

Ratified 20 November 04

# **Interim Advertising Council**

**Meeting 3**  
**22/23 October 2003**  
**8.30 am – 6.30 pm**  
**8 am – 1 pm**

**Stamford Airport City Hotel**  
**Sydney**

## **Minutes**

### **1. Attendance**

Mr Mike Codd (Chair)	
Mr Pio Cesarin	Therapeutic Goods Administration
Mr Mike Cocks	Australian media/advertising industry representative
Ms Jean Drage	Consumer representative (NZ)
Mr Jeremy Irwin	Association of New Zealand Advertisers (NZ)
Ms Val Johanson	Complementary Healthcare Council of Australia (CHC)
Ms Jenny Bergin	Pharmacy representative (Aust and NZ)
Ms Susan Martindale	Medsafe
Mr Tony Miller	New Zealand Self-medication Industry (SMI)
Dr Robyn Napier	Medical profession representative (Aust and NZ)
Mr Kieran Schneemann	Medicines Australia (Aust and NZ)
Ms Juliet Seifert	Australian Self-medication Industry (ASMI)
Dr Derek Weir	Consumer representative (Aust)
Mr Glen Wiggs	Advertising Standards Authority Inc. (NZ)
Dr Fiona Cumming	Therapeutic Goods Administration and Executive Secretary, IAC Support Group
Ms Judith Brimer	Secretary, IAC Support Group
Ms Sharyn McGregor	IAC Support Group

### **2. Apologies**

Mr James Hart	Natural healthcare profession (Aust and NZ)
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### **3. Revised agenda**

The Chairman referred to a letter of request from the media for attendance by a representative from the Australian media and advertising industries' coalition for the discussion on the definition of advertisement which had accompanied the second paper submitted by the media on this issue. Members agreed to Alina Lieurance's (Commercial Television Australia CTVA) attendance and the agenda was revised to enable consideration of the definition of 'advertisement' as the first item on the agenda.

### **4. Minutes**

The CHC representative requested the following amendments.

- Item 7.1.1 Add to end of paragraph 2. 'The CHC representative expressed concern about the inclusion of generic information and educational material in the definition of advertisement.'
- Item 7.1.3 Add new paragraph 3. 'The CHC representative indicated that the proposed definition could not be supported until the inclusion of generic and educational information was clarified with regard to its effect on the complementary healthcare industry.'

Moved: Juliet Seifert

Seconded: Mike Cocks

*Confirmation of the minutes, as amended, of the meeting held on 4 August 2003.*

Carried.

### **5. The definition of 'advertisement'**

The definition of advertisement agreed by the majority of members at the IAC meeting held 14 August 2003 was as follows:

*'advertisement' means any words, whether written, printed or spoken, and any pictorial representation or design, used or appearing to be used, to promote the use, sale or supply of therapeutic products, or services embracing the use, sale or supply of therapeutic products, or which imparts information or seeks to educate with a view to promoting the use, sale or supply of therapeutic products [refer Guideline 1.1(b)].*

Papers from the Chairman of the Complaints Resolution Panel, the Australian media and advertising industry, the Advertising Standards Authority and the CRP Chairman and Executive Officer relating to the definition of 'advertisement' and the inclusion of the concept of valuable consideration were received subsequent to the meeting and circulated with the agenda papers.

Ms Alina Lieurance, media representative, was invited to join the meeting for the discussion.

## **5.1 Discussion on a broad definition of advertisement**

The definition of ‘advertisement’ (below) proposed by Alan Limbury in a paper circulated with the agenda papers was considered.

*Advertisement means any communication likely to promote or discourage the use, sale or supply of products, whether or not in conjunction with the supply of services, and whether or not the communication identifies particular products or services.*

Several issues relating to this proposed revised definition were discussed, as follows.

Members debated the use of the term ‘communication’ in the definition. Concerns were raised about the breadth of the definition, in that it could capture editorial content, genuine comment and could apply to the work of healthcare practitioners. However, it was agreed that these concerns could be addressed by exclusions set out in the ‘Guide’. It was noted that the draft Guide currently contained such exclusions. Members generally were of the view that a broad definition is more useful and would have the advantage of capturing any future emerging communication technologies.

It was agreed that the definition of advertisement should be broad. It was agreed that term ‘communication’ in the above definition should be retained.

During the discussion, it was agreed that a definition of ‘presentation’ of therapeutic products would provide an important overall context for the definition of ‘advertisement’ and other requirements such as labelling and consumer medicines information (CMI). The TGA representative noted that the tabled current definition in the *Therapeutic Goods Act 1989* is used in the context of assessing ‘unacceptable presentation’ of goods for regulatory purposes.

It was agreed that a recommendation should be made to the Trans Tasman task force for the definition of ‘presentation’ to be included in the new legislation for the joint agency. It was also agreed that a definition of ‘presentation’ should be included in the Advertising Code.

After discussing the use of the term ‘intended’ to promote, it was agreed that it is not the intent of the advertiser that should guide what is to be considered to be an advertisement, but that the ‘take out’ by the consumer from the advertisement should provide that objectivity.

It was agreed that the proposed definition of ‘advertisement’ (above) be amended from ‘likely to promote’ to ‘which promotes’.

Members supported the inclusion of the term ‘discourage’ within the proposed definition, on the basis that some campaigns actively may seek to discourage consumers from using certain therapeutic products or classes of therapeutic products (eg vaccines).

In the discussion on the inclusion of ‘services’ in the proposed definition, it was explained that, legally, the application of the definition is to the promotion of product associated with the service. There is no intent for the scheme to regulate professional practice, which in Australia is regulated by the States and Territories. The ASA representative noted that a separate code of practice relating to provision of services will be needed in New Zealand.

**The following definition of advertisement was accepted by the meeting.**

*Advertisement means any communication which promotes or discourages the use, sale or supply of products, whether or not in conjunction with the supply of services, and whether or not the communication identifies particular products or services.*

### **5.2 Discussion on inclusion of ‘valuable consideration’ in the definition of ‘advertisement’.**

The media and advertising industries’ coalition representative spoke to the coalition’s submissions to the IAC. Ms Lieurance noted that the primary concern of the media is that if a broad definition that does not include the term ‘valuable consideration’, editorial, current affairs and news (i.e. not paid advertising) could be brought within the definition of advertisement. The coalition was of the view that it is inappropriate to define what is, or is not, news in the context of the advertising of therapeutic products, as this is an editorial decision. Ms Lieurance explained that editorial content is already heavily regulated and that there are well-established industry codes of practice in place.

