



Submission to Medicines Australia Transparency Model Consultation

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About CHOICE

CHOICE exists to unlock the power of consumers. Our vision is for Australians to be the most savvy and active consumers in the world.

As a social enterprise we do this by providing clear information, advice and support on consumer goods and services; by taking action with consumers against bad practice wherever it may exist; and by fearlessly speaking out to promote consumers' interests - ensuring the consumer voice is heard clearly, loudly and cogently in corporations and in governments.

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The responses below do not cover all the issues raised but they do address the most important ones.

Q1. (2.) What is your preferred option for management of the transparency reports?

Publication by the Australian Health Practitioner Regulation Agency (AHPRA) to facilitate expansion of the scheme beyond members of Medicines Australia (and to other AHPRA registered health professionals). This would also enable the public to access additional information about named practitioners held on the AHPRA database.

Q2. (3.3) Identifiers for healthcare professionals.

The AHPRA registration number is preferred for the reasons given above.

Q3. (3.7) Categorisation of types of payments and transfers of value.

The list (a-k) is a useful start but it is suggested that (b) be broken down into the sub-categories listed and (k) identifies the specific activities paid for.

Q4. (3.8) Payments to third parties, including registered charities.

The text at 3.8 is acceptable.

Q5. (4.0) Requirements for payments or other transfers of value related to continuing professional development programs.

It is agreed that if a company has any role in selecting the speakers or attendees or any other influence on the educational content then the transparency reporting requirements will apply to any healthcare professional receiving a transfer of value from the company's grant.

Q6. (5.0) Exclusions from reporting.

Alternative 2 is supported; payments or transfers of value of greater than \$10 must be recorded but do not need to be reported unless the aggregate amount paid or transferred to the healthcare professional recipient exceeds \$100 in a calendar year. This is consistent with the U.S. Physicians Payment Sunshine Act for which U.S. based multinational pharmaceutical companies are already collecting data.

However, the exclusion of payments provided at large-scale conferences and similar large-scale events is not supported. It is noted that these large-scale events are not defined in the glossary.

Q7. (5.0) Reporting threshold

Alternative 2 is supported, see above. In addition, the view that all costs of an educational meeting should be allocated to the attendees is also supported.

Q8.(5.0) Timing.

Given that U.S. based multinational pharmaceutical companies are already collecting transfer-of-value data as specified in alternative 2 it unacceptable that Australian subsidiaries of the same companies (and others) have asked for a longer time for implementation.

Q9. (5.0) CPI

It is agreed that agree that changing the threshold each year in line with the CPI is appropriate.

Q10. (5.3) Clinical research

Payment for a health professional participating in research should only be excluded if the research protocol (and investigator names) have been published in the Australian New Zealand Clinical Trials Registry (ANZCTR) or the U.S. National Institutes of Health Clinical Trials database.

Q11. (5.4) Starter Packs

The value of starter packs should NOT be excluded from the transparency reporting requirements as these can be used to attract patients (and thus have value to the practitioner).

Q12. (5.7) Business to business trading arrangements relating to the purchase of therapeutic goods.

Most commonly these are discounts provided to pharmacists by generic drug manufacturers, see: <http://www.news.com.au/lifestyle/health-fitness/chemists-take-advantage-of-inflated-prices-under-pbs/story-fneuz9ev-1226661475998>. They should be recorded.