

# Report on AHPRA forum: Responsible advertising in healthcare

**August 2017**

Melbourne, Victoria



Australian Health Practitioner Regulation Agency

Aboriginal and Torres Strait  
Islander health practice  
Chinese medicine  
Chiropractic  
Dental  
Medical  
Medical radiation practice  
Nursing and Midwifery

Occupational therapy  
Optometry  
Osteopathy  
Pharmacy  
Physiotherapy  
Podiatry  
Psychology

# Report on the AHPRA and National Boards forum

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Report published November 2017

## Responsible advertising in healthcare

### Contents

<b>Executive summary</b> .....	<b>1</b>
<b>Background</b> .....	<b>5</b>
<b>Welcome and introductory remarks</b> .....	<b>5</b>
<b>Advertising and the National Law</b> .....	<b>6</b>
<b>Overview of AHPRA’s strategy</b> .....	<b>6</b>
<b>Strategy implementation</b> .....	<b>7</b>
<b>Early results</b> .....	<b>8</b>
<b>Panel sessions</b> .....	<b>8</b>
<b>Discussion themes</b> .....	<b>9</b>
<b>Implementing the strategy for best effect</b> .....	<b>9</b>
<b>Progress to date</b> .....	<b>10</b>
<b>Relationship between Parts 7 and 8 of the National Law</b> .....	<b>10</b>
<b>Application when practitioners provide both regulated and unregulated health services</b> ....	<b>11</b>
<b>Practitioner understanding of the regulatory framework</b> .....	<b>11</b>
<b>Consumer understanding of the regulatory framework</b> .....	<b>11</b>
<b>Role of professional associations and insurers</b> .....	<b>12</b>
<b>Adequacy of evidence</b> .....	<b>12</b>
<b>Use of testimonials</b> .....	<b>13</b>
<b>Consumer protection</b> .....	<b>13</b>
<b>Summary and thanks</b> .....	<b>14</b>
<b>Attachment 1 – Forum program</b> .....	<b>15</b>
<b>Attachment 2 – Panel sessions</b> .....	<b>16</b>
<b>Approaches to supporting compliance</b> .....	<b>16</b>
<b>Perspectives on advertising and consumers</b> .....	<b>18</b>
<b>Looking to the future – working together</b> .....	<b>20</b>

## Executive summary

On 9 August 2017, the Australian Health Practitioner Regulation Agency (AHPRA) hosted a forum for a broad range of stakeholders on 'Responsible advertising in healthcare' (the forum). It followed a successful forum on advertising that was jointly hosted by the Chiropractic Board of Australia and AHPRA in July 2016.

The forum enabled stakeholders to provide feedback on the early results and implementation of the AHPRA and the National Boards' *Advertising compliance and enforcement strategy for the National Scheme* (the strategy), and to raise issues and opportunities for further improvements.

The strategy was developed in response to a high number of complaints to AHPRA about advertising of regulated health services by health practitioners and other advertisers.

Section 133 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), sets out advertising restrictions in relation to regulated health services and is supported by *Guidelines for advertising regulated health services* (the guidelines) jointly developed by the National Boards under section 39 of the National Law. Review of the guidelines has started and AHPRA is seeking stakeholder input into the review process.

The increasingly complex regulatory environment is affected by increasing corporatisation of, and competition between, healthcare providers, together with the rapid development of advertising and online consumer review forums on social media.

AHPRA's approach to advertising compliance was explained at the forum. It has established a dedicated Advertising Compliance Team to deal with the majority of advertising complaints that are low or moderate risk. The team works closely with AHPRA's Legal Team and Policy and Communications Teams.

A combination of powers under Part 7 and Part 8 of the National Law are used to enforce advertising compliance. The Advertising Compliance Team deals with Part 8 actions arising from low to moderate risk complaints, whereas the Legal Team deals with all Part 7 actions.