The medical profession representative expressed concern at the lack of full information with respect to infomercials. It was suggested that for advertisements for which no payment has been made, there is a need to identify risk, ensure that claims are supported by evidence and ensure that there are benefits to consumers.

Having cited an example of a recent television report about what appeared to be a therapeutic goods advertisement, the Australian consumer representative claimed that consumers often are unable to discern whether or not valuable consideration has been involved, particularly with respect to the broadcast of ‘breakthrough’ stories.

In responding to these concerns, the media and advertising industries’ coalition representative stated that the conditions of broadcast licenses could deal with public health and safety issues arising from broadcast material. Any corrective action would then be a matter for the Australian Broadcasting Authority to decide.

The TGA representative suggested that the definition agreed earlier in the meeting should stand, without the inclusion of the concept of ‘valuable consideration’, and that bona fide news and editorial could be excluded in the Guide from the requirements of the Advertising Code, provided that the requirements of the media and advertising industry codes are met. He suggested that where the requirements of the relevant industry code

were not met, the material could be considered to meet the definition of an advertisement” under the Advertising Code and dealt with accordingly.

While acknowledging the need for disseminating news and good legitimate information, members noted the difficulty of understanding the nature of arrangements between advertisers and the media and the lack of clarity in establishing where valuable consideration has been involved in broadcast or published material.

It was felt that, in the interest of the public receiving truthful, accurate and not misleading information, and until there is greater clarity around commercial arrangements within the media, valuable consideration should not be included in the definition of advertisement.

It was suggested that review processes could consider the provision of a monitoring service along the lines of that previously provided by the Media Council of Australia.

**After further discussion, it was agreed that:**

- **the agreed definition stand without the inclusion of the concept of ‘valuable consideration’;**
- **bona fide news, bona fide editorial and bona fide public interest programs will be excluded from the requirements of the Advertising Code, provided that the requirements of the media and advertising industry codes (Australian and New Zealand) are met. The latter would provide a link between therapeutic products advertising and media requirements;**
- **if the material is not consistent with the relevant media or advertising industry code, it is to be dealt with under the therapeutic products advertising arrangements. This procedure is to be included in the Guide;**
- **the media and advertising industries’ coalition is to provide information on the provisions of their codes and complaints handling processes, including the consistency of their codes of practice with the Advertising Code (i.e fair and balanced approach, requirements for truthful and not-misleading material) and the way in which compliance with these Codes is assessed;**
- **the evaluation framework (agenda item 9) is to be updated to include:**
  - **the media and advertising industries in the review processes; and**
  - **an evaluation of the effectiveness of the interface of therapeutic products advertising requirements with the media and advertising industries’ codes of practice, to be undertaken twelve months post-implementation.**

The media and advertising industries’ coalition was invited to provide the information outlined above, with the inclusion of a description of the relevant parties, contact points and protocols for cooperating in dealing with complaints in Australia (as per the NZ model).

## **6 Agenda Item 1 Workplan/feedback from stakeholders since IAC 2**

### **6.1 Workplan for the Interim Advertising Council**

The agenda papers included an outline of the work to be done, including drafting instructions, the timetable for consultation meetings and their content, the workplan and timetable for reporting and submission to the TGA and Medsafe and for the progression of the legislative process.

The meeting noted the following:

- a public consultation meeting is scheduled to be held in Sydney on 27 November 2003;
- the request from the NZ Consumer representative for consultations to take place in Wellington as well as Auckland, as consumers find it easier to attend in Wellington;
- recommendations from this meeting will form the basis for the November public consultations: and
- from 27 November 2003, the *Therapeutic Goods Act 1989* will allow foods to be declared therapeutic goods if they are presented as a therapeutic good, irrespective of whether the goods meet a food standard (it is intended that this provision be carried over to the new trans-Tasman legislation).

**The workplan paper was accepted.**

### **6.2 Feedback from stakeholders since IAC 2.**

Members noted that the attachments to Agenda Item 1 included submissions from stakeholders on the proposed advertising model. The IAC Support Group confirmed that the comments included in these submissions generally had been noted where appropriate in the relevant agenda papers.

## **7 Agenda Item 2 – Report from TGACC meetings**

The TGACC Executive Officer summarised the relevant issues considered by the TGACC at meetings held 14 August and 9 October 2003. These included:

- The definition of ‘government agency’ is still to be resolved. This is important in the context of endorsements by government agencies, should they be permitted in the future. The TGA representative on the TGACC will provide further information on this issue for consideration at the next meeting of the TGACC. Following TGACC consideration, a paper will be provided to the IAC.
- A recommendation for an amendment to the Therapeutic Goods Regulations to require approval of advertisements placed by publishers was put forward for consideration by the TGACC. The issues raised included those considered by the

IAC and, as a result of the discussion, a paper on the issue, and the nature and extent of the problem, was included in the agenda papers for this meeting.

**The papers for agenda item 2 were accepted.**

## **8 Agenda Item 3 - Advertising Key Principles and Advertising Code**

An introductory explanation of the way in which the advertising requirements would fit within the hierarchy of the legislation was given, i.e.

Treaty

↓

Act – to include Key Principles relating to advertising

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Rules - including legislative underpinning for the Advertising Code

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Orders, one of which could be the Guide to the Advertising Code

It was clarified that veterinary products will be excluded from the joint regulatory scheme.

Discussions are ongoing between the TGA (which will draw in Medsafe) and the ACCC (which will draw in the New Zealand Commerce Commission) to ensure minimising of legislative overlap and to make best use of both the *Trade Practices Act* (Australia), the *Fair Trading Act (New Zealand)* and the joint agency legislation, including the advertising provisions, while retaining a clear delineation as to which legislation would be used to deal with advertising breaches. The potential for the TGA to be empowered or authorised by the ACCC to act in relation to Trade Practices Act provisions is being investigated.

### **8.1. Key Principles**

The Executive Secretary informed members that while the term “Key Principles” may need to change, subject to legal advice, the content of the principles would be carried into the new legislation.

### **8.2 Advertising Code**

#### **8.2.1 The term ‘sponsor’**

It was agreed that the term ‘sponsor’ is to be replaced by ‘product license holder’ and/or ‘advertiser’, as appropriate, throughout the Code and the Guide.

## 8.2.2 Definitions

### Generic information

It was noted that the wording of the definition of ‘generic information’ in the Code did not quite align with the more detailed explanation in the Guide. It was then agreed that as the new definition of ‘advertisement’ proposed earlier in the meeting includes generic information (should that information promote or discourage the use, sale or supply of therapeutic products), further reference to it in the Code was unnecessary. It was agreed that a more detailed explanation should be retained in the Guide, to describe more fully provisions relating to such information.

