

IPCAA NEWS

Measuring Meetings ROI

“The Holy Grail”

**“Is it justified?” “What do we get in return?”
“Are you convinced it’s worth it?” “Wouldn’t it be more
appropriate to spend the money in some other way?”**

These frequently occurring questions will be immediately familiar to all those who regularly have to ask for, justify and account for budgets and sponsorship expenditure etc.

A means of calculating return on investment (ROI) - sometimes expressed as return on objectives (ROO) is often called for. With advances in the practical methodology of ROI calculation over the last 20 years, the ability to clearly recognise and interpret the financial yield or advisability of participation in specific events is becoming more realisable - good news for those with increasingly restricted financial resource capability!

In order to decide on amount of budget to be allocated, obtain approvals for requested sponsorship contributions, evaluate meeting effectiveness, compare meetings with other (competing) events, decide on priorities when faced with increasing requests and even “mushrooming” congresses, as a means of demonstrating value and competence, securing competitive advantage and improving the

attractiveness of events and meetings, the concept of ROI calculation is attractive to all meeting stakeholders – sponsors, organisers, delegates, and host societies.

There is tremendous interest among IPCAA members and others, to acquire and implement the skills and knowledge to use the systems and methods now available for achieving this long desired goal. IPCAA is actively working to provide further information on relevant aspects of ROI, to provide education and training programmes for its members and contribute to promotion of the overall concept of Meetings ROI – something which can only be in the interest of all parties concerned with the organisation of medical events.



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There will be professionally supported ROI sessions at the IPCAA General Assembly in 2008, and we are actively considering and working on, other means of promoting the topic, as well as offering additional training events and further insight. As the framework in which we all operate becomes increasingly financially squeezed, ROI should prove to be an ideal tool for conference managers, medical departments and other budget holders from potential sponsor sources, to accurately determine how best to invest the often diminishing financial resources available to them.

Clearly, as progress towards transparent methods of evaluating participation and sponsorship at medical meetings and events is made, it will be also be incumbent on organisers to be able to demonstrate the value offered. So, ROI calculation is not just for those supporting meetings, but will also be of vital interest for those who actually plan, organise and host medical meetings and events.

Global CME Harmonisation – just a dream?

Global harmonisation of CME was the theme of the 12th GAME (Global Alliance for Medical Education) meeting, held in June 2007 in New York. Eminent speakers representing the medical profession, providers, accreditation agencies and industry addressed all aspects of the question during a stimulating and thought-provoking two day conference.

The consensus, perhaps not surprising to those involved with CME issues, is that:

- Global harmonisation of CME **is** highly desirable
- It is not a question of “if” but “**how**” and “**when**”
- There are clearly many **obstacles** to overcome
- It **is** achievable, if the will of all stakeholders coincides

The case for Harmonisation

Many feel that harmonising CME on a global basis would facilitate participation in international meetings and the development of educational standards as well as expanding participation in trans-national Internet-based educational activities. Additionally, it would encourage “best practice” sharing, contribute to “portability of licensure”, and help promote common ethical standards.

From an industry point of view, harmonisation would offer benefits such as standardisation of definitions, content, guidelines, funding parameters, accreditation and reciprocity, and impact. There would also be less need to distinguish between aspects such as local, national, regional, international, and global.

Potentially significant cost savings through the realisation of global/multi-national initiatives could also be expected for all parties involved.

Obstacles to Harmonisation

It is easy to talk of global harmonisation and forget that CME may not yet be firmly established everywhere, and that regional or even national harmonisation and/or rationalisation is still a target in some areas.

Certainly, those areas having well developed CME concepts and practice are unlikely to be prepared to relax their standards to support global harmonisation. Looking at trends in some countries, “basic” CME itself is no longer the consideration – we are becoming used to more and more frequent mention of “PI CME” (Performance Improvement CME), CPD (Continuing Professional Development) IPOC (Internet Point of Care); additional definitions and formats may well be expected.

The role of industry in promoting CME activity continues to be a contentious one. There are strong opinions that direct funding of CME by healthcare companies is prejudicial to impartiality. There are alternative views, not coming from within industry alone, for example, that “the ability for pharma-funded CME to impact millions of lives has no borders”. Equally, internal pharma stakeholders may not always be convinced of the value of formal CME funding, preferring to sponsor educational activities where they have at least some element of content control.

