has demonstrated that change is possible and it can be implemented quickly.
- Many oncologists appear to have developed a confidence in using drugs outside the hospital and following up using remote consultations.
- Many of these services also improve pathway efficiencies for healthcare systems. There may have been more of a reticence in the past to adopt remote services due to concerns around the impact on best patient care but the forced implementation due to Covid-19 has meant that some of these services have now been tested and there does not seem to be huge concern around the impact on patients.



The majority of oncologists are still open to future innovation, with 49% saying that they were somewhat receptive and 45% saying that they were very receptive.

Current challenges in oncology

From 2020 to mid-pandemic, oncologists were concerned about the future influx of previously unseen cancer patients attending the clinic after lockdown. They were also worried about patients presenting with more advanced cancer and the impact this would have.

From 2022 onwards, these issues have become a reality, especially in the UK, with patient care impeded by staff and resource shortages and delays in testing, as well as delays to surgical and medical interventions.

65% of EU cancer services have seen an increase in cancer patients since Covid-19 because of a delay in patients reporting symptoms and coming forward. 23% of EU cancer centres have not returned back to pre-Covid-19 capacity levels. In the UK, it is 85%/40%. Cancer departments are busy, overstretched and feeling the pressure. Oncologists are also feeling the pressure in terms of staffing issues, logistics, emotional issues, not being able to prescribe certain medications, coping with other HCPs leaving their jobs and the challenges associated with seeing patients at the later stages of their diseases.

Attitudes towards support from biopharma

80% of oncologists are open to pharma company support around the development and optimisation of cancer services. Patient support services are at the top of the list so that the best patient-centric care can be delivered. This is followed by support around remote monitoring mechanisms, patient access to innovations and trials/evidence to support the adoption of these new innovations.

Evolution or revolution

There has certainly been an evolution in terms of patient pathways because of the changes brought about by Covid-19. Some of the ideas around out-of-hospital management are not necessarily new but have often not been implemented up until now for reasons such as complexity, lack of time and lack of resources. Covid-19 has acted as a catalyst for some of these ideas to be quickly implemented. It has also sparked new ideas and given pharma companies confidence to invest in and present ideas that they might have thought would not have been considered pre-pandemic, potentially marking a revolution and a shift towards greater collaboration.

The EU Cancer Organisation has put together a 7-point plan to build back better:

- Addressing the backlog.
- Restoring confidence in cancer services.
- Tackling medicine shortages.
- · Addressing workforce gaps.
- · Employing innovative solutions.
- · Collecting and analysing data.
- Securing and sustaining deeper cooperation between EU countries.

There is an emphasis on tackling not just the negative impact on cancer services but to improve cancer services moving forwards. This will require effort from all stakeholders involved, including industry.

How can pharma be flexible and adaptive to better support HCPs and their patients in the 'new normal'?

- The patient perspective will need to be continually explored and monitored post-pandemic, even though patient acceptance of new innovation was high during Covid-19.
- It may mean reconsidering the products that biopharma provides and reassessing them in the light of current HCP and patient needs.
- It will require agility and flexibility with medicines that are appropriate for now and in the future.
- There might be greater opportunities in home use, delivery and administration of therapies, along with the support packages that might be aligned with this.
- There is a need to futureproof medicines against future pandemics and ensure the integrity of supply chains.
- Digital health remains a new and emerging area and the potential in this area needs to be explored further.



Upcoming Webinar

Data Collection, Analysis and
Communication Masterclass –
Part 1: Questionnaire considerations
from basic to conjoint



Both member and non member companies can attend.

Friday 3 March: Panel Discussion - Data Collection, Analysis and Communication Masterclass.

13.00 - 14.00hrs UK time

Speaker: Okke Engelsma, General Manager, Services and Methods Europe at Cerner Enviza and Forecasting Forum

member.

Convenor: Erik Holzinger, groupH and Forecasting Forum lead.