The strategy is to initially educate and guide practitioners, providing resources to help compliance while reserving sanctions for serious and/or intractable non-compliance. The strategy recognises that if a health practitioner is provided with relevant information but chooses not to comply, there are grounds to propose disciplinary action in relation to their professional conduct under Part 8 of the National Law, which enables imposition of restrictions on registration without prosecution.

The weight of action taken escalates as a practitioner's non-compliance and risk to the public increases. For the most serious matters, practitioners may be referred to a panel or tribunal under Part 8. The ability to prosecute in local courts under Part 7 is reserved for appropriate cases, particularly when there is persistent non-compliance, significant risk to the public and/or significant likelihood of misleading or deceiving the public.

AHPRA has committed to publicising successful enforcement actions widely, for the purposes of education and deterrence.

Early results of implementation of the strategy, which began in late May 2017, have been encouraging. A significant proportion of practitioners under assessment are now demonstrating compliance. The establishment of the Advertising Compliance Team has enabled a timely response to complaints, resulting in a quicker turnover and assessment of matters.

The team is about to start auditing advertising of those subject to complaints to determine if the observed compliance rate is sustained. AHPRA will then report on compliance rates and outcomes of enforcement activities. Analysis of those data will inform continuing review of the strategy, identify profession-specific differences in compliance rates and inform future strategic directions and ensure sustainable change.

The forum included panel presentations and discussion on the following topics:

- Driving compliance.

- Advertising and consumers.
- Looking to the future – how can we work together to ensure responsible advertising that supports good healthcare decision-making?

A number of themes, summarised below, were discussed at the forum.

### **Implementing the strategy**

Participants acknowledged the significant progress in developing the strategy, and its early success. Changes in conduct by a significant proportion of health practitioners who have been subject to complaints have been observed.

It was noted, however, that there is considerable work still to be done, with widespread advertising in at least one profession that appears to contradict explicit guidance from the relevant National Board. Concern was also expressed about the emergence of third party consumer review websites.

Participants discussed the best ways to sustainably change practitioner behaviour, including the appropriate balance between education and penalties, the need for approaches to behavioural change to be evidence-based, the opportunity to communicate the benefits of compliant advertising in terms of professional credibility and trustworthiness and the potential role of proactive audit in future in conjunction with the current approach of audits following a complaint.

The difficulty, cost and appropriateness of proactively auditing the vast number and range of print- and web-based advertisements across the professions was discussed. AHPRA representatives advised that the strategy is still in its early days and the need for random or systematic audit in the absence of a complaint will continue to be considered.

AHPRA and National Board representatives reiterated their commitment to ensuring the success of the strategy. Progress will be monitored and action will continue to be taken where non-compliance is established.

### **Practitioner and consumer understanding of the regulatory framework**

Participants discussed the challenges of ensuring both practitioners and consumers understand the regulatory framework. AHPRA, National Boards, professional associations and insurers are making education and guidance material available to practitioners.

AHPRA is working on consumer understanding with its Consumer Reference Group, and also on a project with the Consumer Health Forum to understand how it best engages with vulnerable populations and how consumers can be empowered to access appropriate information.

### **Relationship between Parts 7 and 8 of the National Law**

It was confirmed that enforcement action in relation to advertising and/or providing a health service where the National Board has published relevant guidelines may be pursued through an advertising action under Part 7 and/or a professional conduct action under Part 8. There is a considerable emphasis on professional conduct pathways in the strategy, with prosecution under Part 7 reserved for the most serious and/or intractable cases.

### **Establishing an evidence base**

It was agreed that there is an opportunity for the National Boards to better communicate and educate advertisers about what constitutes acceptable evidence in relation to advertised services. National Boards have published common messages about acceptable evidence for advertising; however, this is not well understood by advertisers. AHPRA and National Boards are doing further work to make sure these messages are clearer and more accessible to practitioners.

