Submission to MA Code of Conduct Review about the Transparency Model

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

I believe that the publication by a third party organisation such as the Australian Health Practitioner Regulation Agency (AHPRA) is the best option to receive and publish the reports as it will facilitate expansion of the scheme beyond members of Medicines Australia and possibly to other AHPRA registered health professionals.

Q3.3 Identifiers for healthcare professionals.

I believe that the AHPRA registration number is the best option to identify healthcare professionals as it would allow the pooling of payments for each healthcare professional.

Q3.7 Categorisation of types of payments and transfers of value.

I suggest that the categories b and k be broken down into subcategories. The category k should clarify whether the grant was for research (e.g. a clinical trial and specify which type of trials eg I to IV) or for other activities such as educational activities for patients etc.

Q3.8 Payments to third parties, including registered charities.

The section 3.8 is acceptable.

Q4.0 Requirements for payments or other transfers of value related to continuing professional development CPD) programs.

I don't think this section is acceptable as it is. Many pharmaceutical companies hire the services of 'independent' contract agencies to run CPD programs. If pharmaceutical companies are the main payers for these activities, by contrast for example with conferences where they only contribute to a small amount, payments given by the 'independent' contract agencies to health care professionals for attending or speaking at these activities should be reported like if they had been paid directly by the pharmaceutical companies. There is no reason to think that the CPD programs sponsored by pharmaceutical companies but run by contract agencies are any different than CPD programs run directly by pharmaceutical companies in terms of their influence on health care professionals. Furthermore, there will be no way to check that the condition that '*The company does not select the healthcare professional attendee or speaker or provide a third party (such as a continuing professional development vendor) with a distinct, identifiable set of individuals to*

be considered as speakers or attendees for the continuing professional development program' is met in practice.

Q5.2 Exclusions from reporting.

I support alternative 2. Payments or transfers of value of greater than $10 must be recorded. All costs of CPD programs should be allocated to the attendees.

Contrary to what is argued by some pharmaceutical companies, there is no risk associated with setting the threshold of reporting at $10 from a health consumer or public health perspective. It may be anticipated that a low threshold will increase the administrative burden for pharmaceutical companies. However, given the millions of dollars spent each year in payments to health care professionals by pharmaceutical companies in Australia, the cost of reporting activities will still be very low in comparison and should not be presented as an excuse not to be as transparent as in other countries e.g. the US. Moreover, most Australian companies are subsidiaries of international companies. It is not acceptable that Australian companies state that the transparency plan is unrealistic at a time where overseas headquarters have developed reporting systems. If needed Australian companies have to develop specific reporting systems in addition to overseas headquarters systems.

I believe that changing the threshold each year in line with the CPI is appropriate

Q5.3 Payments for research

These payments should be reported and adequately categorised into types of research and types of trials.

There is good evidence that many post-marketing studies (Phase IV trials) are mainly promotional in nature and are known as "seeding" trials (see http://theconversation.com/how-big-pharma-opens-the-market-to-new-expensive-drugs-7620).

Q5.4 Starter packs

I believe that starter packs should not be excluded from the transparency reporting requirements. Starter packs are mainly a promotional tool that is used for new medicines. I wonder if there is any starter packs for older, as effective and potentially cheaper medicines!