It was agreed that the definition of ‘generic information’ in the Code should be moved to the Guide and the explanation of categories of generic material that meet the definition of advertisement in the Guide retained.

Approval requirements for generic advertisements are to be considered under the discussion on the pre-approval dividing line.

## 8.2.3 Application of the Code

It was agreed that this section of the Code needs to be amended to clarify that the Code applies to all advertisements directed to consumers and it also applies to advertisements to healthcare practitioners. As well, the following amendment is to be made:

*The oversight of the application of the Code to healthcare practitioners will reside with the Advertising Board, with the administration primarily delegated to the relevant industry bodies in Australia **and New Zealand** and the Advertising Standards Authority.*

The third dot point in the first paragraph is to be revised as a result of the new definition of ‘advertisement’.

## 8.2.4 Advertising Rules

### **Rule 3**

*Advertisements must contain required information to ensure responsible use.*

Members agreed that for greater clarity, the term “required information” should be changed to “the mandatory information” and that the rule should refer to encouraging responsible use rather than ensuring it.

### **Rule 4**

*Advertisements must contain correct and balanced representations and claims that have already been substantiated and:*

- a) for medicines – must be consistent with the indications included on the database of therapeutic products maintained by the trans Tasman Therapeutic Products Agency;
- b) for medical devices – must be consistent with the manufacturer’s intended purposes, included on the database for therapeutic products maintained by the trans Tasman Therapeutic products Agency; and
- c) for exempt therapeutic products – must be compliant with the Code.

The possibility of including information on research references and alternative treatment options on the therapeutic products database, and its access by consumers, was raised by the NZ consumer representative.

In the ensuing discussion the following points were made:

- neither regulator keeps a database on the efficacy studies submitted for evaluation of a new therapeutic product;
- the key purpose of the database for market entry is to enable identification of the product and provide a history of the product while on the market for regulatory purposes;
- it is intended that the public and advertising approvals officers will have access to some parts of the database; and
- a central repository of other relevant information to consumers is a separate, important issue (e.g. Consumer Medicine Information, Product Information).

It was noted that the objective of the joint Agency is to provide safe, quality, efficacious medicines in a timely manner and that this is a regulatory and not an educational role. The Department of Health and Ageing in Australia is addressing broader issue of wider access to good quality information about medicines for consumers, and, similarly in New Zealand, this role lies outside of Medsafe’s regulatory role.

Members discussed the proposal from the NZ consumer group suggesting an additional Advertising Rule incorporating the notion of ‘informed consent’. It was agreed that, rather than adding another separate Advertising Rule to address the issue, it would be appropriate for Rule 4 to be amended as follows:

***“To assist consumers to make informed decisions, advertisements must contain correct and balanced representations and claims that have already been substantiated and: etc***

#### **Rule 5**

*Advertisements must not by implication, omission, ambiguity or comparison:*

- (a) mislead or deceive, or be likely to mislead or deceive; or
- (b) abuse trust, or exploit lack of knowledge; or
- (c) exploit the superstitious or, without justifiable reason, play on fear or cause distress.

The ASA proposed the following amendment to the first line:

*“Advertisements must not **directly nor** by implication, omission, ambiguity, **exaggerated claim** or comparison etc.*

The New Zealand consumer group had also suggested that this rule be amended to include ‘create embarrassment’. However, the meeting agreed that this could not be enforced objectively, given that the same incident may cause no, or varying degrees of, embarrassment according to individual perceptions and beliefs.

#### **Rule 6**

*Advertisements must not unduly glamorise products or services, or prey on the vulnerability of particular audiences, including minors.*

Members agreed to end the clause after ‘audiences’, suggesting that a more detailed reference to vulnerable groups be provided in the Guide.

#### **Rule 7**

*Advertisements containing or implying endorsement by any government agency, hospital or other facility providing healthcare services, or healthcare professionals in their professional capacity, must have prior consent from that entity, name the entity giving the endorsement, be authenticated and acknowledge any valuable consideration.*

The TGA representative informed the meeting that, to date, the TGA has not supported any recommendation to allow endorsement by government agencies in advertising. The issue has been referred to the National Co-ordinating Committee on Therapeutic Goods (NCCTG), for advice from the jurisdictions, as a result of a recent proposed amendment to the Therapeutic Goods Advertising Code from the TGACC.

Members recognised that the views of the NCCTG would need to be taken into consideration but agreed that in the interim, the suggested clarifying amendments proposed in Alan Limbury’s paper be accepted, as follows:

*“Advertisements containing or implying endorsement by any government agency **by any** hospital or other facility providing healthcare services, or **by** healthcare professionals in their professional capacity, must have prior consent from the **endorser**, name the **endorser**, be authenticated and acknowledge any valuable consideration”.*

#### **8.2.5 Clause 7 - Prohibitions**

1. *In Australia, it is prohibited to advertise directly to consumers, prescription medicines i.e. Schedule 4 substances, and non-prescription Schedule 3 substances that do not appear in Appendix H to the Standard for Uniform Scheduling of Drugs and Poisons. The prohibition does not apply where the Australian Commonwealth, States and Territory governments include information about specific products in public health education initiatives such as vaccination campaigns.*
2. *In New Zealand, advertisements for Class A and Class B controlled drugs, as defined in the Misuse of Drugs Act 1975, may only be directed to healthcare practitioners and in appropriate media.*

It was agreed that this clause will need to be amended in line with the legislation for the new joint Agency to ensure the inclusion of all schedules that relate to products that may not be advertised. In the meantime, it was agreed that the clause should reflect the current situation. There are other Schedules (other than Schedules 3 and 4, which are already mentioned) in the *Standard for Uniform Scheduling of Drugs and Poisons* (SUSDP) which prohibit advertising of products contained in them, e.g. Schedule 8. These Schedules need to be included in this section on prohibitions. Recognising that the SUSDP is subject to change, it was agreed that the phrase “as amended from time to time” should also follow mention of this publication.

**The Advertising Code is to be amended to reflect the decisions made relating to Agenda Item 3.**

## **9 Agenda item 4 Draft Guide to the Advertising of Therapeutic Products in Australia and New Zealand (the Guide) (Version 4)**

The balance between brevity and the provision of required and relevant information in the Guide was discussed. Some members were of the view that the Guide is too long and others were of the view that it should be more comprehensive and contain more detail.

