



19 September 2013

Secretary; Code of Conduct Committee
Medicines Australia
16 Napier Close
DEAKIN ACT 2600
secretarycodecommittee@medicinesaustralia.com.au

Re: Review of the Medicines Australia Code of Conduct

The NSW Therapeutic Advisory Group is an independent not-for-profit association that promotes the Quality Use of Medicines (QUM) within and across the continuum of acute care. Our members are clinical pharmacologists, pharmacists, and other clinicians from each of the Drug and Therapeutics Committees (DTCs) in NSW public hospitals and Local Health Districts. Our goal is to promote QUM by sharing unbiased, evidence based information about drug therapy. Our objectives are to investigate and evaluate new initiatives in therapeutics, to support Drug and Therapeutics Committees and to promote rational, high quality, safe prescription, dispensing and administration of medicines in public hospitals and the wider community.

Our members have raised concerns about a number of pharmaceutical company activities within public hospitals which we will be addressing when we revise our Position Statement 'Pharmaceutical Industry and Hospital Staff Liaison in Public Hospitals', July 2008,¹ which refers to the Medicines Australia (MA) Code of Conduct. We have noted your 'Transparency Model' consultation and discussion paper and hope our comments may be timely.

The following examples of company activities of concern can be separated into those relating to individual health care professionals (HCPs) and those relating to institutions. We strongly encourage MA to consider distinguishing between individual HCPs and institutions in its Transparency Model as the Royal Australasian College of Physicians now does in its 'Guidelines for ethical relationships between health professionals and industry'.²

Individual health care professional issue

1. Distribution of material to staff via use of attendance lists at (sponsored) education sessions

2.1.3 of the Code states that "Printed promotional material must only be mailed to those healthcare professionals who have indicated or can reasonably be assumed to have a need for or interest in the particular information...."

NSWTAG membership recommends that details of HCPs obtained via attendance lists at educational events are not used to assume that interest has been shown in receiving further mailed promotional material. Attendance records need only collect participant name, profession and APHRA number.

Promoting the quality use of medicines

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Institutional issues

2. Company representatives delivering an educational event

This may relate to section 5.3 of the Code which says "It is the responsibility of company representatives visiting a hospital or other institution to make themselves aware of all hospital policies including operating theatres procedures and conduct their business accordingly."

NSW TAG recommends that all educational sessions conducted by pharmaceutical representatives to any HCPS must have the content of the session approved by the appropriate level manager prior to holding the event to ensure that it is presented in an unbiased and balanced manner in keeping with accepted scientific practice.

3. Company representative attendance at in-institution educational events eg journal clubs, grand rounds, department quality assurance meetings with clinical content

This may relate to section 9.5.3 of the Code which says "A company may sponsor 'in-institution' educational events, such as journal club, grand rounds, multidisciplinary and in-service meetings held within the healthcare professional workplace."

NSWTAG recommends that whilst company sponsorship may be received for in-institution educational events it is not appropriate for representatives to attend the event. The rationale behind this is that they may contain patient-specific clinical detail and they are a tool for HCPs to express their opinions and question medical practice in a protected (and private) environment which may be hindered if a company representative is present. Additionally we do not feel it appropriate for HCP opinions to be available to those with commercial interests.

4. Provision or funding of nurses or HCP staff in hospital clinics

We have been made aware of situations where companies have made available funds for a hospital to employ practice nurses in clinics. This has caused issues for prescribers making formulary applications when they also declare that they want access to the drug because the company representative provides them with a supporting staff member. ie DTCs are being requested to not only consider the QUM aspects of safety and cost benefit of the drug to a patient group and to the organisation, but in these situations the QUM process is being blurred and complicated with staffing and other budgetary issues.

We are not clear which section of the Code would cover this issue but have considered 9.8, 9.8.1 and 9.11. This is clearly a situation which carries duality of interest^{2,3 of 2} but also an important institutional payment that should be made transparent.

We appreciate your consideration of these issues as they relate to the MA Code of Conduct.

Yours sincerely,



Gill Sharratt
Co-Executive Officer

References:

1. NSW Therapeutic Advisory Group. Position Statement: 'Pharmaceutical Industry and Hospital Staff Liaison in Public Hospitals', July 2008. [Accessed 18 Sept 2013 at: <http://www.ciap.health.nsw.gov.au/nswtag/reviews/position-statements.html>]
2. The Royal Australasian College of Physicians. Draft for consultation: 'Guidelines for ethical relationships between health professionals and industry', August 2013. [Available from: Professor Paul Komesaroff paul.komesaroff@monash.edu]

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