It was noted that an evidence basis is not available for all health services and the regulatory regime supports consumer choice. Provision of services for which there is not an established evidence base may, therefore, be appropriate in certain circumstances, for example if:

- such provision accords with professional conduct standards (including providing care on the basis of clinical need, working within an appropriate scope of practice and obtaining informed consent), and
- unsubstantiated claims are not made about the efficacy, appropriateness or safety of the services.

### **Consumer protection**

Participants noted the overall low health literacy of Australian consumers. The continuing application of the *Australian Consumer Law (ACL)* across all health services, including those that are not regulated under the National Law, was also noted.

It was confirmed that the National Law does not establish mechanism for conciliation and/or to facilitate compensation for consumers who have been harmed by misleading or deceptive advertising or powers for AHPRA or National Boards to provide health support to affected consumers.

### **Next steps**

AHPRA will:

- Continue to work with the National Boards and the professions to promote compliance with the advertising requirements of the National Law, with the goal of protecting patient and public safety and supporting public access to clear and correct information.
- Continue to educate:
  - health practitioners and other advertisers of regulated health services, about the type of advertising that is problematic and AHPRA's approach to compliance, and
  - consumers about the role of AHPRA, the National Law, understanding advertising content and asking appropriate questions.
- Continue to implement a range of responses to non-compliant advertising, proportionate to the potential for harm of the conduct.
- Consider ways to communicate positively to health practitioners about concepts such as professionalism and the benefit for practitioners and patients of responsible advertising.
- Consider ways to 'close the loop' with consumer complaints which may include providing consumers with advice about other avenues for redress that are available to them.
- Following the initial evaluation of the strategy, consider whether reliance on complaints to drive compliance action is adequate, or whether the strategy may need to be supplemented with proactive auditing or other approaches.

Participants were reminded that National Boards and AHPRA are starting to review the advertising guidelines. Broad consultation will take place in 2018. We invite participants to put forward suggestions for improvement of the guidelines.



## Background

On 9 August 2017, AHPRA hosted a forum for a broad range of stakeholders on 'Responsible advertising in healthcare'. The forum followed a successful forum on advertising that was jointly hosted by the Chiropractic Board of Australia and AHPRA in July 2016.

The purpose of the forum was to:

- continue a conversation around advertising compliance, focusing on proactive approaches and supporting voluntary compliance by those advertising regulated health services
- broaden discussion across the National Registration and Accreditation Scheme (the National Scheme) about achieving responsible advertising by all registered health practitioners
- build on AHPRA's work to support informed healthcare choices by consumers as outlined in its *Advertising compliance and enforcement strategy for the National Scheme*, and
- provide an opportunity to hear from stakeholders about their early experiences with the strategy and to explore areas for future work, including collaboration with stakeholders to support responsible advertising practices.

Forum participants came from a range of sectors and organisations including national health practitioner boards, professional associations, consumer organisations and other regulatory agencies including the Australian Competition and Consumer Commission (ACCC) and the Therapeutic Goods Administration (TGA).

The forum program is included at **Attachment 1**.

This is the report of the forum.

## Welcome and introductory remarks

Mr Martin Fletcher, Chief Executive Officer (CEO) of AHPRA, and Dr John Lockwood, chairman and practitioner member of the Dental Board of Australia, welcomed participants and made some introductory remarks.

Mr Fletcher:

- Noted that responsible advertising has been an important focus of the National Scheme, with AHPRA seeking to:
  - ensure responsible advertising about regulated health services in order to keep the public safe from false or misleading claims, and
  - support public access to clear and correct information to help them make informed choices about their healthcare.
- Emphasised AHPRA's commitment to working in partnership with providers and consumers in the area of responsible advertising, with the forum presenting an opportunity for AHPRA to bring people and perspectives together, receive feedback and foster engagement in AHPRA's work.
- Announced that AHPRA had recently, for the first time, laid charges against a corporation for breaching the National Law prohibition on misleading advertising of regulated health services.