There was support for a proposal to develop a preface giving an overview of the system of the three levels of advertising controls, i.e. the legislation, co regulation and self regulation and how the Key Principles, Code and the Guide are legislatively underpinned. The self regulation section of the overview should also include the interface with the media industry codes.

It was suggested that the Advertising Rules would be located more appropriately in Section 2, Advertising Medicines to Consumers, and that they should be spelt out in full in the Guide, rather than being paraphrased from the Code.

Following discussion, it was agreed that the sections in the Guide should be retained, with an appropriate preface describing the key elements of the advertising model. It was agreed that the section on advertising to healthcare professionals is to be reworked, as described under item 9.3 of these minutes.

**The Code and the Guide must be checked internally and against each other for consistency within and across the sections.**

### **9.1 Section 1 Application and Interpretation of the Code**

#### **9.1.1 Application of the Code**

##### Clause 1.2 Definition of advertisement - scope

It was noted that this clause would need to be updated in view of the new proposal for the definition of ‘advertisement’ in the Code.

### Clause 1.2.1 Generic information

Members agreed that the definition of ‘generic information’ should be transferred from the Code to the beginning of this clause in the Guide.

It was also agreed that:

- 1.2.1(d) third party generic information is captured under (a) unbranded advertising and (b) generic advertising and should be deleted;
- Clause 1.2.1 is to be amended as per below to clarify the circumstances in which generic information is an advertisement.

#### **1.2.1 Generic information**

‘**Generic information**’ means information about substances that may be used as an ingredient or component in the manufacture of therapeutic products but which does not identify those particular therapeutic products.

Whether or not generic information meets the definition of an advertisement is dependent upon the context in which the information is provided.

The following two categories represent advertising, defined as follows:

- (a) Unbranded advertising where a company chooses to say that a product exists to deal with a certain condition and inviting the consumer to talk to a doctor or other health practitioner about the condition and its treatment. Material can be made available by the sponsor or by its authorised agent.
- (b) Generic advertising where material is made available advertising the benefits of a particular category of therapeutic products, substance or medical device component and is not related to any particular branded product.

The third category, as defined below, is not considered to be advertising:

- (c) Editorial generic information written as an article with editorial content aimed at informing in a general sense rather than promoting or discouraging the use, sale or supply of a specific brand (see also Section 1.2.5).

Unbranded advertising and generic advertising are advertisements and are subject to compliance with the Key Principles, the Code and this Guide and the usual processes will be followed in the case of a complaint.

### Clause 1.2.2 Disease state campaigns

It was agreed that there needs to be provision to allow exemptions to this clause to be considered where it states that there must be no reference directly, or indirectly, to therapeutic products. For example, it may be appropriate to allow the advertising of sunscreens, condoms and/or blood glucose meters under some circumstances as part of a disease state campaign.

### Clause 1.2.3 Sponsorship advertisements

There was discussion of the potential for inappropriate cross-over between simultaneous sponsorship advertising and advertising campaigns and between events and product names, leading to advertising by indirect means and thus avoiding any pre-approval processes which would otherwise apply.

It was agreed that the first paragraph of the draft should be retained, and that the wording proposed by the ASA (with additional suggestions marked) for the remainder of the clause be adopted, as follows:

#### **1.2.3 Sponsorship advertisement**

A sponsorship advertisement in relation to therapeutic products is any form of communication publicising sponsorship of any competition, event or program by a brand name therapeutic product or the manufacturing or sponsor company of that therapeutic product.

Sponsorship advertisements shall:

- (a) clearly and primarily promote the team, individual, competition, event or activity being sponsored.
- (b) Not contain a **direct or implied** claim, or a sales message or in the case of devices, a purpose for use.
- (c) Not show a product or product packaging
- (d) Not imitate or use any parts of product advertisements from any medium
- (e) Only briefly and in a subordinate way mention or portray the sponsor's name and/or brand name and/or logo orally or visually.

Sponsorship advertisements are exempt from the minimum requirements in Section 2.

[Sponsorship advertisements require pre-approval – to be determined as part of the IAC's future work program.]

### Clause 1.2.5 Bona fide news, bona fide editorial, bona fide public interest programs

It was agreed that this section is to be reworked, taking into account and reflecting the discussion and outcomes from Item 5 of these minutes.

**Input is to be sought from the media/advertising industry representatives for the drafting of the next version with regard to the relevant industry codes to be included.**

### **9.1.2 Interpretation of the Code**

#### **Principle 1**

The explanatory note for this principle needs to be updated to reflect accurately the prohibitions in the Code (as per page 10 (Clause 7 Prohibitions) of the minutes).

**It was noted that each rule should be carefully checked to ensure that it is transcribed correctly into the Guide.**

## **Rule 2**

*Advertisements must not encourage inappropriate or excessive use.*

There was discussion on ‘buy one get one free’ offers, price discounting and the offer of prizes, and the potential for these kinds of promotions to encourage inappropriate or excessive use.

As a result of the discussion, rule 2 was amended as follows:

Advertisements must not encourage consumers to purchase quantities of a product that exceeds their needs. **Examples of advertisements which, under certain circumstances, may encourage inappropriate or excessive use are those that:**

- offer a chance to go into a draw to win a substantial sum of money with every product purchased, or
- make the offer of “buy one, get one free” or offer product at a dramatically discounted price.

In determining whether or not an advertisement involving price promotion is likely to encourage a consumer to use therapeutic products inappropriately or excessively, all circumstances relating to the advertisement will be taken into account, including the target audience and, where appropriate, the following factors:

- the nature of the advertisement;
- the nature, quantity and risk of therapeutic products offered as part of a **price promotion, samples or giveaways, or required to be purchased as a condition of entry to a competition;**
- **prizes offered in association with therapeutic products;**
- the risk of the therapeutic products advertised; and
- the design/conditions of any competition.

## **Rule 5**

*Advertisements must not directly nor by implication, omission, ambiguity, exaggerated claim or comparison*

- (a) *mislead or deceive, or be likely to mislead or deceive; or*
- (b) *abuse trust, or exploit lack of knowledge; or*
- (c) *exploit the superstitious or, without justifiable reason, play on fear or cause distress.*

- **Comparative advertising**

It was agreed that the last sentence of paragraph 1 should be deleted, as it was, in effect, repeating earlier parts of the paragraph. It was also agreed that the first word of the second sentence of the paragraph should be ‘Advertisements’ not ‘Comparisons’ and that the last four words of paragraph two ‘from the pre-approval officer’ should be deleted.

