



# Response to Medicines Australia Transparency Model Consultation and Discussion Paper

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Australian Primary Health Care Nurses  
Association (APNA) – September 2013

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## Role of primary health care nurses in medication management

Nurses are a substantial component of the primary health care workforce, and make an increasingly important contribution to primary health care in Australia. Primary health care nurses play a major role in improving health outcomes through their role in delivering quality chronic disease management, immunisation services, and other preventative care, as well as curative care, care for the ageing, dealing with issues such as medicines safety, and implementing improvements in primary health care systems.

There are now almost 11,000 nurses working in the general practice sector alone, and the majority of general practices in Australia employ at least one nurse. In addition, nurses make an important contribution across a number of other primary health care settings, such as community health services, schools, workplace health, prisons and many other settings.

In contrast to similar overseas countries, very few nurses working in primary health care in Australia have independent prescribing rights: such rights are limited to nurse practitioners and eligible midwives.

Nevertheless, primary health care nurses can and do play an important role in medication management in general practice and other primary health care settings. This role typically includes:

- Reviewing medication use in the context of a patient's health assessment and/or the development of chronic disease plans.
- Advising patients on issues relating to quality use of medicines.
- Helping to identify patients at risk of adverse events due to poor management, poor understanding of their medication, and/or compliance issues.
- Contributing to the patient's health record including notes on medication use.
- Advising patients on, and directly administering, vaccines.
- Managing stores of medications and vaccines (including starter packs).
- Some nurses also take on more extended roles in medication management. For example, remote area nurses frequently initiate medications under standard protocols.

## Current primary health care nurse interactions with the pharmaceutical industry

In the past, individual primary health care nurses, not being prescribers, have not generally been seen as a primary audience in their own right by the pharmaceutical industry. However, this is changing as the industry increasingly recognises the growing role of primary health care nurses in medication management. In addition, those who work alongside medical practitioners, particularly in the private general practice setting, are often a secondary audience for pharmaceutical industry information, education, and hospitality. A typical example would be the inclusion of general practice nurses along with GPs in an information session provided by a pharmaceutical industry representative over a company provided lunch at the medical practice.

Primary health care nurses as a profession are certainly seen as an audience for the pharmaceutical industry, in recognition of their role in medication management. It is quite commonplace for pharmaceutical companies to sponsor or exhibit at nursing conferences; to sponsor other forms of primary health care nurse education, such as online learning; or to sponsor recognition of primary health care nurses through awards programs. As the peak professional association for primary health care nurses in Australia, APNA has had and continues to have a number of active relationships with pharmaceutical companies along these lines.

## Overall APNA response to the Transparency Model proposals

APNA is broadly supportive of the thrust of the proposed Transparency Model as set out in the Medicines Australia consultation and discussion paper, based on our organisation's in principle support for a high level of transparency in relation to pharmaceutical industry relations with health professionals, to underpin ethical dealings.

Our organisation sees it as important that:

- The Transparency Model and other elements of the Medicines Australia Code of Conduct should be mandatory, not voluntary.
- The model must be streamlined and simple to implement, and in particular designed so as not to impose a burden of record keeping and reporting on health professionals.

## Scope of the Transparency Model

APNA supports the Transparency Model applying to the whole of the pharmaceutical industry, beyond Medicines Australia members. Generic medicines and non-prescriptions medicines should also be in scope, for consistency. We note that this presents challenges to Medicines Australia administering and enforcing the regime on non-members, and that there may need to be government oversight of the arrangements.

## Application of the Transparency Model to health professionals

APNA supports the Transparency Model applying to all AHPRA-registered health professionals, and supports the use of AHPRA health professional identifiers in the administration of the model.

## Starter packs

APNA supports starter packs being excluded from the reporting regime, on the basis that the starter packs provide a benefit to patients, rather than to individual health professionals. However, as starter packs are likely to (and no doubt are intended to) influence future prescribing patterns, APNA suggests there needs to be an alternative means for transparent reporting of the provision of starter packs to health providers.

## Process and thresholds for reporting

As noted above, a key aim must be to minimise red tape and reporting burdens for health professionals. APNA supports the proposal that the onus is on companies to keep and publish records annually, and that health professionals will have the opportunity to view and challenge the record relating to them before it is published. The system must above all be based on simplicity, low cost, and procedural fairness.

In relation to the two options proposed for minimum reporting thresholds, not having been party to the development of these options, it is difficult for APNA to assess their relative merits. Our view is that the thresholds should be based on evidence that meaningful information on above-threshold payments can be practicably collected and attributed to individuals, and that there will not be perverse incentives for companies or health providers to disguise payments or find loopholes.

## Exemptions from reporting

APNA supports the proposal that sponsorship for accredited education courses is exempted from reporting, with the provisos suggested in the consultation paper. APNA also supports the exemption of pharmaceutical company sponsorship and exhibition at conferences on the basis that it is not practicable to assign a monetary benefit to individual attendees, though it does need to be ensured that loopholes are not developed to allow select groups to receive largesse which is not transparently reported. APNA further suggests the explicit exemption of other forms of education and professional development sponsored by pharmaceutical companies, including online learning courses, where it is similarly not possible to assign a monetary benefit per user.

However, while we support exemption of reporting of benefits relating to individual health professionals for participation in sponsored activities, we do support transparency in relation to the declaration of sponsorship by providers of such professional development courses.

It will be important to have clarity in relation to the circumstances in which payments made to individual health professionals via professional associations such as APNA, using funds sourced from pharmaceutical companies, are either included or exempted from reporting. For example, companies may provide professional associations with funds for health professional awards. This is an accepted and valid process, but if exempted could be used as a loophole to avoid reporting.

Similarly, it will be important to have clarity in regard to whether any payments made via professional associations or direct to individual health professionals from Medicines Australia itself, are reportable.



## **About APNA**

The vision of the Australian Primary Health Care Nurses Association (APNA) is for a healthy Australia through best practice primary health care nursing.

APNA is the peak professional body for nurses working in primary health care including general practice. With more than 3500 members, APNA provides primary health care nurses with a voice, access to quality continuing professional development, educational resources, support and networking opportunities.

APNA continually strives to increase awareness of the role of the primary health care nurse, and to be a dynamic and vibrant organisation for its members.

Primary health care nursing is wide ranging and covers many specialist areas including general practice, Aboriginal health, aged care, occupational health and safety, telephone triage, palliative care, sexual health, drug and alcohol issues, women's health, men's health, infection control, chronic disease management, cardiovascular care, immunisation, cancer, asthma, COPD, mental health, maternal and child health, health promotion, care plans, population health, diabetes, wound management and much more.

APNA aims to:

1. Support the professional interests of primary health care nurses
2. Promote recognition of primary health care nursing as a specialised area
3. Provide professional development for primary health care nurses
4. Represent and advocate for the profession
5. Collaborate with other stakeholders to advance our mission
6. Ensure a sustainable and growing professional association, by and for primary health care nurses.