Requirements to Achieve Global Harmonisation of CME

A number of key elements are necessary to arrive at a shared definition and acceptance of an international standard of CME/CPD credits:

- A definition of CME/CPD which is acceptable to all
- Clear learning objectives and identified means of communication to a specified audience for CME activities
- A specific programme, or written contents statement must be available
- Environment and format must be appropriate to the learning activity
- Names and credentials of the activity director, faculty and planning committee members must be available
- Proof of factual and unbiased content of the activity, and that it conforms to the mutually recognised definition of CME must be available
- Assurance, if required, that the activity is free from commercial influence or bias
- Physician learning (outcomes) has to be assessed for each CME activity

Additionally, “standardisation” of aspects such as accreditation bodies, reciprocity, providers, content, licensing (certification), and the extent and form of industry participation and how it is regulated has to be carefully studied.

Finally, a body to be responsible for CME harmonisation on a global basis will have to be identified - and accepted!

Summary

Though the desirability of global harmonisation of Continuing Medical Education is not disputed by most parties directly involved, its sheer complexity, even within regions (e.g. Europe, Latin America), or countries (i.e. Canada, Germany), makes it a huge challenge requiring basic commitment to the goal, on an international basis, from professional associations, providers, accreditors and funders. Decision makers need to be influenced, and individual physicians may have to be subject to licensure-linked CME/CPD obligations.

Such a major step could take considerable time, but couldn't it be a quite different picture in ten years, if a basic commitment to strengthen CME globally (from the “bottom up”), is made and international collaborative measures are fully supported? There are some initiatives already underway – the Rome group “think tank”, the guidelines interpretation actions between EAACME and the AMA. There is much more to do however.

Despite current ambivalence on the issue, there seems to be an underlying acceptance of the need for industry involvement, as a major potential source of funding for medical education activities. Commercial interests need to be acknowledged, but at the same time, the industry itself, committed strongly to the principles of scientific objectivity and avoidance of undue influence, in accordance with industry-led corporate compliance policies, has to fully play its part in establishing the appropriate level and extent of its role.

Members' evaluation of GA 2007, Miami



The 2007 General Assembly, held in January at the Miami Hyatt Regency hotel, received overall positive comments in the members' evaluation.

Plus and minus

Meeting facilities and overall organisation and content scored favourably, although the venue was clearly not a preferred one for many delegates. The interior condition of the hotel itself also came in for criticism – as a result of which, more attention will be paid in future to obtaining local support/recommendations.

Least favourite

It is not surprising that the “business” content of the GA is the least favourite section, but there are statutory obligations linked to this and it is unavoidable. However, some thought can probably be given to making this part more attractive for participants.

Favourites

As usual, the favourites were the hot topics and educational sessions. However, members in general felt that the programme needs adapting, to offer attendees access to all hot topics, rather than being forced to choose which to attend.

Lots in common

There was a lot of positive comment from members on hot topics sessions – much along the lines of “It’s surprising how many processes, problems etc. we have in common”. Equally, the call was frequently made for “...more advance preparation details, clearer objectives, and more time for discussion and creation of output of sessions”.

Not So Hot Topic

The least popular of the sessions was in fact that related to the task forces. It is perhaps not altogether surprising, since the level of active participation will depend on members' specific therapeutic areas of interest, although task force updates and information exchange are of clear interest in general terms. There was, however, a call from members for more sharing of best practice and outcomes of task forces, and also a wish to see a more standardised structure of task force presentations and reporting formats, for comparison purposes.

Members were asked to submit suggestions for hot topics for the next General Assembly, as part of the evaluation; there was a very good response to this.

A full review of the GA 2007 evaluation was presented and discussed in Council (April 2007, Copenhagen). Lessons learned and points for incorporation in future General Assemblies were carefully studied, in order to reflect members' wishes in future organisation wherever possible.

New Executive Director



“Following Dennis is no easy task!”

Following the retirement of Dennis Wheatley earlier this year, Dr hc Keith Spencer succeeds him as the Executive Director of IPCAA.

Keith brings approximately 35 years experience in the healthcare industry with him, in sales, marketing and general management positions, including responsibility for corporate participation in major conferences and events. He also served in senior liaison positions on behalf of industry with major global and regional medical associations in gastroenterology and endoscopy for a number of years.

