
From: Rob McEvoy, Dr [Medical Forum WA]
Sent: Saturday, 22 April 2017 6:32 AM
To: Adjudication
Subject: TRIM: RE: Medicines Australia Limited - Revocation and Substitution - A91436 - A91440

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Hi ACCC
I told you so (see highlighted text below)!

First, for the medical journalist (like me) things are improved, in that each pharmaceutical member company is laying up in an Excel spreadsheet the same way, so you can copy and paste into one master document.

However, in my case, based in WA, I cannot filter each record to only include those people based in WA but instead need to delete all but the WA records before I do my copy and paste. **Solution:** the state and postcode of each individual's address needs to be placed into a separate field, to allow sorting of records into States.

I am finding (although I am only half way through this laborious process) that some names are cropping up repeatedly as recipients of sponsorship from different pharmaceutical companies. This is exactly what health consumers want to know i.e. which specialists are in the pay of multiple drug companies. **Solution:** amalgamation of individual records from different pharmaceutical companies should be done by someone else (?Medicines Australia) so health consumers can search by either Name of Specialist, Postcode Range, or State Receiving Benefit.

Research funding is not covered by this document. **Solution:** it should be one of the criteria (as consultancy, conference fees, accommodation and airfares are). Why? In my experience, gifts of money from some pharmaceutical companies are called for "research" purposes when that clearly is not the case. This only happens with a few companies that I know of and seems to be at the request of the specialist involved, who often is doing "research" for the pharmaceutical company as well. In any event, health consumers want to know if research done by a particular doctor, which may never be published in the medical literature, is financed by a pharmaceutical company member of Medicines Australia. They want to know for two reasons: if research findings are published they want to know who financed that research; or if research findings are not published they want to know if the doctor involved is receiving benefits from any pharmaceutical companies to conduct research (particularly if funds under the current system can be diverted for "research" purposes).

Kind regards,

Rob

Rob McEvoy (Dr)



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From: Rob McEvoy, Dr [Medical Forum WA]
Sent: Wednesday, 16 July 2014 1:42 PM
To: 'adjudication@accc.gov.au'
Subject: Medicines Australia Limited - Revocation and Substitution - A91436 - A91440

Dear Sir

I have just read through Medicines Australia's proposed amendments to their Code of Conduct v18. There are many positive changes but some I have reservations about:

1. This change to version 18 of the Code is proposed:

"The following would not be required to be reported:

- Hospitality (food and beverages): The cost of any meal (including drinks) provided by a company must be below the defined limit set in the Code (\$120 for food and beverages, exclusive of GST).
- Airport ground transfers, taxis, parking fees.
- Venue costs (e.g. room and/or audio-visual equipment hire)."

While I can understand we don't want a system of reporting that is onerous for those we wish to report, Human Nature is that people will exploit opportunities if it gives them a marketing edge. Until now, the cost of hospitality and venue costs have been visible, and one company checks on another to ensure compliance.

Under this proposal, 100 doctors could receive \$120 each of food and beverages, having been taxed to a somewhat upmarket venue for an educational event.

Under 3rd party educational event sponsorship reporting, we currently get an idea of group expenditure is carved up. Not any more.

2. Naming of health professionals

This is to be voluntary.

Conservative health professionals are not going to consent, even if their respective colleges think it is a good idea.

Even with peer pressure, the last to agree to disclosure will be those we wish to relent first.

It has been the same with voluntary surgical audits, now mandatory.

Privacy Principles have been given as the reason for this non-transparency.

This needs to be overcome.

For your interest, we surveyed specialists GPs and doctors in training in WA (n=250) in Oct 2012 and these were the key findings:

- Do current codes maintain ethical behaviour between doctors and the pharma industry? Yes, according to about a half of doctors, with a third undecided.
- Could declaring sponsorship of individual doctors wrongly damage their independence? No, according to the majority of GPs and Specialists.
- Will doctors declare any pharma conflict of interests to patients? No, according to about one third of GPs and Specialists (with a quarter undecided).

3. Reporting of sponsorship

Currently, different pharmaceutical companies report expenditure as pdfs, places on their website (<http://medicinesaustralia.com.au/code-of-conduct/education-events-reports/educational-event-reports/>).

Anyone wishing to amalgamate these reports according to recipients, locations, type of expenditure, event type etc has a hell of a time collecting then collating the information.

I know, I have tried. It is easier to wait for the Annual Report!

Even Medicine Australia's own Transparency Working Group said it wanted information that health consumers could access or search easily. They were specific about which fields should be searchable. Medicines Australia has reasons for not making up a database but their lack of action puts a question mark over creating consumer transparency, in my view.

I hope these notes are of some help.

Kind regards,

Rob

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