

Trans Tasman Therapeutic Products Advertising – proposed model

Stakeholders Meeting

Wesley Conference Centre

Monday 20 September 2004

A list of participants who attended the consultation meeting is attached.

The meeting was chaired and facilitated by Dr Michael Bollen. IAC Support Group members (Sharyn McGregor and Judith Brimer) introduced each key topic. A panel consisting of the members of the Support Group and the IAC member representing the Therapeutic Goods Administration (Pio Cesarin) then responded to questions from stakeholders.

It was noted that a number of IAC members were present at the meeting and the facilitator introduced these representatives.

Background to the proposals for a trans-Tasman regulatory advertising scheme

Some background to the proposals was given, as follows.

A Treaty, to establish a single market for therapeutic products, was signed on 10 December 2003 by the Ministers of Health in Australia and New Zealand. The decision to establish a single regulatory agency was taken on the basis that this would facilitate trade and reduce compliance costs. A shared approach to the advertising of therapeutic products is an important element of these arrangements.

The opportunities presented by taking this approach include providing a single umbrella for the existing co-regulatory and self-regulatory systems, improving the current system in Australia and drawing in the complementary medicines and medical devices sectors into the system.

To maximize these opportunities, participation by stakeholders through the co-regulatory and self-regulatory processes, comprehensive and targeted education programs to improve compliance, effective and timely sanctions are seen as fundamentally important. As well, the system must be cost-effective, with consistency, accountability and transparency.

The process and timeframes were summarized as follows:

It was noted that the draft Report of the Interim Advertising Council reflects the majority views of IAC members. Key elements of the draft Report are the high level principles, the single Advertising Code, processes for approvals complaints, sanctions and appeals,

particular reference to the dividing line for the requirement for approval of advertisements before publication or broadcast, governance and cost recovery issues.

Trans-Tasman Therapeutic Products Advertising Code – Version 10

Stakeholders' attention was drawn to key elements of the proposed code and matters that have been given careful consideration and debate at meetings of the Interim Advertising Council.

Particular reference was made to the Object of the Code, the key Advertising Principles and the Advertising Requirements (and the fact that they are expressions of the existing principles underpinning the current codes), that provision has been made for differences in policy between the two countries and that differences between medical devices and medicines have been taken into consideration.

Attention was drawn to some of the differences for Australia between the current and new codes, including the recognition of certain types of advertisements (unbranded, generic, sponsorship, reminder), disease awareness campaigns, labels, the internet, food and cosmetic interface issues, the requirement for inclusion of serious adverse effects in advertisements, changes to the approach to professional recommendation and that only "typical" results can be advertised.

The format of the draft Code was described as consisting of Part A containing general provisions and processes applicable to all, and Parts B1, B2 and B3 containing sector specific provisions for advertising medicines to consumers, advertising medical devices to consumers and advertising to health care practitioners respectively.

Other major issues noted included the definition of advertisement, the possible consideration of material referenced in advertisements, that industry self-regulatory codes are expected to include the Advertising Code and that once endorsed by the Managing Director of the Joint Agency on the recommendation of the Advertising Council, compliance with that code would be imposed as a condition of product licence for the relevant sector.

Issues raised by stakeholders during question time.

Clarity was sought by stakeholders on the following:

- Advertising to healthcare practitioners

Clarification was given that advertising to healthcare practitioners must be confined to claims that are consistent with the indications for product that are on the register, as is currently the legal requirement in Australia.

- Media releases

Stakeholders were of the view that genuine media releases should be specifically exempted from the Code. It was suggested that bona fide media releases could be defined as information (bona fide news, public interest, entertainment) released only to journalists. Any material that is intended to promote the use, sale and supply of product, whether or not it is based on a “media release”, and provided to consumers and/or healthcare practitioners (including via the internet), would be considered to be promotional material and would not meet the definition of a media release.

- The difference between unbranded and generic advertisements

It was suggested that clarity is needed in the complementary medicines sector as to the requirement that advertising claims must be consistent with the purpose for use on the product licence register. Clarification was sought as to whether the inclusion of a company logo in an advertisement (which did not mention any branded product) was still unbranded advertising.

- Educational seminars sponsored by a company

In response to a question about the presence of advertising materials for a branded product in conjunction with an educational seminar which was of a generic nature, it was clarified that provided there was no direct link between the branded product and the seminar, that the seminar in itself would not be considered to be advertising. The presence of any branded product would need to be sufficiently physically separate from the seminar so as to not infer that the seminar was promoting that branded product.