- **Advertisements to pharmacy assistants and retail sales persons**

It was suggested that this clause be moved to Section 3 – *Advertising Medicines to and by Healthcare Practitioners*. It was agreed that the word ‘particular’ in the first line of this clause should be changed to ‘any’ [therapeutic products].

## **Rule 6**

*Advertisements must not unduly glamorise products or services, or prey on the vulnerability of particular audiences.*

There is to be an elaboration on this rule to give examples of ‘vulnerable’ parties, including those with mental health problems, the hearing impaired, the vision impaired, minors, the elderly and those for whom English is a second language (without limiting this as a prescriptive list).

### **Rule 7**

*Advertisements containing or implying endorsement by any government agency by any hospital or other facility providing healthcare services, or by healthcare professionals in their professional capacity, must have prior consent from the endorser, name the endorser, be authenticated and acknowledge any valuable consideration.*

Members recognised that the matter of government agency endorsements was subject to further discussions outside of the IAC, as noted earlier in these minutes, and would require further discussion at the next IAC meeting.

### **Rule 8**

*Testimonials in advertisements, where not prohibited by law, must comply with the Code, be authenticated, genuine, current, typical and acknowledge any valuable consideration.*

Members were of the view that a copy of the testimonial was adequate for the purposes of assessment of an advertisement for approval. It was agreed that the second paragraph in the Guide should be deleted. Other minor amendments were made as per the revised document.

### **Rule 9**

*Advertisements to consumers must not refer directly or by implication to serious diseased, conditions, ailments or defects without approval of any claim, taking into account the Code, by the trans Tasman Therapeutic Products Agency.*

It was agreed that the wording in the Guide for the definition of ‘serious’ should reflect that in the Therapeutic Goods Advertising Code, i.e. the second dot point is to be amended as follows:

- generally accepted to be beyond the ability of the average consumer **to evaluate accurately** and treat safely without regular supervision by a qualified healthcare practitioner.

## **9.2 Section 2 Advertising Medicines to Consumers**

### **9.2.1 Application of the Code**

An explanation that the term ‘advertiser’ includes health professionals when they are advertising therapeutic products is to be included in this section, as recorded in the minutes under item 9.3.

### **Clause 2.2.1 Reminder advertisements**

The New Zealand consumer representative noted consumers' opposition to an exemption from approval of reminder advertisements. Members from New Zealand clarified that currently in New Zealand, the type of advertisement defined as a "reminder advertisement" would be subject to approval as part of the broader advertising material within the same advertising publication or advertising break.

The Code applies to reminder advertisements, with some exemptions for certain provisions. A sentence is to be added, to indicate that if these conditions are not met, all of the requirements of the Advertising Code apply.

The second sentence of section 2.1.1 needs to be amended to read 'provided they do not make **or imply** any therapeutic claim.

It was agreed that this clause (2.1.1) should be moved to Section 1, as it applies across all sections of the Code.

### **9.2.2 Interpretation of the Code**

#### **Rule 3**

*Advertisements must contain required information to ensure responsible use.*

There was considerable discussion on the kinds of information that need to be included in advertisement to encourage responsible use. A range of issues were discussed, including the relative merits of requiring disclosure of certain mandatory information to promote responsible use, requiring the listing of all active ingredients, reference to adverse effects and describing the dose.

Points made in the discussion included:

- the concept that the purpose of advertising is to promote the availability of the product, while the label is the main 'information source' in relation to the appropriate use of a therapeutic product;
- that there has been research that has shown that consumers are more likely to read "Always read the label" than warning statements;
- that the information included in advertisements must be balanced and that inclusion of information about adverse effects helps that balance;
- any warning statements in advertisements would need to be harmonised between Australia and New Zealand; and
- advertisements, labels and information sheets each convey information at different levels and give the opportunity to provided balance.

Following the majority acceptance of the need to include any serious adverse affects in advertisements, it was suggested that where a mandatory warning statement relating to serious adverse effects is required on the product label, it must also be included in advertisements.

**It was agreed that the IAC Support Group should investigate the feasibility of developing a risk-based approach to determine when active ingredients must be disclosed in an advertisement, for consideration at the next meeting.**

Members agreed that the wording “**ALWAYS READ THE LABEL**” should be prescribed wording and mandatory for inclusion in all advertisements. Other mandatory warning statements should provide the intent, with the wording left to advertisers. This can, for example, be achieved by including the following at the beginning of the clause:

*“and the following statement or words with the same meaning”*

**or**

*“The following statements, or words with the same meaning, are required where relevant to the product.”*

There was discussion on the inclusion of contraindications. It was felt that it would be difficult to include meaningful information about contraindications for a therapeutic product in an advertisement. It was noted that there is in place a risk-based regulatory system requiring mandatory statements:

- on labels for target groups for which the product is unsuitable; and
- where there are contraindications for concurrent use with other medicines.

It was agreed that, for mail order advertisements, the important information on the label should be included in the advertisements, as this information cannot be accessed in any other way prior to purchase.

The requirement for advertisements for analgesics to include the prescribed words ‘incorrect use could be harmful’ was retained.

It was agreed that section 2.2 as it applies to Rule 3 is to be extensively re-written to reflect these changes and to clarify and simplify the rule.

#### **Rule 4**

*Advertisements must contain correct and balanced representations and claim that have already been substantiated and:*

- a) for medicines – must be consistent with the indications included on the database for therapeutic products maintained by the trans Tasman Therapeutic Products Agency and;*
- b) for medical devices – must be consistent with the manufacturer’s intended purpose, included on the database for therapeutic products maintained by the trans Tasman Therapeutic Products Agency; and*
- c) for exempt therapeutic products – must be compliant with the Code.*

It was agreed that the notes to Rule 4 be simplified and amended to apply to all claims where appropriate. ~~and not to ‘therapeutic’ claims and ‘other’ claims.~~

## **Close of Day 1**

### **Day 2 - Agenda Item 4 (continued)**

#### **Rule 6**

*Advertisements must not unduly glamorise products or services, or prey the vulnerability of particular audiences.*

It was agreed that the notes to this rule would be revised in accordance with discussion from previous day, to give examples of potentially vulnerable groups within the community.

It was recommended that Rules 7 and 8 are to be included in the Guide, for completeness.

#### **Rule 9**

*Advertisements to consumers must not refer directly or by implication to serious diseased, conditions, ailments or defects without approval of any claim, taking into account the Code, by the trans Tasman Therapeutic Products Agency.*

It was agreed that the public interest criteria should be moved to Section 6 - Approvals.

