

Pfitzner, Laura

From: [REDACTED]
Sent: Monday, 30 July 2012 8:23 PM
To: Adjudication
Subject: Medicines Australia Limited - Revocation and Substitution - A91316 - A91320

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Australian Competition and Consumer Commission

To Panel Members,

I wish that my submission is de-identified in terms of e-mail address and my full name BEFORE being put on the ACCC website.

I propose that ACCC strongly considers reformulation of the Medicines Australia Code of Conduct, including:

- The compulsory and full disclosure of individual payments and gifts (in any manner, kind or form, in any currency or physical measure) to ALL registered Australian Health Professionals – and especially to Key Opinion Leaders;
- That these be updated and kept in form of a publicly accessible register, with the ability to access history and full search function – by first name or surname – AHPRA number – profession – geographical location – and/or a combination of these, including the full description of the reimbursement (payment/gift), date on which it was made, in which manner, the location of where the transaction happened, the name of the person acting on behalf of the company (be it a company employee or a media outlet or a third party contracted out to carry out such duty), and a statement that the Australian Taxation Office has been duly informed of such transaction,
- That the register be updated in real time format, and that it be updated on a regular, weekly basis
- That the company choosing to sponsor/gift/reimburse the health professional carry out the reporting of the activity within 24 hours via an electronic log/e-mail, in an easily accessible, standardised format
- That each and every employee of the pharmaceutical company (and/or individuals or companies contracted out to do activities on their behalf) and that each and every Australian Registered Health Professional are able to confirm that that they either sign or make an electronic confirmation that they have indeed read the Code of Conduct and that they are satisfied that they are acting in good conscience, upon provision and/or receipt of service/payment/gift/physical reimbursement or any other inkind form of reimbursement in any manner/kind or form.

At this day and age, with all health professionals having regular internet access, the structure and format of reporting is certainly a reality and a clear possibility. If pharmaceutical companies are inviting for transparency, it is only fair that the public is allowed to have an insight into the activities, their regularity and the involvement of pharmaceutical industry with Australian health professionals at all times. If the Australian public chooses to see a health professional, it is prudent that they be aware of the activities that have taken place, as this will clearly affect their choice and opinion. The chosen level of disclosure would instil the feeling of transparency, and lift the level of professionalism within the pharmaceutical industry, without introducing unnecessary burden or bureaucratic red tape to the process. If the industry is not able to regulate such an activity in an easily accessible manner, it is quite possible that ACCC would need to show more hands on approach through the introduction of responsibility and accountability as the current Code of Conduct is unworkable in the current format.

If the ACCC does not take these recommendations seriously and decides to cut corners, it is quite likely that they will continue resurfacing. It is also GSK company that supports the level of increased transparency, so you already have one pharmaceutical company committing its workforce to the betterment of the disclosure process. As such, it is clearly possible to engage the pharmaceutical companies and bring them on board with such proposal.

As an AHPRA registered health professional, I have spent nine (9) months recently having to write at least 120+ e-mails and 120 hours unpaid hours in terms of working towards my legitimate complaint with the Medicines Australia. This was a clearly inappropriate.

Hence, I would like to invite ACCC to clearly force at least \$1 (one million) dollars as a minimum fine for the breach of the Code of Conduct. It is unacceptable at this day and age to have to prove, structure and prepare my own argument and defense for a complaint for an activity that was clearly inappropriate AND against the Code of Conduct! The complaint – the event – should be independently researched – structured – then presented to Medicines Australia by an external body – and then the pharmaceutical company in question should be invited to defend their actions.

The question is – who is on trial here?

The complaint result was a slap on the wrist - \$50,000 only.

Why should a health professional (or anyone else for that matter) be forced to clean up the mess that was propagated by an inappropriate activity chosen by the pharmaceutical company?

I certainly did not find the 120+ hours entertaining, and frankly, find it insulting that I had to be even asked to explain and present ‘my case’; because it is not my case on trial here, but the inappropriate activity chosen by the pharmaceutical company!

In addition, I propose that the current Code of Conduct internal operations undergo an update and required revision. By this, it means that the complainant is currently not able to have access to the arguments and transcript of the internal dealings of the Medicines Australia – UNLESS they choose to signify that they are willing to appeal the decision of the complaint. More precisely, it is not possible to access the written response by the pharmaceutical company nor the actual transcript of the decision making process, unless they choose to appeal the decision. This is not appropriate, as during all this time, the company has access to the full complaint made by the complainant, and the complainant is not provided with a fair share of access to the materials of the other side. In addition, this sort of behaviour is discriminatory to the complainant, as for one – the complaint hearing is held in Sydney, and unless you have the financial means and are able to take time off work – you are not able to present the case yourself; you are forced to find a surrogate person to represent you; there is no video link made available from any major Australian city; and as such – if you are not there on the day, and have not made any arrangements on the day – you are disadvantaged from the start. This is not a fair procedure.

I invite ACCC panel members to consider the above mentioned changes, otherwise it is quite likely that it may be necessary to bring more complaints in a more intensive manner for ACCC to take note, as current process is underutilised simply for the time consuming manner in which a health professional (or a member of the public) has to be engaged – for the complaint to proceed to its entirety and to be properly considered.

Having been through the process myself, I can vouch for every second, minute, hour, e-mail that I had to spend engaged, so that the complaint was properly considered.

As such, Medicines Australia and ACCC have clearly failed with its current Code in action, as it is impractical in terms of working internal complaint process.

I invite you to consider the recommendations, or if you would prefer, I am quite happy to prepare a two hour presentation that would summarise the entire 120 hour process that I had to go through. The time (unpaid) that I would have preferred to have used towards my patients in a more productive manner.

Sincerely,

[REDACTED]
[REDACTED]
[REDACTED]

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