Questionnaire design needs an expert skill set. There are many issues to consider, like for instance defining variables, how to ask them, how to measure them and where to place them. We're also concerned about the technical aspects as can be seen in choosing response scales and which variables are needed for multivariate methods. A high degree of technical knowledge is absolutely essential to ensure we can answer any given research questions.

Subsequent statistical data analysis can encompass anything from straightforward analyses to very complex models. We mustn't forget though, that our data comes from human beings who, we assume, understand the questions in the same way we did when we developed the questionnaire. Answering a questionnaire remains a psychological experience with potential pitfalls and therefore every question needs to be carefully created/reviewed with the respondent in mind.

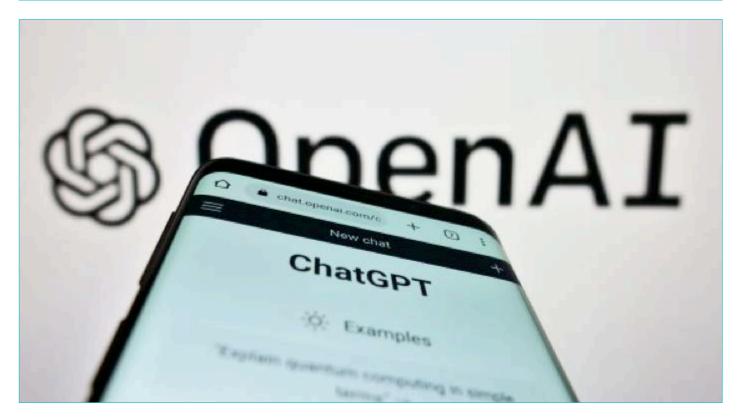
In this forum we'll look at questionnaire creation through the lens of the respondent. Questions, question flow, response scales, advanced analytics, etc. Finetuning these aspects can greatly elevate the overall quality of insights. After all, where do we place the dependent variable? Before or after the independent attributes?

This talk is for junior and experienced individuals who are involved in creating or reviewing quantitative surveys and who want to benefit from an expert with over 25 years of experience in this area.

Both member and non member companies can attend.



Upcoming Webinar



Thursday 30 March: Webinar with Panel Discussion - ChatGPT, Generative AI and Healthcare Research – Where are we now?

14.00 - 15.00hrs UK time

Speakers:

Mike Stevens, founder of Insight Platforms.

Vijay Chand, Director, Global Reporting, AstraZeneca and EPHMRA Board member

Abigail Stuart and Hannah Mann of Day One Strategy

The aim of this event is to provide an overview of the current status of ChatGPT and generative AI, and their potential impact on the healthcare market research and insights industry. The goal is to bring together industry and agency experts to share their experiences, insights, and opinions on the technology and engage in a thoughtful debate about its benefits, limitations, and potential role in the future.

Key Takeaway 1: Understand what Generative AI is, why it is exciting and how is this different to the tools that we already use in market research.

Key Takeaway 2: Explore how ChatGPT and other Generative AI tools could transform research and play a role in each step of a project from desk research, hypotheses creation, survey design, projective techniques and analysis.

Key Takeaway 3: Identify the risks, including privacy and confidentiality and the potential for flawed results.



EPHMRA Young Professionals Conference Grants – for London, 27 – 29 June

ephmra



Have you been working in healthcare market research for a maximum of 3 years? And a first time EPHMRA conference delegate?

Would you like to win a free delegate place at the London 2023 conference?

EPHMRA is offering up to 5 free conference places for Young Professionals – why not submit your entry and see if you are one of the 5 to be selected? We welcome anyone in member companies (industry and agency side) to apply – it's not limited to one per company!

You just need to email to generalmanager@ephmra.org a one page pdf maximum with the following:

- · Your name, company, job title and email address
- Your experience in healthcare market research including how long you've been working in the area
- Answer the below with a maximum of 200 words (that's 200 words in total not 200 words per question!).
 - How will attending the conference help you in your role.
 - How will EPHMRA benefit from you attending?