- Serious adverse effects

There was considerable discussion on the introduction in Australia of the requirement to include those warnings of serious adverse effects and contraindications that are required on labels or in Consumer Medicines Information leaflets. Several stakeholders, were of the view that a definition of ‘serious adverse effects’, which would indicate which warnings need to be included in advertising, should be included in the Code.

Stakeholders from the complementary medicine sector expressed concern as to how this requirement would be applied to complementary medicines which often required multiple warning statements to be included on the product label. Several stakeholders called for further research to be conducted to show that the addition of these statements was likely to lead to better self selection of products by consumers before being implemented.

It was suggested that should the IAC propose to retain this requirement that it would be more appropriate for the regulator to impose any additional warning statements required on advertising as a condition of the product licence, rather than leaving the sponsor/advertiser to interpret when the warning statement is mandatory. An alternative proposal was to require a generic warning statement such as “This product is not suitable for all people – read the product label”.

- Shelf talkers

Currently under the Therapeutic Goods Advertising Code, it is technically a requirement for mandatory statements to be included on shelf talkers. It was suggested that while it was expected that a common sense approach would prevail, it would be appropriate for the IAC to consider exempting certain types of advertising from the need for mandatory information (including serious adverse effects) where this is impractical due to the limited size of the advertisement and its immediate proximity to more comprehensive information and warnings.

- Publications funded by a company in the therapeutic product sector

The funding by a company of the publication of a book on a condition, disease or disorder, for which the company funding the book has a related product, was raised as to whether or not there should be disclosure of the financial arrangement. It was suggested that clause B3.1 of the Advertising Code be further clarified to address the balance between the intent of the funding, the ethics involved and consumers' right to know. It was felt generally that the publication of funding sources would provide transparency.

- Advertising directed to pregnant women

It was suggested that, where appropriate, a warning statement along the lines of "unsuitable for pregnant women" should be included in advertising.

- Billboard advertising

It was suggested that IAC consider means by which guidance can be given to ensure that warning statements on billboards appear and are prominently displayed.

- Disease awareness campaigns

The difficulty of differentiating between disease awareness campaigns and advertisements was raised. An example given in clarification was that if a product release occurred at the same time as disease awareness campaign material released by a company, that material could be considered to be advertising.

- Requirement 6 – professional recommendation

Clarity was sought on the intent of this clause. It was suggested that, as there is no product mentioned, there could be doubt as to its place in an Advertising Code developed for the advertising of therapeutic products.

- Requirement 7 - testimonials

Concern was expressed as to the ease of use by the approvals officers of the meanings given to 'current' and 'typical' in the Advertising Code.

- Requirement 8

It was suggested that the wording of the requirement should be amended to be consistent with the wording of the explanatory text.

- Incentives to pharmacy assistants and retailers

In response to a query regarding company training programs which offered incentives for attendance by pharmacy assistants or retailers, it was confirmed that provided the incentive offered is in relation to the overall training program and not for supply of a particular therapeutic product to consumers, the Code does not apply.

- Part B3

A representative from Medicines Australia suggested that a statement confirming that advertisements directed to healthcare practitioners do not require approval before publication or broadcast should be included in this part of the Code as well as under Section 4.2 of the Code (Approval of advertisements).

- General comments - Interpretation

Some stakeholders called for the Code to be less open to interpretation and to be more prescriptive so as to give industry more certainty in how advertisements would be assessed for compliance against the Code. Concern was also expressed that objective tests are required in applying the requirements of the Code rather than an undue reliance on common sense and discretion.

The approvals process and the approvals dividing line

An outline was given as to the proposed approvals process. It included the intention to retain the existing approvals system in New Zealand, and, in Australia, to establish a Central Approvals Office and introduce the delegated authorities system (as per NZ) for the approval of minor revisions. It was noted that industry associations (ASMI, CHC, MIAA) would have delegations granted to nominate and employ, under contract from the Joint Agency, suitably qualified approvals officers.

Before describing the proposed arrangements for the approvals dividing line, mention was made of the Toogoolawa Reports recommendation for consideration of either approval for all advertisements or the introduction of a risk-based dividing line. Further to those recommendations, it is proposed that there should be no requirement in Australia for approval of material directed to healthcare practitioners.