### **9.2.3 Integration of the Code and the Guide**

The separation of the Guidelines from the Code was raised in the context of the flow-on of amendment to the Advertising Rules in the Code. It was explained that the Guide had been separated from the Code to allow amendment of detailed requirements in a timely way. This would be administered by Order gazetted by the Managing Director.

It was suggested that it could be possible to incorporate the Guide into the Code without losing the flexibility in dealing with timely amendment to details, and that this might be achieved if:

- the Advertising Rules were specifically included in the legislative instrument known as the joint agency Rules (which have a similar legislative status to the current Therapeutic Goods Regulations in Australia); and
- the remaining material was included in an Order of the Managing Director on the advice of the Advertising Board.

Members acknowledged that the terminology currently used in developing the advertising model might need to change when the new legislation is drafted, subject to legal advice on its consistency with the terminology being developed for the entire joint agency, but that the content would be consistent with the advertising model.

**The IAC agreed that there should be a single document, the Advertising Code, and that this should incorporate all of the advertising provisions that are outside the Acts and Rules (ie what is currently in the Advertising Code and the Guide).**

### **9.3 Section 3 - Advertising to and by healthcare practitioners**

#### **9.3.1 - Section 3.1 Advertising to healthcare practitioners**

**It was agreed that industry groups will work together to harmonise and draw out the principles in their industry codes, as they relate to advertising to healthcare practitioners, for inclusion in this section of the Guide.**

**Section 3 is to be revised by the industry association representatives (Australia and New Zealand) and then with the Support Group, in time for preparation of papers for the IAC meeting on 8 December 2003. Ongoing progress on this section of work is to be noted in the papers for the public consultation meetings to be held in Sydney (Australia), 27 November 2003 and Wellington (New Zealand), 28 November 2003.**

It was noted that:

- the Advertising Board will endorse the industry sector codes to ensure that they are consistent with the Therapeutic Products Advertising Code, but will not play a role with respect to additional requirements of the industry bodies which may be included in the industry codes. It was suggested that because compliance with the industry codes is a condition of membership and the internal processes such as annual reviews are conducted by the membership, only the common principles in the industry Codes would be endorsed by the Advertising Board;
- the opportunity for forum shopping by potential advertisers between industry bodies will be minimised by having principles common to all codes;
- a requirement for compliance with the industry codes as a condition of licensing the product could provide legal underpinning for the application of the industry codes to all.

It was noted that pharmacy and other professional codes deal with advertising by healthcare practitioners to consumers.

Members accepted that any healthcare practitioner code must incorporate the Therapeutic Products Advertising Code as the minimum standard for advertising to consumers.

**Relevant professional bodies are to be invited to participate in the development of Section 3.1.**

#### **9.3.2 - Section 3.2 Advertising by healthcare practitioners**

Members noted that while advertising by healthcare professionals is directed to consumers, it is also a professional practice issue governed by the Pharmacy Boards and States and Territories legislation. Similar arrangements are in place for other regulated health professionals. The IAC recognised the need for co-operative arrangements to be in place to ensure that relevant information regarding complaints is passed from such bodies

to the Advertising Board and, also, by the Advertising Board to the relevant professional body.

As all advertisers, including healthcare practitioners, must meet the requirements of the Advertising Code, it was agreed that Section 3.2 advertising by healthcare practitioners should be deleted, as it is superfluous.

An explanation that the term ‘advertiser’ includes healthcare practitioners when they are advertising therapeutic products is to be included in Section 2.

The Pharmacy representative advised that consideration is being given to development of a supplementary code for pharmacists.

**Parts of section 3 will need to be amended to make them consistent with changes suggested by the meeting to previous sections of the Guide.**

#### **9.4 Section 4 Advertising of medical devices**

**Members were asked to provide comments on Section 4, which contains proposals put forward the Medical Devices Advertising Review Group (MDARG), to the IAC Support Group within one week.**

#### **9.5 Section 5 Advertising of other healthcare products**

It was clarified that this section is intended to cover advertising for other healthcare products such as blood, disinfectants and tampons etc, where they are regulated as therapeutic products and their advertising is subject to the provisions of the Code.

#### **9.6 Section 6 General processes**

##### **9.6.1 Approvals**

The meeting considered a proposal by the Advertising Standards Authority (ASA) of New Zealand that all advertisements, including those directed to healthcare practitioners, should require pre-approval. It was agreed that this proposal will be discussed as part of the broader discussion on the dividing line for approvals of advertisements.

##### **9.6.2 Appeals**

Members reaffirmed the view that the most important element of the appeals process would be decisions made by a common pool of experts from both countries (including advertising experts) and such decisions should be applicable in both countries.

Members felt that the first port of call for appeals should be to the Managing Director of the joint agency, with the potential to access the higher-level appeals process where necessary.

### **9.6.3 Withdrawal of approval**

The meeting recommended that a section on the withdrawal of approval should be added to Section 6.1 Approval of advertisements directed to consumers.

### **9.6.4 Exempt goods**

Members supported the inclusion, in Section 6, of a clause that clearly acknowledges the need for all therapeutic products, including any products exempt from certain provisions within the legislation, to comply with the Advertising Code.

**The Guide is to be amended to reflect the decisions made relating to Agenda Item 4.**

## **10 Agenda Item 5 – Verbal update**

In a verbal update on the Report of the Expert Committee on Complementary Medicines in the Australian Health System on the role of the complementary medicines in the health system, food and cosmetics interface issues and the internet, the Executive Secretary of the IAC Support Group highlighted the following points:

- the Report of the Expert Committee is to be released at the end of the week beginning 27 October. The Report will be included on the TGA website and comments invited for submission by the end of January 2004.
- a paper is being prepared on interface issues (food-medicine and cosmetic-medicine) with respect to advertising for the next meeting of the IAC; and
- a paper is to be prepared on internet advertising incorporating any recommendations from the Expert Committee, information from consideration at the Asia Pacific Regulators' Forum and the work of the ACCC, through the world coalition of 31 countries. The following publications were also noted as being of particular relevance to this topic:
  - a thesis from Monash University on consumers' use of the internet for healthcare advice;
  - a Melbourne University paper on the regulation of online pharmacy; and
  - the Journal of American Medical Association paper about internet advertising of herbals of 17 September 2003, Vol. 290, p.1505 (JAMA).

**Papers on internet advertising and the food/cosmetics/therapeutic products interfaces are to be prepared by the Support Group for the next meeting.**

## **11 Agenda Item 6 A risk-based dividing line for the pre-approval of advertisements.**

The Chairman opened the discussion by noting that there were four options presented in the agenda paper as the basis for a risk-based approval dividing line. Three of these options were outlined in the Toogoolawah report with the fourth option based on pre-approval of all advertisements, as is currently the situation in New Zealand and the United Kingdom (UK).