Submission date now closed

EPHMRA had a fantastic response to the Conference Grants – these are being assessed by the Board and we hope to announce the Winners by the end of March.

Any questions – please just get in touch! generalmanager@ephmra.org





Member News

What to expect from Blueprint Partnership in 2023? We have two new directors starting in January, a new product suite to go beyond PMR, workshops, decision support solutions and a communications offering. We continue building on the application of Behavioural Science and Advanced Psychology. Exciting developments are in the pipeline...



One Day Meetings

2023 UK Chapter Meeting - London - Tuesday 21st March 2023

'Adapting to the New World'

We had a great in-person meeting in April 20222 (the first EPHMRA in-person meeting since 2020) and we are keen to build on this success.

A big thank you to our meeting Convenors:



Anna Garofalo, Market Research Consultant, Janssen



John Grime, Business Unit Director, Strategic North



Gayle Hughes, Pfizer Inc



Alex Marriott, Director, Lumanity

Take a look at the programme overleaf to see the great speakers included.



UK One Day Meeting - Programme



21 March 2023

The meeting is convened by:

Alex Marriott, Lumanity Gayle Hughes, Pfizer Anna Garofalo, Janssen EMEA Market Research Centre of Excellence John Grime, Strategic North **Venue:** 30 Euston Square London NW1

| 09.05 - 09.10 | Welcome and Introductions |
|---------------|---|
| 09.15 - 10.05 | Session 1: |
| | The Future of MR, the Metaverse and Al. |
| | Speaker: Lucy Ireland, Partner, Hall & Partners |
| | Convenor: Anna Garofalo, Janssen |
| 10.05 – 10.40 | Session 2: Small populations, big challenges: How to conduct quantitative research in rare diseases. |
| | Speakers: Emilie Braund, Director and Richard Goosey, Head of Analytics Research Partnership |
| | Convenor: John Grime, Strategic North |
| 10.40 - 11.00 | Networking Coffee Break |
| 11.00 - 11.35 | Session 3: Giving Inflammatory Bowel Disease (IBD) patients a voice |
| | Speakers: Mauro Morando Brains and Cheek and Camille Hoffman Galapagos |
| | Convenor: Alex Marriott, Lumanity |
| 11.35 - 12.10 | Convenors: John Grime, Strategic North and Gayle Hughes, Pfizer |
| | Q&A/Discussion to the Morning Presenters |
| 12.15 - 13.15 | Networking Lunch |
| 13.15 - 13.50 | Session 4: End-to-end patient strategy and the role of market research |
| | Speakers: Sheetal Padania and Mark Corbett, Origins |
| | Convenor: Alex Marriott, Lumanity |
| 13.50 - 14.25 | Session 5: Creating engagement in a virtual world |
| | Speakers: Ben Lorkin and Dan Gallagher, Day One Strategy |
| | Convenor: Gayle Hughes, Pfizer |
| 14.25 - 14.45 | Networking Coffee Break |
| 14.45 - 15.20 | Session 6: The evolution of the influencer: How digital HCPs are redefining healthcare practice |
| | Speakers: Mary Fletcher-Louis and Anni Neuman, CREATION |
| | Convenor: John Grime, Strategic North |
| 15.20 - 16.10 | Session 7: 'Ask the Expert' with all Speakers |
| 16.10 - 16.20 | Wrap Up and Thanks |
| 16.20 - 17.00 | End of Meeting Drinks |



Germany Chapter Meeting – 20 April 2023



Katja Birke, Managing Director, Produkt + Markt GmbH & Co



Yannick Rieder, Manager Market Research & Competitive Intelligence, Janssen /Janssen Cilag / J&J



Barbara Lang, Point Blank Research & Consultancy

We are happy to announce the 12th Germany Chapter meeting for 2023 which will be held as an in-person meeting in Berlin at the BETAHAUS.