The Therapeutic Goods Administration instigated research (the Schoombie Report) into comparative levels of compliance of above-the-line (ATL) and below-the-line (BTL) advertising materials for medicines – i.e a media-based dividing line – and the research clearly demonstrated an very poor compliance rate for BTL advertising.

It has been proposed that, for medicines, all advertisements directed to consumers in mainstream media (redefined) require approval that is valid for two years and that the approval number be displayed in print media.

All other advertisements for therapeutic products directed to consumers will be required to participate in a notification process, involving entry of product, date, sponsor/advertiser, media), as well as certification of compliance with the Code, on a central database, which will automatically issue advertiser identifier in the first instance and a notification number for each advertisement entered by that advertiser.

It is anticipated that there will be a regular review of a certain percentage of notified advertisements and, as an incentive for advertiser responsibility, power given to the Central Approvals Office and TAPS to “call in” advertisements for review. Appropriate sanctions would be applied for making false certifications or for failing to notify advertisements.

The approval requirement for medical devices would be required through a risk-based approach, i.e. restricted medical devices require exemption and approval and advertisements containing a ‘verifiable’ claim require approval. All others would be subject to the notification process described above.

Issues raised by stakeholders during question time.

- Delegated authorities

The need for introducing a notification system for BTL rather than moving straight to a system of approval by delegated authorities was questioned. It was suggested that by introducing the proposed notification system, advertisers were to be given the responsibility, as per the listing system, for the compliance of their BTL material.

During the discussion, the validity of the Schoombie Report was questioned. It was explained that despite some budgetary constraints on the scope of the research, the outcomes gave a clear indication as to the low rate of compliance of BTL material. Of particular concern, was the relatively high level of public health and safety risk involved.

- The proposed notification system

Clarification was sought on whether or not there would be a requirement for approval numbers to be displayed in all media. It was confirmed that it was proposed that the requirement for the display of approval numbers would be confined to print media advertising. The expectation is that all advertising material (other than broadcast) would display either an approval or a notification number.

It was suggested that the potential to roll-over notification numbers, as a means of dealing with a potentially enormous amount of BTL advertising material requiring renewal after the expiry of the two year validity of notification numbers, should be explored by the IAC.

The Direct Selling Association of Australia (DSAA) representative did not support the proposed notification system, although compliance problems in the sector were acknowledged. The reasons given were: the size and scope of the database required; the addition of another bureaucratic layer; and that it generally would be impractical. The DSAA representative was of the view that while there were some problems with compliance of BTL advertising, improved compliance could most effectively be achieved through the industry self-regulatory schemes. The DSAA intention to apply to be a delegated authority under the proposed model was flagged.

A pharmacy representative noted the existing layers of control on advertising applied by the industry to retailers, in particular in relation to shelf talkers. It was suggested that all advertisers must take responsibility for compliance of their advertisements with the requirements of the Advertising Code.

- Medical devices advertising

The MIAA representative of the IAC gave stakeholders some background to the establishment of the Medical Devices Review Group and its role before the inclusion directly on the IAC of the medical devices industry. It was noted that a risk-based approach to the requirement of approval had been accepted and that, with the imminent change to the regulatory requirements for medical devices, many of the current problems with medical devices advertising are likely to disappear. It was noted, too, that the approach is that, although only a healthcare practitioner can use some products, there is a

need to inform consumers of the products' existence. Other than the risk-based requirement for approval, the notification scheme would apply to all other advertisements for medical devices.

- Criteria for monitoring and evaluation after 12 months trial period

Stakeholders were informed that the monitoring and evaluation framework for the proposed advertising scheme would need to be expanded so as to include the proposed notification scheme. It was suggested that the rate of compliance of BTL material in the Schoombie Report could be used as a benchmark to assess whether there had been any improvement in compliance.

- Mutual recognition of approvals

It was noted that an approval granted in one country would be valid for the other.

Complaints and appeals

An outline was given of the proposed processes for complaints and appeals, as follows.

The central complaint body in each country is to exist as an independent statutory body, established under the Rules to deal with complaints about advertisement for therapeutic products and reporting to the Ministerial Council through the Managing Director of the Joint Agency.

The centralized database is an extremely important factor in the harmonization for the system, not only in relation to complaints but also for approvals processes, monitoring and evaluation, accreditation and education.

