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## **AMA submission to the Australian Competition and Consumer Commission – Medicines Australia application for reauthorisation of Code of Conduct Edition 18**

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The AMA supports Medicines Australia's application for the reauthorisation of its Code of Conduct - Edition 18 - for five years.

The AMA supports the increased transparency measures included in Edition 18 of Medicine Australia's Code of Conduct to provide the public with information about the nature of relationships between pharmaceutical companies and individual health practitioners.

The AMA notes that the payment categories to be reported are consistent with, and in fact go further than, the ACCC's final determination of December 2012 which stated that *'there is merit in providing greater transparency around the sponsorship provided to healthcare professionals by pharmaceutical companies to attend educational events'* and that the ACCC *'expects Medicines Australia to incorporate new provisions in the Code that will facilitate greater disclosure around sponsorship and fees paid to individual doctors'*.

The AMA also notes that the model follows the approach taken in Europe, for example, the legislated Code of Conduct for the Disclosure of Financial Relationships introduced in Holland in 2012 and the voluntary Code on Disclosure of Transfers of Value adopted by the European Federation of Pharmaceutical Industries and Associations in 2013. These approaches focus on reporting payments and other transfers of value for activities most likely to provide meaningful information to patients about their health practitioners' relationships.

This is a realistic and common sense approach given that it is not yet known if this information will, in Australia or internationally, enhance patient's decision-making about their healthcare options, taking into account the context and nature of their practitioner's involvement with companies.

At this point in time, these reporting requirements are philosophically based. There is no evidence yet of their positive or negative impact on health care systems or health care decisions by health practitioners or patients.

The AMA has previously stated that any public reporting approach implemented by Medicines Australia should be reviewed after a few years of operation. The review/evaluation should focus on how the public reports are used by patients and their value to patients in making health care decisions. The five-year authorisation period sought by Medicines Australia would suit an evaluation timeframe.

The AMA notes that Medicine Australia member companies will need to obtain consent from health practitioners before publishing information about them, as required under the *Privacy Act 1988*. The laws applying to privacy in Australia apply equally to all citizens and there is no reason for them to apply differently to this type of information. However, given it will be clear to health practitioners at the beginning of any contractual relationship with a pharmaceutical company that the usual practice is to publish information about payments, we consider it unlikely that those who object will continue in such relationships.

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