The Chairman suggested that as a way forward, members should identify two preferred options to develop into more extensive papers for the next meeting.

In considering the fourth option, it was noted that the cost effectiveness of the approvals process in New Zealand is enhanced through a system of delegated authorities (DAs). IAC members recognised that to introduce and implement this model in Australia and achieve the same level of effectiveness could be a challenge, given the larger market size, but felt that there was merit in exploring such a model.

In relation to the feasibility of applying this model to Australia, members recognised that:

- the delegated authorities' model would need to be rolled out in advance of the implementation date;
- the selection and training of the delegated authorities would need to be implemented to a point where the Managing Director (on advice from the Advertising Board) was in a position to approve delegated authorities, some for first time approvals and others for revisions only, and some in companies and some in industry associations (the track record of the industry associations in Australia in this regard was noted);
- there would be a need, too, for a confidence building period, especially prior to delegating approvals for "first-time" advertisements;
- the media may wish to also hold delegated authorities; and
- there would need to be a pre-approval coordinator (with necessary support staff) whose roles are:
  - pre-approvals;
  - supervision of the role-out of DAs;
  - quality assurance;
  - education;
  - training and
  - audits of DA activities and decisions.

**The representative of the Association of New Zealand Advertisers offered to provide IAC members out of session with a copy of a paper written by Peter Pratt on the internal audit of delegated authorities in New Zealand, for their information.**

In considering the advantages and disadvantages of option 4, the following points were made:

- Discipline would be built into the system by the Central Approvals Officer (Adjudicator), through the Managing Director, having the ability to withdraw the delegation to a DA;
- Introducing a delegated authorities system would lead to loss of the ‘single point of entry’ concept;
- Education programs would need to be in place to ensure a sound understanding of the system by all stakeholders;
- The system of delegated authorities would enhance the co-regulatory arrangements between the regulator and industry;
- A fees management and structure would need to be developed in line with the “user-pays principle” and there would be some initial set-up costs;
- Companies would be forced to accept responsibility where delegated authorities (DAs) were in place;
- A workable and sensible approach to the management of ‘petty’ pieces of copy would need to be taken.

Members expressed an interest in exploring this option further, in particular with regard to:

- the impact on industry of requiring all advertisements to be approved (particularly smaller companies); and
- comparison with the UK model for 100% pre-approvals, including the scope of that model.

It was noted that taking a claims-based approach to determining the need for pre-approvals (e.g. as per option 2) is unlikely to achieve the desired risk management outcome, as much of the risk is in the overall presentation of an advertisement, not just in the therapeutic claim.

**Members agreed that a further paper should be developed for the next IAC meeting based on options 2 and 4, including the concept of delegated authorities potentially clearing advertising campaigns across all media, and including a high level cost benefit analysis for each option.**

The responsibility for in-house material (pharmacist and company) and the requirement for its pre-approval is to be noted in the paper.

The Chairman noted that the paper should also address: the potential for forum shopping, mutual recognition of advertisements approved via an existing New Zealand delegated authority operating either in New Zealand or Australia after the opening of the joint Agency; and common criteria for the appointment of DAs.

### **11.1 Agenda Item 6.1 A risk based dividing line for medical devices**

The meeting considered a late paper from the Medical Devices Advertising Review Group on proposals for approvals for medical device advertisements.

The IAC was advised that there was general consensus amongst members of the Medical Device Advertising Review Group on the approval dividing line for devices proposed in the devices paper. A key issue had been whether any particular type of device is not appropriate to be advertised to consumers, e.g. those higher risk implantable devices accessible to consumers only through a medical practitioner.

**The Chairman invited members to provide comments on the devices model to the IAC Support Group by Thursday 30 October. He requested that the Support Group convey to the Medical Devices Advertising Review Group the discussions about a risk-based dividing line for approvals for medicines advertisements, with a view to ensuring as much consistency between the approaches as possible.**

### **12 Agenda Item 7 - A proposed scheme for the approval of advertisements for therapeutic products in Australia and New Zealand.**

A paper outlining the existing Australian and New Zealand approvals processes, and the principles that would need to be incorporated into a joint model, was noted.

The New Zealand consumer representative reported on the establishment of a consultative committee set up by ANZA to allow dialogue between consumers, TAPS officers and other interested parties on advertising issues of interest to consumers.

**The Chairman noted the value of such a committee and recommended its incorporation into the new regime.**

**A single revised paper on the pre-approval of advertisements in Australia and New Zealand is to be prepared by the Support Group for consideration at the next meeting of that IAC.**

### **13 Agenda Item 8 – A proposed scheme for the handling of complaints in Australia and New Zealand.**

The Chairman reminded members of the broad approach taken in the Toogoolawa Report, including:

1. A single point of entry for consumers;
2. There would be no acceptance of anonymous complaints – only the ability for withholding of identity on request. This would provide a means of distinguishing complaints made by competitors from those made by consumers;
3. The industry complaints bodies would consider competitor vs competitor complaints and advertisements directed to healthcare professionals. Where a significant public health and safety issue were identified, the complaint would be referred to the Central Complaints Panel (CCP) for urgent action;
4. The system would be backed by transparency of process;

5. Industry complaints panels would include consumer and regulator representatives;
6. There would be improved consumer education – which may result in an increase in the number of complaints by consumers to the Central Complaints Panel.

### **13.1 Points of discussion.**

#### **13.1.1 Public health and safety**

Further to the proposal that if a public health and safety issue should arise the complaint would be referred directly to the CCP, irrespective of whether it was a competitor complaint or a complaint about advertising directed to healthcare practitioners, the IAC agreed that there was a need to clarify how “public health and safety” matters would be identified/defined. It was suggested that the definition of what constitutes a significant public health and safety issue could include, for example, the circumstance of the advertising claim going beyond the approved indications. It was noted that the market entry and approval processes would be likely to identify other issues.

**It was agreed that a definition of ‘public health and safety’ is required. Further work is to be done by the Support Group on this definition for the next meeting of the IAC.**

#### **13.1.2 Funding**

The CHC representative raised the issue of funding of industry complaints panels in support of self-regulation. This is an issue which will be addressed as part of the overall joint Trans Tasman Agency cost recovery and funding arrangements.

#### **13.1.3. Complaints – potential multiple application of sanctions/penalties**

The Pharmacy representative raised the issue of professional industry codes imposing standards over and above those applied by the Advertising Code. Potentially, this may lead to a situation where action could be taken under both codes to impose sanctions and penalties for breaches, as well as, potentially, under trade practices legislation.