“Dennis' contribution to IPCAA is immeasurable”, says Keith, “he has been one of the driving forces behind the organisation's growth and the development of its influence, for many years, serving on the Association's Board and Council, before finally taking up the role of Executive Director. He introduced many innovations and helped guide the organisation into successful strategic developments. It is a privilege for me to take up this position, and I look forward very much to helping IPCAA move forward, in what is an increasingly difficult environment for all parties involved in medical conferences, events and congresses.

“It is clear that an increasing amount of regulatory issues and general business environment pressures make close cooperation between industry and all those involved in the organisation of medical meetings of more importance than ever. The IPCAA aims to further enhance its professional representation of the views and interests of all those companies in pharmaceuticals, diagnostics and medical imaging who support and fund congresses, educational events and other medical association activities.

“I am delighted to be involved in this challenging role, and grateful for the support of the colleagues on the IPCAA Council, and the Association's Officers and Secretariat. Dennis will be a hard act to follow, but I promise IPCAA and all its partners and respondents my maximum commitment!”

Dr hc Keith Spencer
Executive Director IPCAA

Task Force News – Highlights

The IPCAA appointed “Task Forces” covering most therapeutic areas, facilitate communication, interaction and coordination with medical associations and their representatives, dealing with all aspects of the organisation of the regular congresses run by the associations and societies. The aim of this professional interaction is to ensure that scientific objectivity is respected and preserved, and that events organised meet the agreed principles of the IPCAA Code of Conduct and Healthcare Congress Guidelines – in the interests of all parties involved.

GI Task Force

The recently revised Code of Practice for the annual UEGW was put to the test at the UEGW 2006 held in Berlin, and a new model with three different sponsorship levels proved to be successful. Preparations for the forthcoming UEGW in October in Paris are progressing well, without any major difficulties.

The BMI board has appointed Susanne Lotterer of Fujinon to be the liaison officer for the UEGW meeting 2008 and Anna Frick of AstraZeneca will fulfil this role for London 2009.

The gastroenterology/endoscopy meeting in London 2009 will be a cooperation between UEGF, WGO, OMED and BSG, with UEGF taking responsibility for the scientific programme. BMI's concern is that London is an expensive city and that this might have an adverse impact on delegate numbers.

No separate World Congress of Gastroenterology is planned for the future.

Oncology Task Force

At ESMO in Istanbul this year, there were issues concerning difficulties with the appointed PCO, and these were discussed among various companies, to formulate a position on behalf of industry. Relevant complaints were presented to the Society, mostly dealing with costs associated with the congress.

With Italy considered as a potential future venue for the meeting, concern has also been raised on behalf of industry, regarding the cost of meetings there.

Clearly there is a growing number of oncology events being planned and therefore an obvious need for a very active IPCAA Task Force.

Medical Imaging Task Force

Various congresses are covered in radiology, interventional radiology, nuclear medicine and MRI, and some cardiology aspects as well as molecular imaging (RSNA which attracts 60,000 delegates annually in Chicago, ECR with around 17,000 delegates annually in Vienna, ISMRM and ESMRM for magnetic resonance, ESC cardiology).

In March this year the two European Radiology Societies merged to become the ESR (European

Society of Radiology), which runs the annual ECR. This has sparked a proposal to restructure the relationship between industry and the new society by the creation of a Biomedical Radiology Board. Active discussion between industry and the ESR management organisation is still pending in this respect.

It is felt that a Code of Practice for the ECR (either IPCAA or a derivative thereof) needs to be agreed and implemented.

Dermatology Task Force

Several meetings have been set up with the European Association of Dermatology and Venereology (EADV) with the aim of working more closely together to define common objectives. This will provide significant benefits for sponsoring companies. The Task Force will deal with a new contract proposal to renew partnership opportunities.

In the last few years, most particularly in 2005 and 2006, the Dermatology Task Force also dealt successfully with many concerns and potential conflicts with EADV congresses.

Cardiology/Hypertension and Diabetes Task Force

The Cardiology/Hypertension Task Force and the Diabetes Task Force have now been fully integrated.

The European Association for the Study of Diabetes (EASD) has instituted official guidelines for collaboration between the organisation and industry. These were developed in close cooperation with the IEC (the body representing the industry). Work is ongoing with the EASD focusing on integrating industry supported sessions within the congress programme. The EASD has also agreed to address the matter of how the organisation could work to simplify the regulatory aspects faced by industry depending on the selected venue.