Dr Lockwood noted that:

- Australia's health ministers have affirmed the underpinning principles of, and the advertising provisions contained in, the National Law and AHPRA must work within that regulatory framework.
- Previously, legislation restricted marketing by practitioners to installing nameplates of limited size and publishing changes of address. Ensuing compliance was relatively straightforward. The legislation now allows for responsible communication about treatments to consumers.
- Many health practitioners are commercial business operators under considerable cost pressure. There are high levels of competition. Marketing is a legitimate business tool, which is part of many practitioners' business plans. Practitioners are often subject to marketing by professionals about how to improve their businesses through advertising.
- There has been huge growth in online advertising and use of social media, and new platforms and methods of delivery of messages about services.

- A large number of allegations of unlawful advertising have been made to AHPRA, mainly relating to advertising by health practitioners.
- The regulator needs to establish appropriate thresholds of non-compliance before taking action, and also has a preventive role.
- Some practitioners appear to view fines for unlawful advertising as a cost of business. Most are more responsible.
- Non-compliance with the advertising provisions of Part 7 of the National Law can also be addressed under the conduct provisions in Part 8. The interaction between Parts 7 and 8 is addressed in AHPRA's strategy.

## Advertising and the National Law

### Overview of AHPRA's strategy

Mr Chris Robertson, AHPRA's Executive Director, Strategy and Policy, discussed the operation of section 133 of the National Law (reproduced below):

#### 133 Advertising

(1) A person must not advertise a regulated health service, or a business that provides a regulated health service, in a way that—

- (a) is false, misleading or deceptive or is likely to be misleading or deceptive; or
- (b) offers a gift, discount or other inducement to attract a person to use the service or the business, unless the advertisement also states the terms and conditions of the offer; or
- (c) uses testimonials or purported testimonials about the service or business; or
- (d) creates an unreasonable expectation of beneficial treatment; or
- (e) directly or indirectly encourages the indiscriminate or unnecessary use of regulated health services.

Maximum penalty—

- (a) in the case of an individual—\$5,000; or
- (b) in the case of a body corporate—\$10,000.

(2) A person does not commit an offence against subsection (1) merely because the person, as part of the person's business, prints or publishes an advertisement for another person.

(3) In proceedings for an offence against this section, a court may have regard to a guideline approved by a National Board about the advertising of regulated health services.

(4) In this section—

*regulated health service* means a service provided by, or usually provided by, a health practitioner.

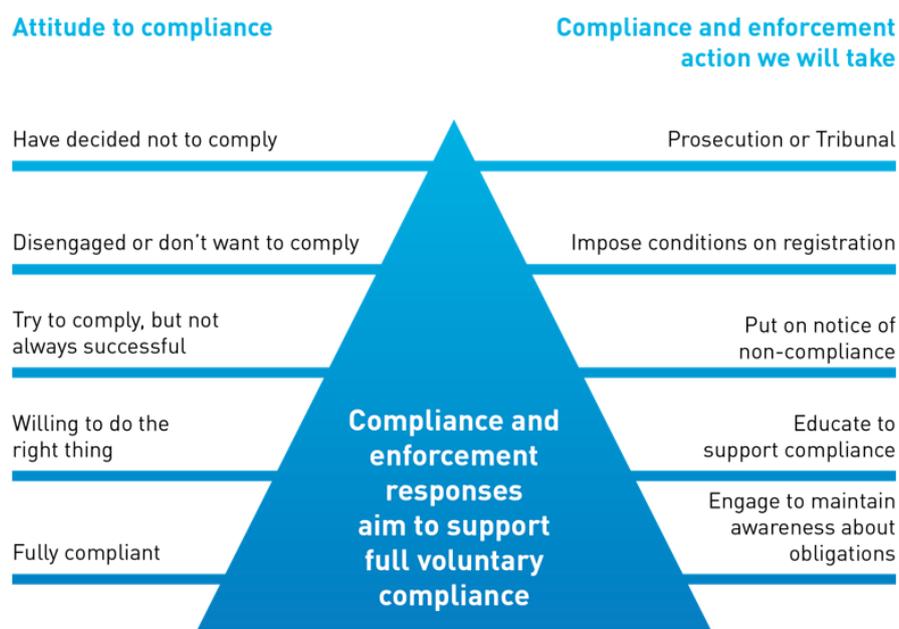
He noted that:

- AHPRA's role is not to hinder business or be anticompetitive. Its goal is keeping the public safe. Most, but not all, practitioners share that goal.
- AHPRA's advertising and enforcement strategy is based on the following five principles:
  - risk-based
  - targeted
  - proportionate
  - transparent, and
  - engaged.

- Other laws including the ACL prohibit misleading and deceptive conduct. These laws also apply to the advertising of health services, in conjunction with the National Law.
- AHPRA is very conscious of the consumer voice and recognises the importance of population health literacy. The public needs to be empowered to understand advertising content and ask appropriate questions about advertised health services. This is a key component of AHPRA's work.
- There is a close working relationship between AHPRA and the National Boards to develop high quality resources to support practitioner engagement and education. Most of those resources are available online.
- *Guidelines for advertising regulated health services* were jointly developed by the National Boards under section 39 of the National Law. Review of the guidelines has started and AHPRA seeks stakeholder input into the review process.
- Practitioners exhibiting more extreme examples of non-compliance with the advertising provision of the National Law have been prosecuted successfully. Prosecution outcomes have been shared with the public and other registered health practitioners, promoting a clear, collective understanding of the consequences of non-compliance. Ultimately, non-compliance and/or high risk conduct will be addressed through prosecution or tribunal action.

AHPRA's compliance and enforcement approach is illustrated in Figure 1.

Figure 1: AHPRA's pyramid of compliance and enforcement.



### Strategy implementation

Ms Kym Ayscough, AHPRA's Executive Director, Regulatory Operations, noted that:

- The high volume of complaints received by AHPRA during 2016 led it to review its approach to compliance.
- AHPRA has established a dedicated Advertising Compliance Team, which works closely with the Legal Team and the Policy and Communications Teams.
- AHPRA's powers under Part 7 of the National Law enable it to prosecute alleged offenders in local courts, however, the approach is resource intensive and time consuming. AHPRA has decided that prosecution is not warranted in most cases where offending is lower risk. Further, the effect of a successful prosecution, while significant for the individual practitioner, is usually not significant for the broader profession.
- AHPRA's strategy is to initially educate and guide practitioners, providing resources to help compliance, while reserving sanctions for serious and/or intractable non-compliance:

- The strategy recognises that if a health practitioner is provided with relevant information but chooses not to comply, there are grounds to investigate their conduct under Part 8 of the National Law, which enables imposition of restrictions on registration without prosecution.
- The weight of action taken escalates as a practitioner's non-compliance and risk to the public increases. For the most serious matters, practitioners may be referred to a panel or tribunal under Part 8.
- The ability to prosecute in local courts under Part 7 is kept and used for appropriate cases, particularly when there is persistent non-compliance, significant risk to the public and/or significant likelihood of misleading or deceiving the public.
- Where there is a concern about breach, practitioners receive a letter that includes educational material. If a preliminary assessment of compliance is satisfactory, the case is closed. If there is an assessment of low or moderate risk, however, the complainant is notified that the matter will be followed up and the practitioner is advised of that assessment and requested to ensure compliance with the National Law by a specific date. The practitioner's advertising material is then monitored.
- If there is continuing non-compliance, a 'show cause' notice is issued and the Board considers the practitioner's response and makes a decision about imposition of restrictions on registration. If the Board imposes restrictions, the practitioner's compliance is monitored and reviewed regularly. If there is continuing non-compliance, a practitioner may be referred to a tribunal for failing to comply with conditions imposed on registration.
- A practitioner can apply to the relevant Board for removal or amendment of conditions. The Board reviews relevant material and makes a decision to not remove conditions, modify conditions or continue to apply conditions.

