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THE COMMUNICATIONS COUNCIL
HEALTHCARE COMMUNICATIONS COUNCIL

MA CODE REVIEW SUBMISSION
27 September 2013

Thank you for inviting us to provide a submission to Medicines Australia on the issues of transparency and the current Code.

This submission has been prepared by HCC – The Healthcare committee established by The Communications Council (formerly Advertising Federation of Australia), to represent those communication company members who specialise in healthcare communications. These include advertising agencies, PR agencies, medical educators and digital companies.

REQUIREMENTS

We have been specifically asked to comment on:

A. Primarily; The Transparency Model and its issues

B. Secondarily; any aspects of the current Code, edition 17 – that is judged requiring amendment.

PREAMBLE

The following commentary represents the views of our members with respect to the issue of transparency and its implications on working processes, and application of digital aspects of the Code. We have selected key points within the proposed transparency model on which to comment, reflecting a common sense and consumer perspective response.

The commentary on the application of the Code to digital campaigns reflects a robust working knowledge of the implications of the regulations on marketing communications. Our members work with the Code on a daily basis and as such are well placed to recommend practical updates as part of this submission.

A. TRANSPARENCY MODEL

1.0 Overview

Clearly 'Transparency' is the flavour of the month from politicians downward.

However taken to its ultimate degree in healthcare, not only can it provide a huge administrative burden to those having to comply but more importantly, there is no demonstrable public health risk in whether a medical representative has paid $25 or $10 for a lunchtime snack for the GP they are updating on a medicine.

As an aside it would be of interest to know the percentage and profile of consumers who routinely examine the website where details of expenditure are published.

While clearly there have been major abuses in the past, not necessarily in Australia, we would recommend that there not be an over-reaction in extending transparency on healthcare expenditure merely to satisfy the demands of a vocal media-savvy minority, unless there is demonstrable public benefit or public health problem avoidance.

2.0 Specific points on 'Transparency 'model

- (ref 2.) Limitations; while we believe that other manufacturers of Rx medicines, including those of generics who are not members of MA should have to comply, we have reservations about its extension to other classes of therapeutic goods eg/ OTC medicines. Not only are the public health risks far smaller, but the current regulations in TGA, industry and HCP codes of conduct adequately cover any potential misrepresentation by HCPs in exchange for payment.
- (ref 3.3) Identifiers for Healthcare Professionals; we are in favour of using APHRA registration numbers.
- (ref 3.7) Category of payment – market research. This is too broad and should be qualified by HCP research respondents nominated by pharmaceutical companies only. Otherwise it will affect independent research carried out by third parties such as ad agencies or research companies and apart from negating findings, will potentially infringe privacy laws. We believe this is in the guidelines but our recommendation is to include this in more detail upfront as well.
- (ref 5.2) Reporting Threshold; as indicated above we believe even $25 is too low. Our recommendation would be to lift this to $100. On issue of systems, as a general rule, lack of a suitable system should not prevent implementation for a necessary public health-based decision.
- CPI threshold: while this seems logical it is likely to increase administrative burden. Unless a problem can be demonstrated, our recommendation would be to opt for the practicality of a 5 yearly increase.
- (5.4) Starter packs; agree these should be excluded as of no value to HCPs.
- (5.11) Payment as expert witnesses; common sense suggests this should be excluded.

B. CODE

There are no obvious requirements for amendments/additions to the code from a communications company perspective apart from perhaps the digital area, which is becoming increasingly important in healthcare communications. Australian GPs and Specialists both now spend on average, 6 hours each week online for professional purposes according to Manhattan Research, Taking the Pulse Global 2012.

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Specific points to consider in the area of digital:

- Apps: there need to be more specific guidelines on their use especially when they are, and are not PI or compliance or disease state information providers. Consideration also needs to be given to their use as a disease state information provider when including self-diagnosis assistance information as to when to see your health-professional eg for STDs, as this is effectively turning the App into a therapeutic device in its own right, which may bring it under MTIAA regulation.

- Font sizes: current guidelines suggest 'allow easy and clear legibility'. Given the tremendous variation in reproduction experienced on various digital vehicles then perhaps something more specific based on experience should be added as a guideline without being a directive eg 'x' mm font has generally been found to satisfy these criteria, but producers should do simple checks to verify legibility.

- Removal of any comments on company-initiated and/or controlled social media sites. Timing for this might be specified as 24 hours. Where there is high campaign activity, sites should be monitored at regular intervals during the day. A moderation plan should be in place prior to social media activity and this should be based on a range of factors such as reach and risk profile of brand, scale of campaign, frequency and nature of social media interaction by brand. We recommend referring to the ASMI Social Media Code.

- Other industry social media guidelines. It would be worth looking at both the ASMI and the Communication Council guidelines, particularly ASMI given the close relevance.

- (Ref 13.8.2) Are these 3 dot-points mandatory, as we have experience of company legal departments re-writing them.

- (Ref 13.9) 'community standards of ethics and good taste'. Our experience is that these vary from community to community ie young under 25 smart phone users will have different views on good taste to those say at top of medical profession or pharmaceutical companies. Hopefully common sense would prevail in judging any complaints in that area. By way of further reference, the Advertising Standards Bureau makes judgment on potential breaches of community standards through the AANA Code of Ethics. Their experience in this specific area may assist in determining the community's response to a campaign.

- (ref 13.9) internal social media policies. Although some companies do ask those external companies who work with them closely on an on-going basis to agree to a similar policy when 'acting on their client's behalf', maybe this too should be made mandatory.

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