



Public Health Association
AUSTRALIA

**Public Health Association of Australia
submission on Medicines Australia (MA):
Application for Revocation and
Substitution A91436-A91440**

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Introduction

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. The PHAA has a vision for a healthy region, a healthy nation and healthy people living in a healthy society and a sustaining environment while improving and promoting health for all

Public Health

Public health includes, but goes beyond the treatment of individuals to encompass health promotion, prevention of disease and disability, recovery and rehabilitation, and disability support. This framework, together with attention to the social, economic and environmental determinants of health, provides particular relevance to, and expertly informs the Association's role.

The Public Health Association of Australia

PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups concerned with the promotion of health at a population level.

Key roles of the organisation include the development of policy, capacity building and advocacy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. PHAA supports a preventive approach for better population health outcomes by championing appropriate policies and providing strong support for Australian governments and bodies such as the National Health and Medical Research Council in their efforts to develop and strengthen research and actions in public health.

PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as providing a close involvement in the development of policies. In addition to these groups the PHAA's Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

Advocacy and capacity building

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of governments and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

PHAA submission on Medicines Australia: Application for Revocation and Substitution A91436-A91440

This submission Medicines Australia: Application for Revocation and Substitution A91436-A91440

1. Summary

In Australia in 2014 we have witnessed continuing debate around funding of political parties where senior government officials were forced to resign through lack of transparency. There is no reason why the medical profession or the pharmaceutical industry should be exempt from public scrutiny. Indeed the pharmaceutical Industry worldwide is facing [fundamental changes](#) in the way it operates. Consumers and members of the public are asking questions about whether there is enough transparency in research and development. Providing incentives to doctors to prescribe their drugs is commonplace in the pharmaceutical industry and is now generally frowned upon and illegal in many places. For example the [US Physician Payments Sunshine Act](#) and the [UK Bribery Act](#) have been introduced to protect the public against corruption. [GSK was fined \\$490m in China](#) in September 2014 for bribery following allegations GSK paid bribes to doctors and hospitals in order to have their products promoted.

The Public Health Association of Australia (PHAA) supports clearer rules on gifts, educational grants and sponsoring lectures, as these practices remain commonplace in Australia and elsewhere. A [recent study](#) found that US doctors receiving payments from pharmaceutical companies were twice as likely to prescribe their drugs, a clear example of a conflict of interest between the pharmaceutical industry and the health care professional.

The PHAA would like to see the rules now applying in the [US and UK to force doctors](#) to disclose all gifts and payments made by the industry introduced into Australia. Furthermore, the Council of Europe is launching an investigation into "[protecting patients and public health against the undue influence of the pharmaceutical industry](#)". This investigation will look at "particular practices such as the sponsoring of health professionals by the industry... or recourse by public health institutions to the knowledge of highly specialised researchers on the pay-rolls of industry".

The Public Health Association of Australia (PHAA) does not support the Australian Medical Association proposal for a 12 month deferral to allow member companies and the industry including healthcare professionals, time to adapt to the new reporting requirements.

PHAA considers it appropriate to name specific medicines in the MA transparency reports. It should not be difficult for member companies to identify specific medicines referable to each transfer of value. Any unintended consequences with regard to the prohibition on promoting medicines to the general public need to be managed.

PHAA considers that it is necessary and appropriate to require MA to issue a press release in respect of decisions by the Code of Conduct and Monitoring Committees to impose a fine on member companies who contravene the Code.

PHAA considers that [Medicines Australia's current quarterly reports](#) are extremely difficult to navigate and need to provide more detailed information about complaints. These include the name of the medical practitioner and the drug company involved.

2. Condition requiring amendment of s 41.2.3. of the Code

PHAA believe that the likely public benefits and effect on competition from MA's proposed arrangements do not fully address the role of an industry body attempting to maintain standards of disclosure as outlined by the [Transparency Reporting Model Consultation Discussion Paper](#).

The PHAA supports the ACCC's proposal to impose a condition on authorisation of Edition 18 by which Medicines Australia must require members to report transfers of value to healthcare professionals before making relevant transfers, by either:

- obtaining healthcare professional consent to disclose their data; or
- taking appropriate steps to give notice of the disclosure obligation so that healthcare professionals would reasonably expect the disclosure.

3. Hospitality reporting

This is more than hospitality reporting it is about reporting on all gifts. The PHAA supports the ACCC proposal that Medicines Australia impose a condition on authorisation which requires some form of continuing reporting on all hospitality provided by member companies to healthcare professionals. Managing a cap of \$120 is an unnecessary impediment, evidence suggests that [gifts](#) whatever their size have the same effect on the recipient.

4. Improved transparency reporting on the name of the specific medicine

The PHAA supports the ACCC proposal that Medicines Australia include the name of the relevant medicine in the transparency reports. There are no reasons why this should not be included. PHAA is very clear that if the provider refuses to declare the required information the declaration is deemed incomplete. Consumer protection in this instance is as important as competitive interests.

5. Development of a centralised database

The PHAA believes that the development of a centralised database is a key strategy in improving transparency. This database should be funded by the pharmaceutical industry from funds received through breaches of the Code of Conduct or from [industry profits](#).

6. Improved publication of MA complaints

The PHAA supports the decision to impose fines that are circulated in the form of a media release, in addition to the existing reporting and web updates.

Conclusion

PHAA is keen to ensure that Medicines Australia develop strategies to maintain greater transparency thereby protecting patients or consumers and public health against the undue influence of the pharmaceutical industry. We are particularly keen that the following points are highlighted:

- Amendment of s 41.2.3 of the Code
- Hospitality reporting
- Improved transparency through the naming of specific medicine
- Development of a centralised data base
- Improved publication of MA complaints

The PHAA appreciates the opportunity to make this submission and the opportunity to attend the Pre-decision Conference.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.



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