## Early results

Ms Ayscough reported achievement of the following early results since the Advertising Compliance Team began its work in late May 2017:

- 1,397 complaints spanning 12 of the 14 professions, previously held and managed by the Legal Team, were transitioned to the Advertising Compliance Team at that time. Of those, 808 have been assessed and 308 have been assessed as compliant. Letters requesting compliance have been sent to 461 practitioners.
- It is assumed that the compliance rate of about 38 per cent in this group is because of the extensive education programs that have been implemented recently.

The establishment of the Advertising Compliance Team has enabled a timely response to complaints, resulting in a quick turnover and assessment of matters. The team is about to start auditing advertising of those subject to complaints, to determine if the observed compliance rate is sustained. AHPRA will then report on compliance rates and outcomes of enforcement activities.

Analysis of those data will inform continuing review of AHPRA's strategy, identify profession-specific differences in compliance rates and identify future strategic directions to ensure sustainable change.

## Panel sessions

Panel sessions, each involving four presenters, were held on the following topics:

- Driving compliance.
- Advertising and consumers.
- Looking to the future – how can we work together to ensure responsible advertising that supports good healthcare decision-making?

A summary of presentations by panel members is included at **Attachment 2**.

A number of themes, summarised below, emerged from the panel sessions and associated facilitated discussions.

## Discussion themes

### Implementing the strategy for best effect

Participants discussed the most effective ways of promoting and ensuring compliance with the National Law. There was discussion about the concept of 'nudges' and 'shoves'. There was some support for high penalties as general deterrence; however professional association representatives suggested the pendulum may have swung too far and some professions believe they are being unfairly targeted.

A representative from the ACCC described their agency's robust approach to enforcement when conduct is high risk or repeated. The objective is to stop the conduct.

AHPRA representatives expressed their commitment to evidence-based approaches to achieving behavioural change. It was suggested that strategies need to be multifaceted, and that demonstrating transparency and working strategically with stakeholders can be more effective than prosecuting every episode of non-compliance.

There was discussion about the standard letters that are sent to practitioners when a compliance concern is identified. Professional bodies are receiving requests for help from practitioners who receive a letter but do not understand what is wrong with their advertising. Sometimes, the professional bodies also have difficulty identifying the problem.

It was suggested that:

- practitioner understanding would be improved if examples of the alleged non-compliance were provided
- there may be benefit in an informal initial approach, by telephone, and
- natural justice requires the regulator to provide specific details of what is alleged, in the initial letter.

AHPRA representatives clarified, however, that the initial letter is intended to inform and educate, put practitioners on notice and provide generic resources to help with compliance. It is not intended to represent the start of disciplinary action. It would be inappropriate for AHPRA to provide specific particulars at that stage. Provision of examples may wrongly suggest that they are the only potential breaches. If disciplinary action is started later, specific particulars are provided and the practitioner is provided the opportunity to respond.

It was noted that AHPRA, the National Boards, the professional associations and insurers are all producing education and training material and tools to help practitioners with compliance. It was suggested that specific education should be incorporated into undergraduate curricula. Participants agreed that most health practitioners leave university with no understanding of national advertising regulations and that practitioners' poor knowledge of the advertising requirements often continues as their practices mature.

It was suggested that:

- care needs to be taken with communication, as promulgating information about general non-compliance can influence group behaviour negatively, and
- it may be beneficial to position advertising compliance in terms of gains rather than losses – that is, communicating the benefits of compliant advertising to practitioners and patients in terms of professional credibility and trustworthiness.

The benefit of identifying leaders in professions to promote messages about good practice was discussed.

A number of participants suggested that proactive random or systematic audits may be more appropriate than limiting AHPRA's compliance activity to addressing complaints. It was suggested that the current compliance rate is unsatisfactory and that unannounced practice audits would ensure practitioners understood AHPRA was taking the issue seriously.