After many years of concentrating on improving working relationships with the European Society for Hypertension (ESH) a good relationship has now been established with regular and productive communications between the ESH and the Task Force. The ESH is now actively working on the regulatory authorities, in particular when a congress is held in Italy, to ensure that international rather than

Italian regulations apply for participating Industry. The ESH organisation has also worked effectively with accreditation and the scientific programme has, during the previous two years, been accredited by EBAC (European Board of Accreditation in Cardiology).

The International Diabetes Federation (IDF) is in the final stages of agreeing its guidelines. They have also been developed in close co-operation with the IEC.

On behalf of the ESC (European Society of Cardiology) EBAC has reversed its earlier position and now allocates CME points to suitably qualified industry-sponsored educational sessions. The ESC will now include regulatory aspects among the criteria for venue selection. The ESC congress organisation has agreed to the industry's requirement to include representatives from the scientific programme committees in the annual meetings between ESC and the industry. Moreover the ESC has agreed to evaluate how the contribution from the industry, both financial and scientific, could be better communicated to members/participants of the ESC.

Transplantation Task Force

Transplantation TF members met in Miami earlier this year. Congress arrangements ran smoothly and no major difficulties were reported. A general need for improvement of cooperation & transparency was identified between AST/ASTS and its respective sponsors.

Besides various smaller meetings (special areas; ILTS, ISHLT), all companies are preparing for the European Transplant meeting (ESOT) in Prague (September 2007), ATC in Toronto (May/June 2008) and TTS' international meeting in Sydney (August 2008).

The next official meeting of the Task Force will be in Prague in October.

Rheumatology Task Force

Leadership of this Task Force is currently vacant. Applications are invited to head up this important group. Please contact the Secretariat.

Members of the Task Force were recently quite surprised to see reference to the IPCAA guidelines in connection with the new sponsorship prospectus for an international bone congress. Apparently this reference was made without consulting IPCAA and in order to avoid such an uncomfortable situation in the future, IPCAA will need to check the new guidelines closely to establish whether endorsement is appropriate.

IPCAA will try to determine the value of its input into the EULAR strategic plan exercise.

CNS (Psychiatry) Task Force

ECNP organises a successful annual meeting but its planned 2009 meeting in Istanbul is at present a

subject for discussion. As a European Society the ECNP must organise the annual congress in Europe, but industry views Turkey as a potential security risk. Supporting delegates in the question of venues regarded as high risk is a matter to be considered by companies.

The question of Healthcare Compliance has been raised, since the Society has a mandatory five night hotel booking policy for ECNP, with satellite symposia pre and post congress. This causes problems in some countries where doctors can only be invited for one day before and one day after a meeting, so compliance becomes a major problem. This could make it more and more difficult to bring in doctors to attend symposia which are outside the core congress programme, and support their expenses,

ECNP ran a strategic think tank meeting in February, where it was pointed out on behalf of IPCAA that we could support development of strategic ideas for the Society, due to our wide range of involvement over many therapeutic areas.

ECNP is keeping an open mind on all issues raised by the IPCAA Task Force.

In general, psychiatry meetings are running successfully in Europe, and it is vital to maintain a good quality of regular interaction with the societies concerned.

Neurology Task Force

Everything is running smoothly at the moment and there are no particular current issues. The group will meet again at EFNS in Brussels.

Womens' Health Task Force

This Task Force has recently been subject to a loss of members, due to career transfers, etc. It is necessary to reconstitute the group, and volunteer members – and a leader for the Task Force are urgently needed!

Orphan Task Forces

Four important therapeutic areas have been identified as needing an IPCAA Task Force to interact with the relevant congress organisers – **Respiratory, Urology, Geriatrics and Anaesthesiology.**

Previously, there has been an insufficient number of member companies active in these areas to support the setting up of appropriate Task Forces. If anyone is prepared to help establish Task Forces for any of the areas in question, please contact the IPCAA Secretariat for further discussion.

(Alternatively, non-member companies willing to cooperate with IPCAA members in setting up/participating in such Task Forces are also encouraged to contact us.)

New Trends in Association Management

More and more associations and societies covering a wide range of interests, are reviewing the means and practices by which their organisations are managed.

Representative medical bodies are not immune from this development, and there seems to be a trend towards more comprehensive “contracting out” of professional steering of activities, policies and strategy setting.

IPCAA recognises this trend and acknowledges the need to efficiently interact and coordinate with new approaches.

In an increasingly regulated and more competitive environment, it becomes more difficult for medical professionals to react to commercial, strategic and business challenges facing an association they head up or serve.