It was suggested that if a complaint raised practice as well as advertising issues, the complaint would be referred to the relevant Pharmacy Board together with any outcomes from consideration of the advertising component of the complaint.

The IAC acknowledged that the model should avoid creating potential “double” or “triple” jeopardy situations and requested that interface issues and outcomes of discussions on the matter with the ACCC be included in a paper for the IAC meeting of 8 December.

#### **13.1.4 Central ‘post box’**

Members agreed that for timely and adequate recording of complaints in a central database, all complaints should, in the first instance, be directed to a single entry point for logging (as outlined in Option 3).

At this point an assessment would be made as to whether the complaint raised significant public health and safety issues before the complaint was forwarded promptly to the appropriate complaints handling body for consideration.

Timeliness of referral is to be built into the process.

#### **13.1.5 Constitution of the Central Complaints Panel**

It was proposed by the meeting that consideration should be given to the CCP being broadly representative, with its membership extending beyond the 3 members outlined in the Toogoolawa Report, to include a person with trade practices expertise, an industry representative with technical expertise and an advertising industry representative, i.e. a 6 member panel.

#### **13.1.6 Expert advice**

The meeting noted that the assessment of evidence required for substantiation of some of the claims in advertisements may be outside the expertise of the Panel, and that access to appropriate experts, or expert committees, would need to address that requirement in terms of process and resources.

#### **13.1.7 Food/Cosmetics advertisements including therapeutic claims**

The need for a complaints handling process for all advertisements containing therapeutic claims, in order to achieve a level playing field for the regulation of foods, therapeutic products and cosmetics, was recognised. This issue will be the subject of further discussion at the next meeting.

A revised paper on the handling of complaints in Australia and New Zealand, taking into account the outcomes of the discussion, is to be prepared by the Support Group for consideration at the meeting of 8 December 2003.

### **14 Agenda Item 9 – Development of a draft monitoring and evaluation framework for the trans-Tasman regulation of advertising of therapeutic products**

The Executive Secretary of the IAC Support Group invited Ms Fiona Howarth, as the consultant who developed this paper, to present the proposal for a monitoring and evaluation framework for the new advertising scheme to the IAC and participate in the discussion.

Ms Howarth noted the difficulty in establishing true baseline data prior to implementation of the new model based on the existing processes, as there are many variables influencing the administration of the existing Australian and New Zealand advertising codes. This could mean that the result could be misleading. Instead, it was suggested that this work be considered as a pilot study to gain experience in the robustness of the methodology, rather than as establishing a baseline.

Ms Howarth advocated a single point of entry for logging complaints, as this would provide greater consistency and therefore better quality data in terms of the monitoring and evaluation framework.

It was suggested that the paper be modified to take into account the meeting's earlier discussion in terms of the media industry codes and how they dovetail with the advertising controls system. It was also recommended that the monitoring and evaluation process consider the tracking of complaints handling, retractions, and the acceptance of only those advertisements with approval numbers

#### **14.1 Members suggestions for inclusion in the paper:**

- Performance indicator 3  
Inclusion of performance measures for the DAs.
- Performance indicator 4  
Inclusion of other professional bodies (as relevant) and the media.
- Performance indicator 12  
To be strengthened with consumer input from consumer groups.
- The inclusion of cost/benefit measures. For example, benefits that accrue to sponsors/consumers from the approval of advertisements need to be balanced against any costs of this activity.

#### **14.2 Technology**

The ASA representative noted the need for aligning the database software systems, which would be used for monitoring and evaluation, between the two countries and offered the use of software that is currently being developed and expected to be ready by the end of 2003 for use in New Zealand.

**The paper for Agenda Item 9 is to be adjusted to take into account the outcomes of discussion from this meeting.**

**In thanking the consultant, members expressed their appreciation for the excellence of the paper.**

## **15 Agenda Item 10 – Governance arrangements**

Issues that arose in the discussion of the paper included:

- Preliminary legal advice has indicated that the Advertising Board could be established as an expert advisory committee to the Managing Director, as well as making recommendations to the Ministerial Council;
- Industry representatives expressed the view that there should be cost recovery of centralised services, with all other services subject to market forces; and that
- fees and charges for those other services should not be locked into the legislation giving flexibility which will allow economies of scale.

**The meeting agreed on the proposed roles and functions for the Ministerial Council, the Advertising Board and the Managing Director, as they related to the advertising model being developed.**

## **16 Agenda Item 11 – Compliance and sanctions**

The meeting considered a paper outlining potential compliance processes and sanctions relating to advertising for inclusion in the joint agency legislation, and agreed with the approaches suggested.

The comments provided in a submission from Alan Limbury, including those made in relation to the use of the power to cancel licences for an advertising breach and the potential to consider other sanctions before taking this ‘final’ step, were noted.

It was suggested that Internet Service Providers (ISPs) will need to be incorporated into the compliance arrangements and that compliance arrangements will need to apply to all kinds of advertising.

An addition to the first dot point in the role of the Central Complaints Panel in Australia and New Zealand was made, so as to read that it would:

- handle complaints relating to advertising **directed to consumers.**

An addition to the last dot point of the legally enforceable directions was made to amend the power, as follows:

- destroy the advertisement **(where appropriate).**

**A revised paper for Agenda Item 11 is to be prepared by the Support Group for consideration at the next meeting.**

## **17 Other business**

The NZ consumer representative proposed that there should be a formal process for consumer input into the new advertising scheme (eg a Therapeutic Products Advertising Advisory Committee) and offered to prepare a paper on the subject for the next IAC meeting.

The Chairman suggested that regular meetings (possibly 3 per year) with consumers could be considered, in line with the recent arrangements implemented in New Zealand.

**The IAC noted that the New Zealand consumer representative would prepare a paper on existing models for consumer input which could be considered for the next IAC meeting.**

## **18 Meeting dates**

Members agreed to hold an additional 1 ½ day meeting for 20/21 November 2003 in Sydney.

Consultation meetings are as follows:

Australia, 27 November, Masonic Centre, cnr Castlereagh and Goulburn Streets, Sydney.  
New Zealand, 28 November, Wellington (location to be advised).

**The next meeting is to be held on Thursday 20 (10 am – 5 pm) and Friday 21 (8.30 am – 1 pm) November 2003.**

Thanks were extended to the Chairman, the Secretariat and to members for their input to the meeting. The meeting closed at 12.45 pm.