Broad Summary of changes from Code of Conduct Edition 19 to 20

	Code Change (in numerical order)	Supporting information	
	Note: Not Every change is included; only those of greater significance		
	Introduction	Change to some wording to emphasise the importance of patient trust.	
	Scope	Additional section to provide clarity.	
	Interpreting this Code	Change to some wording.	
1.1	Balance	Additional subsection. Supports application of Overarching Principle 3.	
2.1	Minimum Product Information (MPI)	Deleted subsection relating to Minimum PI. MPI may continue to be used but not a Code requirement.	
2.1	Warnings required by TGA	Emphasis that warnings required by TGA are a mandatory inclusion in promotional materials.	
2.1	Mandatory inclusions	Streamlined mandatory information such that it applies to all product-related promotional materials,	
		whether it includes a claim, or not (conflates previous sections 2.1 and 2.3 together in one)	
2.5	Social Media	Moved to Section 10, Part C. Social media is used to communicate with audiences wider than HCPs.	
		Retained same words.	
4.4	Sponsorship of HCPs attending educational events	Strengthened to encourage more in-depth consideration of giving sponsorships.	
4.5	Hospitality, Travel and Accommodation	i. Addition: No hospitality at HCP's home – this is currently in Code Guidance.	
		ii. Change: In countries which do not have a monetary hospitality limit, the Australian maximum	
		hospitality threshold limit does not apply, but companies should follow the principles of moderate	
		and reasonable.	
<u>5.2</u>	Grants and Other Financial and In-kind	Clarified this section so that no payment should be made for:	
	Support	i. business operating costs OR	
		ii. an employee's salary except to support a project or program for a defined period.	
<u>7.</u>	Scientific Exchange	Change to heading (removed reference to HCPs), as well as section revised and clarified.	
<u>10.1</u>	Relationship with the Consumer Media and	Re-insertion based on Edition 18, with some minor amendments.	
	Product-specific Media Statements		
<u>11</u>	Engagement with Patient Organisations	Change in terminology; change from Health Consumer Organisation to Patient Organisation.	
<u>14.2</u>	Grants and Donations to Healthcare	Addition: Transparency reporting extended to include grants and donations to healthcare organisations.	
	Organisations	Combined report with third party educational meeting sponsorships.	
<u>14.4</u>	Transparency Reporting Schedule	Change in cadence but not frequency; change the end of each reporting period to fall on 30 June or 31	
		December. Addition of reporting grants and donations.	
<u>15.1</u>	Acceptance of complaints + intercompany	Additional reference to Intercompany Dialogue Standards (new document). By being referenced in the	
	dialogue	Code, the ICD Standards will be binding. Acceptance of a complaint will not involve evaluation of the	
		'quality' of ICD, rather, that ICD has occurred.	
		Removal of "despite reasonable efforts" in relation to acceptance of a complaint	



<u>15.5</u>	Failure to follow ICD Standards	Additional Section enforcing failure to follow the ICD Standards may be alleged by Complainant or Subject Company to be a breach of the Code with a fine of up to \$100k, to be adjudicated by the Code Committee.
<u>15.1</u>	Complaint Bond for a Non-Member company	Additional requirement that a non-member company lodging a complaint will pay a \$20,000 bond. Similar to appeals bond, it is returnable if the complaint is upheld by the Code Committee, and retained if the complaint is not upheld.
<u>15.4</u>	Frivolous or Vexatious Complaints / "Abuse of the Code"	Re-named former Section so 'Abuse of the Code' is now Frivolous or Vexatious Complaint. Change so that any appeal relating to a frivolous or vexatious complaint will be adjudicated by the Appeals Committee rather than the Board.
<u>15.5</u>	Sanctions	Clarified definitions of minor and moderate breach. Reduced "Abuse of the Code" fine from \$200,000 to \$100,000, and re-termed vexatious/frivolous complaints.
<u>15.6</u>	Appeals	Clarification that the Appeals Committee does not rehear an entire complaint, but only those sections subject to the appeal.
<u>15.8</u>	Monitoring – clarification and updating	Change to the description of the scope of monitoring to better reflect current activities. Reduction that companies only required to submit materials for monitoring twice per calendar year.
16.1 16.2	Non-Member company included in membership of Code and Appeals Committees	Additional allowance for a non-member company to be a member of the Code or Appeals Committee if there is a complaint from a non-member, or against a non-member.
<u>16.6</u>	Term of Appointment of Committee Chairs	Change to allow Committee Chairs' terms to not be limited in the same way as other Committee members.
	Code Glossary	Editing and additions consistent with other changes made to the Code. Definitions of: Balance Healthcare professional – definitional consistency with the Therapeutic Goods Act Grants and Donations Healthcare organisations – particularly relevant to transparency reporting of grants and donations Non-promotional role – particularly relevant to Scientific Exchange Patient Organisation – replacing Health Consumer Organisation Payor Scientific Exchange