It is intended that the jurisdiction of a newly established Central Complaints Panel (CCP) in Australia will include all complaints about any advertisement directed to consumers and any complaint that involves serious risk to public health and safety. Its function would be to receive, consider and determine complaints, take action and make recommendations. The proposed increased power of the CCP made by delegation to enable it to make orders was noted. The role of the Central Support Unit in providing secretariat support and responsibilities for receiving complaints and entry on the central database was described.

The different constitution proposed for the CCP (reduced for efficiency to 4 members, including a healthcare practitioner, regulator, consumer representative and advertising expert), its ability to seek expert advice where necessary and options for the provision of legal advice were outlined.

The existing central complaints body in New Zealand (Advertising Standards Complaints Board) has a membership of 4 public members plus 4 media and advertising industry representatives. It would receive all complaints about advertisements directed to consumers. Competitor complainants would continue to have the choice of having the complaint heard by an industry association complaints panel. Similarly, for advertisements directed to healthcare practitioners, there would be a choice of forum. However, it would be expected that where a complaint involves any serious risk to public health and safety, the central body, i.e. the ASCB, would hear it.

It is expected that all industry codes will embody the Advertising Code. Where the Managing Director of the Joint Agency has endorsed an industry code, on the recommendation of the Advertising Council, compliance with that code will be a condition of product licence.

There would be a responsibility for industry and professional bodies to advise the CSU of any complaint and its outcomes for entry on the central database.

Issues raised by stakeholders during question time.

- Input by approvals officers

It was suggested that approvals officers could have the right to respond to a decision of the Panel to uphold a complaint about an approved advertisement.

- Lodging of complaints

There was a view put forward that complaints should be able to be lodged in either country and not be restricted to the country in which the product was marketed as is the expectation noted in the draft report.

- Industry codes of practice and the Advertising Code

It was suggested that the relationship between industry codes of practice and the Advertising Code needs further clarification and explanation.

It was noted that there needs to be clarity for all parties that, where a complaint has been determined by an industry complaints panel and sanctions imposed, there can be no selective compliance with the sanctions. Where there is any non-compliance, the complaint may be forwarded to the Joint Agency for further regulatory action to ensure compliance.

The process which was proposed for endorsement of industry codes by the Joint Agency was queried.

With the introduction of the Advertising Code, and the process of endorsement of those industry codes of practice that incorporate the Advertising Code, the process of industry code endorsement by the Australian Competition and Consumer Commission (ACCC) would be unnecessary as such endorsement is based on public interest criteria. However, the ASMI representative of the IAC confirmed that should there be any anti-competitive elements within an industry code of practice, ACCC authorization would be advisable and of value.

- Public health and safety

It was suggested that there is a need for a definition of 'serious risk to public health and safety' appropriate for use by industry complaints handling mechanisms in deciding when a complaint about an advertisement directed to healthcare practitioners should be dealt with by the Central Complaints Panel.

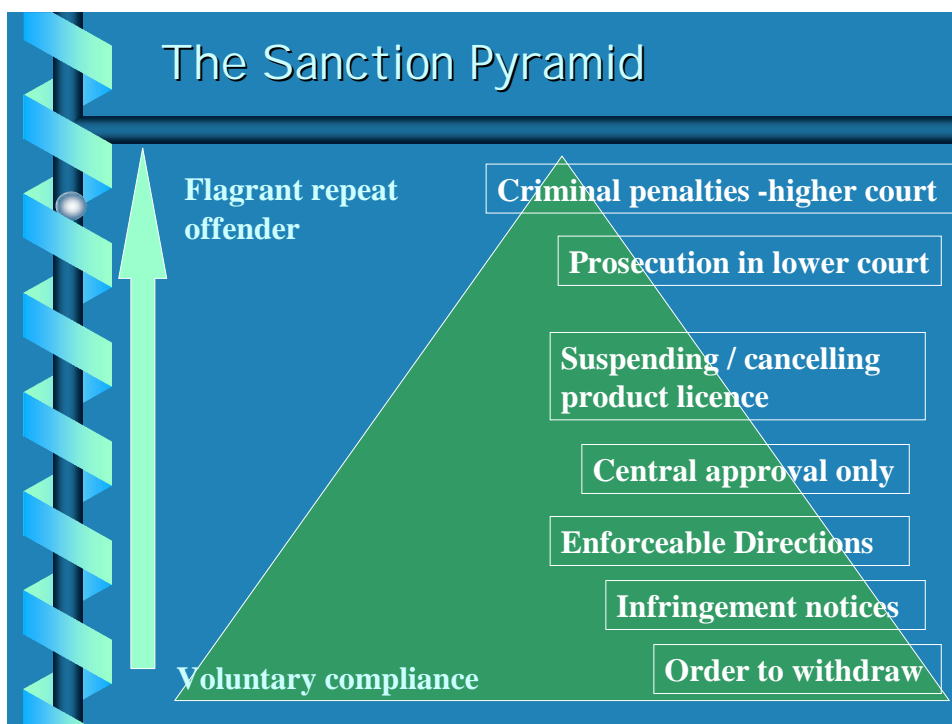
- Membership of the Central Complaints Panel