Many medical associations operate in a rather “traditional” way, concentrating their activities in support of a regular conference, publishing a journal etc. Their manpower is usually on a voluntary basis. The emphasis is mainly on managing day-to-day, rather than developing strategy and/or investing in the future to pursue the association’s mission.

Of course, there will be exceptions, but as a rule, a dynamic association and conference management approach focussing on such topics as “return on investment and objectives”, “synergies”, “long term relationships” etc., needs the assistance of dedicated professionals with expertise in planning and implementing an organisation’s activities in close relationship with its volunteer leaders.

Certain associations and societies have of course already recognised such a need and work closely in harness with selected core PCOs (Professional Congress Organisers), with a view to focussing on medical content and outsourcing the other tasks. This provides more consistency and enables the shaping of a meeting’s long term development, its content and sponsorship programmes.

The newest development is that of Association Management Companies (AMCs) – organisations which take care of the overall business aspects of an association, including public affairs, communications etc, using a full range of professional expertise and experience of other, similar, situations. The aim is to provide continuity, stability and permanence, by spanning various terms of office of elected officials.

This is achieved either by contracting an AMC, or alternatively, by funding an own independent office and staff structure (Secretariat).

There are views that when organisations become professionally managed, they start to increase their impact on the community, considering strategic issues rather than simply tactics, and develop a much more professional and long term approach to their programmes, activities and partnerships.

With the strict and increasing regulatory framework within which the healthcare industry operates today, any increases in professional, long term approaches in dealings between companies and those responsible for medical association management are to be welcomed, and should work well to serve the interest of all parties involved.

Some concerns have been voiced, that increasing use of professional management functions by medical associations and societies may place barriers between sponsors and their “traditional” partners (and customers). However, it is the view of IPCAA, that this trend is to be seen as a positive one, and supports fully the concept of more professional interaction with medical societies. Whilst also realising that there will continue to be divided opinions, varying structures and different groups of partners, it brings together groups of business professionals, communicating on similar levels. Nothing is done to prejudice scientific objectivity, and the physician officials are allowed to fully concentrate on research, treatments and education topics in the pursuit of medical excellence for their society or association.

The IPCAA, through its therapeutic area Task Forces and other means of communication, remains open and ready to respect any partners for representation, interaction, negotiation and communication on behalf of any medical societies or associations, in line with its mission of representing the global healthcare industry in all congress-related matters.



IPCAA Professional Development

Report on courses completed

Several courses have been held so far in 2007. One of them at the end of February in Amsterdam and – based on the request of various IPCAA Member companies in the US – both IPCAA core programmes ‘Principles of Effective Congress Management’ and ‘Congress Specific Project Management’ were also held in Washington DC in July.



In the ‘Principles of Effective Congress Management’ course in Amsterdam, 14 participants from 7 different member

companies attended the course and enjoyed exchanging mutual information and experiences with their counterparts in other pharmaceutical companies and general networking. Unfortunately the two groups in Washington finally ended up with just 4 to 7 participants from 3 or 4 companies. However, the feedback was still very good as the small groups made the workshops very interactive and open. In all courses the two trainers were perceived as extremely professional and very experienced.

The ‘Congress Specific Project Management’ course in June had to be cancelled due to lack of registrations. It is now planned for January 30 & 31, 2008.

IPCAA Training events in 2007/8

Principles of Effective Congress Management

November 22 & 23, 2007 in Berlin/Germany

July 21 & 22, 2008 in the USA (East Coast)

August 27 & 28, 2008 in Europe

This course specifically **targets people who are relatively new** to international congress management and seeks to provide them with a broad insight into:

- Exchange and sharing knowledge on global best practice
- Understanding Healthcare congresses in an international context
- Building influential working relationships with colleagues and third parties
- Developing cross-cultural business awareness

Back to back Seminars on CME and Compliance

December 4/5, 2007 Frankfurt/Germany

CME

Following last year’s very popular CME seminar for members, this follow-up event will be held again using the single day format, enabling participants to come in and out within the day, for maximum time and cost effectiveness.

This year’s seminar is planned to include additional external speakers giving some **insights into daily experience of CME at physician and administrator level**, as well as allowing plenty of time for interaction and practical discussion between participants.

December 4, 2007 Frankfurt/Germany airport conference centre.