The 2023 German Chapter Meeting is all about celebrating market research in its different facets. Get inspired and exchange with likeminded market researchers on approaches which generate impact. This year we will commit more time and sessions to networking as interpersonal exchange come off too short in the last years. The Betahaus in Berlin is an intimate location and exactly the right place to connect.

Venue: Rudi-Dutschke-Straße 23 Berlin 10969 Germany



2023 Basel Meeting

A meeting will be held in Basel in September 2023 More details to follow.





Ethics Update

Your Ethics teams:

| Matteo Cappai | IPSOS |
|-------------------------|----------------|
| Christine Mai | AplusA |
| Jessica Santos | Cerner Enviza |
| Analia Revaux | Zeste Research |
| Anne Beatrice Clidassou | MSD |
| Roni DasGupta | Atlas Primary |
| Hilary Fischer | Organon |

| Mattias Blomgren | Janssen |
|--------------------|-------------------|
| Piergiorgio Rossi | SGR International |
| Xander Raijmakers | Eli Lilly |
| Paul Warner | CSL Vifor |
| Rebecca D'Ippolito | Sermo |
| Florence Chopin | Pfizer Inc |
| Georgina Butcher | Janssen |

And the Compliance Network

The Ethics Committee also connects with experienced compliance officers in Agency Member companies and if you are interested in joining this group please do get in touch - generalmanager@ephmra.org

| Name | Organisation Name |
|------------------|--------------------------|
| Matteo Scaringi | Kantar Consulting |
| Fabio Musumeci | Survey Healthcare Global |
| Moniola Olusanjo | Branding Science |
| Julia Luftmann | IPSOS |
| Kristen Massey | Adelphi Group |
| Elsa Andersson | QQFS AB |
| Gerard Geneen | HRW |
| Rhiannon Notman | Blueprint Partnership |





Upcoming - Data Protection Training

EPHMRA is currently developing an online training course which will be free for the membership.

This will be available for the 2023 – 2024 Membership year starting 1 October 2023.

Online syllabus outline:

- a. General introduction
 - key definitions and how they apply to healthcare research
 - ii. key concepts e.g., accountability, privacy by design and how they apply to healthcare research
- b. Planning and designing healthcare research
 - i. Participants and GDPR/DPA considerations for healthcare research e.g., children, vulnerable participants, patients, HCPs
 - ii. Different legal bases and the design considerations
 - iii. Roles and responsibilities e.g., data controllers or data processors
 - iv. Client confidentiality and use of client data
 - v. Completing Data Protection Impacxt Assessments
 - vi. Selection of incentives
- c. Data collection
 - i. Questionnaire design including gathering permission and consent
 - ii. Recording of data collection
 - iii. Observation of data collection
 - iv. Transferring and sharing data between processors and controllers, including TIA transfer impact assessment. Cross border transfers included
 - v. Data subject rights
- d. Data Analysis
 - i. Reporting of research results
 - ii. Use of verbatims and personal data
- e. Data Retention and Storage
 - i. Data minimisation
 - ii. Data security
 - iii. Data destruction
- f. Data breaches

EPHMRA is dedicated to continuously developing the Code of Conduct. Members provide us with a lot of comments and feedback on the Code, which is very welcome, as it helps us with this development.

To enable the Ethics Committee to be able to give the comments received due consideration we are opening the Code Consultation period. In preparation for the 2023 update all members are invited to submit comments until 1 April 2023.

The Code update is aligned with the membership year and the updated version will be launched before the end of the 2023 membership year.

These next 4 weeks is the time when you can submit your comments as we will then be working on a revised and updated Code of Conduct.

The Ethics Committee will review your feedback and take it in to account as far as is practical and appropriate within the updated Code.

Please send your comments to <u>generalmanager@ephmra.org</u>. If you refer to specific parts of the Code please reference your comments to the Code section and paragraph.