A suggestion was made that the Panel representation should preclude any bias in the consideration of complaints and that a single healthcare practitioner representative would

be unlikely to address the needs of all industry sectors. It was suggested, therefore, that a complementary healthcare practitioner should be specifically included as an additional member of the Panel. It was noted that it is proposed that the Ministerial Council would appoint panel members.

Sanctions and Penalties

The ‘sanctions pyramid’ (below) was described



The roles and powers of the relevant bodies were explained.

Action by the Managing Director is likely to be initiated on advice from the Advertising Council, the complaints bodies or wherever urgent action is required. The Managing Director would be responsible for public notices and statements, taking regulatory action, mounting court actions and issuing infringement notices or enforceable directions.

The Central Complaints Panel could request media to cease publication or broadcast, will have the power to issue legally enforceable directions and infringement notices and could refer matters to the Joint Agency for further action.

The Advertising Standards Complaints Board applies voluntary sanctions. It would be able to refer complaints to the Joint Agency for further action where necessary.

The industry and professional associations' complaints bodies could impose sanctions on members and non-members. Where there is non-compliance, or in the case of a non-member, a complaint could be referred to the Joint Agency for further action.

Issues raised by stakeholders during question time.

- Sanctions and the legislation

The sanctions and the level of sanctions applicable to non-compliance with advertising requirements would be consistent with those of the overall Joint Agency regulatory scheme. They would be expressed in terms of units with a monetary value as set out in the Crimes Act.

It was suggested that the application of sanctions to direct sellers for an offence committed by one of their distributors should be clarified. It was acknowledged that the contract between a direct seller and a distributor should set out the obligations of the direct seller in publishing any advertising material. It was also noted that the DSAA code recognises that the independence of a distributor is not a defense for breaches of the advertising code.

Governance

The high level governance arrangements were described, including the composition and role of the Ministerial Council, formed under the Treaty and consisting of the Australian and NZ Health Ministers, the role of the Managing Director and the composition and roles of the broadly representative Advertising Council (meeting twice per year) and its smaller management sub-committee (meeting 6 times per year), the role of which is to be the oversight of operational matters such as regular reviews of the advertising scheme (approvals, complaints, evaluation/monitoring, education/training), contracts and budgets.

The role of the Central Support Unit (to provide secretariat support for the Advertising Council, Central Complaints Panel, the approvals systems in Australia and New Zealand, education, training, accreditation of delegated authorities, IT maintenance and data entry and monitoring and evaluation) and the options put forward for its establishment were outlined.

The three options considered by the IAC for establishing the CSU were:

1. As a business unit of the Joint Agency;
2. As a non-profit company limited by guarantee (formed by members of the management sub-committee)
3. The appointment of a Statutory Office Holder

It was noted that currently the IAC has indicated a preference for option one. There was considerable discussion on the advantages and disadvantages of the proposals.

Issues raised by stakeholders during question time.

The ASMI representative of the IAC was emphatic that option one failed to recognize the agreement for a co-regulatory and self-regulatory approach for all advertising arrangements and that placing the Central Support Unit as a business unit within the Joint Agency represented an abrogation of industry's responsibility and could be perceived as undermining the co-regulatory approach.

Other members of the IAC suggested that provided there were sufficient trust between all parties and checks and balances in the system, the strength of the co-regulatory system would not be diminished.

It was suggested that there appeared to be a lack of understanding about the potential advantages offered by either of the other options and that no decision should be taken until the costs implications were known.

The stakeholders overwhelmingly supported the reconsideration of this approach by the IAC at the next meeting, after further exploration of the implications of all options.