Compliance

Due to the increasing calls for more **information and experience sharing on compliance issues**, we shall also run a one day seminar on this subject, the day following the CME event – those wishing to attend both meetings will simply need one overnight stay to enjoy fullest benefit!

December 5, 2007 Frankfurt/Germany airport conference centre.

Congress Specific Project Management

January 30 & 31, 2008 in Europe

July 23 & 24, 2008 in the USA (East Coast)

November 26 & 27, 2008 in Europe

Effective project management people skills are critical to the success of your event. This programme **examines strategies for effective communication, delegation and human resource management** as well as providing the opportunity to problem-solve some of the most difficult obstacles to successful medical congress management.

Note: This is a practical course and is not aimed at computer experts.

The details and on-line registration for these courses and all the other planned events within Professional Development are available on the IPCAA Intranet.

IPCAA ready to reinforce contacts and support to other organisations

Enquiries and requests for advice regularly addressed to the IPCAA Secretariat and officials are a clear indication of the increasing regulatory environment imposed on the working framework of all institutions operating in the field of medical meetings.

Non-pharmaceutical companies, usually subject to alternative Codes of Conduct, seem to increasingly become aware of potentially difficult situations arising in congresses and meetings organisation, due to the implementation of pharmaceutical industry codes, legislation and corporate compliance policies.

Meeting organisers and others involved – Professional Congress Organisers, Association Management Companies,

Destination Management Companies, hotel chains, congress centres etc. are consulting IPCAA and its members more and more frequently, on matters such as venue selection, sponsorship aspects, regulatory issues, etc.

IPCAA is always happy to receive any requests for information and advice – addressed to the Secretariat in Basel, Switzerland, or to the Executive Director.

This inevitably leads to the need for IPCAA to also take some of the initiative, and we will actively seek to develop closer ties with other appropriate organisations. IPCAA is always ready to provide a knowledgeable speaker on topics of interest related to organisation of health care meetings – just contact us with your requirements.

If any organisations involved in related matters have further ideas or suggestions for IPCAA, please let us know!

IPCAA DIARY DATES

IPCAA Events 2007/2008:

- October 16 & 17, Chicago, Council Meeting
- January 14, Lisbon, Council Meeting
- January 15 & 16, Lisbon, General Assembly



Professional Development Training 2007/2008

Principles of Effective Congress Management:

- November 22 & 23, 2007 in Berlin/Germany
- July 21 & 22, 2008 in the USA (East Coast)
- August 27 & 28, 2008 in Europe

CME and Compliance Seminars:

- CME, December 4, 2007 Frankfurt/Germany
- Compliance, December 5, 2007 Frankfurt/Germany

Congress Specific Project Management:

- January 30 & 31, 2008 in Europe
- July 23 & 24, 2008 in the USA (East Coast)
- November 26 & 27, 2008 in Europe

NOTE FOR NON-MEMBERS:

There have been approaches for representatives of other organisations to attend these IPCAA seminars. Regrettably, we can only offer these specific events to full IPCAA members; the content is tailored to member's needs and attendance is free of charge as a membership benefit.

However, we would be prepared to run additional seminars and training events, on topics of interest (on a chargeable basis), if there is sufficient call for them. If any association, company or other organisation or individual would be interested in this, please contact the IPCAA Secretariat in Basel, Switzerland.

IPCAA General Assembly 2008

"A Clear Response to Members' Stated Needs"

The draft programme for the 2008 General Assembly to take place in Lisbon, is now taking shape, based on comprehensive review of feedback and evaluations from participants at the 2007 meeting in Miami (see page 3).

Time allocation, chances for interaction, and opportunities for maximised involvement in the most popular sessions will all be reflected in the final programme.

Approximately 20 suggestions for hot topics were submitted, following the Miami meeting, and these were all duly considered by careful (and lengthy) deliberations during the Council meeting in Copenhagen, in April.

After refinement of the topics list, an all-member voting process resulted in the selection of the following three topics:

1. ROI/ROO
2. Compliance Issues
3. Benchmarking of Conference Department Structures

These topics are already in preparation, to ensure that an appropriate quality level of presentation, delegate preparation/advance information etc. is available, in order to maximise output and benefits. All participants will be able to attend each of the sessions.

MARK IT IN YOUR DIARY NOW!

15th/16th January 2008, in Lisbon

We look forward to seeing all members represented there. Further details will be available from the Secretariat soon.

IPCAA Council and Member Companies

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