Transitional arrangements

Advertising Code

New Zealand representatives have indicated that the Advertising Code would be introduced as soon as possible after its 'sign off' by the Interim Ministerial Council. It has been proposed that, in Australia, a summary of the major differences between the current and new systems be distributed broadly. Consideration then will be given to either a proposed timeframe for the validity of approvals whereby any approval between 1 January and 30 June 05 would be valid only until 1 July 2006 or the introduction of a modified Therapeutic Goods Advertising Code (incorporating as much of the 'signed off' Advertising Code as possible) and retention of the two year period for approvals.

Approvals and complaints

From the date of its introduction, the new Code would be the standard applied. IAC members have accepted a proposed temporary six-month exemption for medical devices advertisements from the requirement of approval because that sector of industry is starting from scratch with the approvals process.

With either of the options proposed for approvals during the transitional period, the complaints bodies would use some discretion in dealing with complaints approved before the introduction of the Advertising Code.

The development of training programs for delegated authorities is a top priority once the Interim Ministerial Council has approved the proposed model. Existing material from the New Zealand experience could form the basis for these programs.

Education

Target audiences have been identified and suggestions made by the IAC for key messages and the means of their delivery to those audiences. A major introductory education campaign for consumers, which could form part of a campaign informing consumers about the introduction of the Joint Agency, is thought to be critical to the success of an overall advertising campaign.

IT systems

The IAC has recognized that it will be necessary to develop a harmonized IT system for the advertising of therapeutic products in Australia and New Zealand to support the proposed new advertising regulatory model. As a first step in this process, the Joint agency Establishment Group has established a working party, comprising all of the organizations in Australia and New Zealand that currently have IT systems in place, to assess what is in existence and the needs of the proposed model, and how best these can be integrated. This work will enable the IAC to include a reasonable estimate of IT costs associated with approvals and complaints in the final report.

Continuing the work

If the Interim Ministerial Council accepts the model, it will be necessary for a small steering group (a similar constitution to that proposed for the management subcommittee of the Advertising Council has been suggested) to be established to guide the implementation of the model. This group would work closely with the Therapeutic Goods Advertising Code Council, which will continue to operate as usual until the introduction of the new advertising arrangements.

Issues raised by stakeholders during question time.

- Transition process for licensing of products

It was explained that an application would need to be made to the Joint Agency to obtain a product licence which was valid in Australia and New Zealand before the end of the transitional period (which is likely to be at least several years). It was explained that indications for therapeutic products currently on the Australian Register of Therapeutic Goods would continue to be valid in Australia until a Joint Agency product licence has been granted. Likewise, indications for therapeutic products legally available in New Zealand would continue to be valid in New Zealand until a Joint Agency product licence has been granted.

- General comment

It was suggested by one stakeholder that there appeared to have been insufficient consultation, especially with smaller stakeholders, and that it was of concern that that there were major unresolved issues.

Another stakeholder suggested that if any proposal to shorten the approval period from 2 years to 1 years as applicable to advertisements broadcast on the television was not supported, given the cost of producing television commercials.

- Notification system

When an amnesty for all materials currently in the market place was suggested, it was noted that the IAC has not considered transitional arrangements for this process as yet.

Cost recovery

Estimated costs and the principles underpinning the proposed full cost recovery model were outlined. A user-pays approach was taken, in which equity between Australia and New Zealand, the implications of any fee difference that could influence behaviour, the impact on business in the first year of operation and the need to minimize crossover of monetary exchange.

Proposed elements of the charges include the annual product licence charge, approval fee set at a self-funding level (time based), small notification fee and an annual delegated authority fee. A marginal difference in approval and notification fees between Australia and New Zealand would address the funding needed for the Australian complaints system and funding for education, monitoring and evaluation.

Issues raised by stakeholders during question time.

- Review of fees and charges

It was explained that the proposed advertising model would be part of the considerations of the forthcoming review of fees and charges for the broader Joint Agency arrangements.

- Cost recovery

It was suggested that the cost recovery model should taken into consideration the recommendations of the Productivity Commission on cost recovery by government agencies.

- IT estimate

It was suggested that the cost for ongoing IT maintenance has been under-estimated.

- Proposed approval fees

There was some concern at the level proposed and that providing some detail as to how this figure has been reached could help to allay that concern.

Several stakeholders were opposed to approvals officers having the discretion to review other material referred to in a primary advertisement as this was likely to add considerably to the time required to approve the advertisement and therefore result in increased costs.

In conclusion, the Chairman summarized the issues that had been raised, emphasizing the importance of clarity and transparency, noted that consideration of the Advertising Code and related issues is an ongoing process and that the trans-Tasman harmonization process is set in the context of our existence now in what is a global village.

Aaron Guttmann	GlaxoSmithKline
Albertine Jean-Louis	Sereno
Alice Gock	Reckitt Benckiser
Allan Crosthwaite	Complementary Healthcare Council
Ann Cattelan	Healthworks Consulting P/L
Anne Cowlshaw	Ulinga Pharma
Anne Williams	Pharmaceutical Benefits Branch, Dept of Health & Ageing
Anthea Steans	ACSPA
Bruce Wolpe	John Fairfax Holdings Ltd
Carolyn Mackie	TP Health Ltd
Cath Brunskill	Advertising Services Manager
Catherine Aronsten	Australian Association of National Advertisers
Catherine Gay	Dept of Health & Ageing - Food Policy Unit
Christine Cuthbertson	Smith & Nephew
Clare Martin	AANA
Claude Valterio	Sanofi
Colin Harcourt	Media representative - IAC member
Darren Banks	Baxter
David Johnston	Go Vita Distributors
Debbie Pelser	Lundbeck Australia
Deborah Drummond	AstraZeneca
Deborah Monk	Medicines Australia
Derek Weir	Australian Consumer representative - IAC member
Di Ford	Di Ford Associates
Dominic Barnes	Janssen Cilag
Doug Anderson	Proctor & Gamble Australia
Garry Fennell	Medtronic
George Kokkinis	Robert Forbes & Associates
Hans Klieber	Biovital P/L
Helena Dickerson	Regulatory Concepts
Hilary Doyle	Faulding
Ian Champion	Medical Research Trust
Ian Gamble	Amway
Jeremy Rigg	Eli Lilly Aust P/L
Jim Meaney	Wyeth
Joanne Ryan	News Limited
John Graham	Unilever P/L
John Kelly	Gadens Lawyers
John Miller	Faulding
John Moursoundis	Boots Healthcare Australia P/L
Juliana William	Bausch & Lomb
Juliet Seifert	ASMI representative - IAC member
Kate Eagleton	Schering Plough P/L
Kellie Palmer	Roche Products P/L
Ken MacRitchie	Novartis Pharmaceuticals
Kerry Martin	F.I.T. Sales Pty Ltd
Keyne Arnolda	Novartis Consumer Health
Kym Ayscough	COPRA representative
Les Dell	Direct Sellers Association of Australia
Lisa Desiderato	Merck Sharp & Dohme
Luica A. Asali	3M Pharmaceuticals P/L
Lyle Hastings	Total Health 2000

Lynda McFarlane	Blackmores
Mark McLaurin Smith	Planet Health P/L
Melissa Gribble	Mountaintop Herbs P/L
Merric Edgar-Hughes	Genzyme
Michael Bollen	facilitator
Mike Cocks	Advertising industry representative - IAC member
Montse Pena	GlaxoSmithKline
Narelle Loewy	Green Valley Nutrition P/L
Nick Lush	Pharma in Focus
Nicole Burren	Faulding
Nilesh Patel	GlaxoSmithKline
Pam Davis	MIAA representative - IAC member
Penny Adams	MIAA
Peter Kemp	Healthcare Manufacturing Group
Ralf Dahmen	Boehringer Ingelheim P/L
Raymond Khoury	Complementary Healthcare Practitioner - IAC member
Robert Kitchen	Alcon Laboratories
Robin McConville	Johnson & Johnson
Rodney Roberts	Eagle Pharmaceuticals
Russell Norden	Journal of Complementary Medicine
Ruth Kendon	Haven Natural Therapies
Sarah Fogg	Pharmaceutical Health & Rational Use of Medicines Committee
Sharyn Roberts	Regulatory Concepts
Sherif Seid	ACCC
Steven Scarff	Pfizer Consumer Healthcare
Sue Ackeroyd	Sue Ackeroyd & Associates
Sue Cheetham	AdClear Enterprises
Susan Alexander	Roche Products P/L
Tamar Goldberry	Totally Natural Products
Tony Miller	NZSMI representative - IAC member
Val Johanson	CHC representative - IAC member