AHPRA representatives confirmed that AHPRA is a risk-based regulator that reacts to notifications and complaints. Under the new strategy, AHPRA will audit advertising following a complaint but otherwise it does not audit advertising.

There was discussion about the difficulty and cost of proactively auditing the vast number and range of print and web-based advertisements across the professions and whether that would be an appropriate application of funds in a registrant-funded scheme.

It is hoped that the combination of education, training and support for practitioners, a strong enforcement approach for continuing non-compliance and active publication of the outcomes of enforcement action will be effective in sustainably changing practitioners' conduct. Early results are encouraging. AHPRA representatives advised that the effectiveness of the strategy will be monitored and the approach will be modified as needed.

The issue of addressing complaints about practitioners registered in New South Wales (NSW) that are not resolved following AHPRA's initial contact was discussed. It was noted that at this early stage in implementing the strategy, there have been no cases of escalation of non-compliance to a National Board. AHPRA has been working closely with the Health Professional Councils Authority and Health Care Complaints Commission in NSW to discuss why AHPRA sees non-compliance ultimately as a conduct matter that would be referred for consideration in that co-regulatory space.

### **Progress to date**

Participants acknowledged the significant progress that has been made in developing a strategy and addressing complaints, and the early success of the strategy.

It was suggested, however, that despite AHPRA and the National Boards making very clear their intention to ensure compliance with section 133 of the National Law, blatant non-compliance continues in some professions.

Concern was also expressed about the emergence of third party consumer review websites. Some participants questioned the focus of AHPRA's strategy on registered practitioners, when from their perspective this type of third party advertising raises greater concern. It was agreed that third party endorsement sites are becoming more prominent but it was noted that a practitioner may not be in control of a site that promotes their services.

The relative newness of the strategy was noted and it was suggested that it would be appropriate to review compliance rates in a few months.

### **Relationship between Parts 7 and 8 of the National Law**

Some speakers and participants suggested it is illogical that there is a ban on making unsubstantiated claims in advertisements when they believe there is not a corresponding ban on:

- making similar claims in one-on-one consultations, and/or
- providing services for which there is not an adequate evidence base.

The relationship between Parts 7 and 8 of the National Law was discussed. It was confirmed that enforcement action in relation to advertising and/or providing a health service where the relevant board has published relevant guidelines may be pursued through an advertising action under Part 7 and/or a professional conduct action under Part 8.

It was also confirmed that practitioners who make a misleading or deceptive claim in a one-on-one consultation risk professional conduct sanctions under Part 8 of the National Law.

It was noted, however, that under the National Law, the evidence needed for therapeutic claims in advertising and the evidence to be used in clinical decision-making about particular treatments is different. A higher standard of evidence is needed to support claims made in advertising regulated health services. This is because in advertising, a statement may be easily misinterpreted or taken out of context and then become misleading. It is the overall impression created by the advertising that will be judged and, as such, it is possible for statements that are technically true to be misleading or deceptive in certain contexts.

## **Application when practitioners provide both regulated and unregulated health services**

The application of the advertising regulations when registered practitioners provide unregulated health services in addition to regulated health services (e.g. a Chinese medicine practitioner who also provides naturopathy services) was questioned.

The restriction on advertising in section 133 of the National Law is limited to advertising regulated health services and businesses that provide regulated health services. Regulated health services are health services provided by, or usually provided by, a registered health practitioner.

AHPRA representatives took the question on notice.

## **Practitioner understanding of the regulatory framework**

Participants suggested that many practitioners who experience difficulties with compliance are busy business people working in highly competitive environments who have little understanding of the regulatory framework. Typically, they delegate considerable responsibility to their practice staff and are vulnerable to misinformation promulgated by providers of advertising services.

A number of professional associations are taking an active role in educating and supporting their members.

AHPRA representatives emphasised their intent to continue to develop guidance material, with a focus on providing generic examples of good, concerning and unacceptable advertising. There is a commitment to clarity about what is appropriate, and to continuing to work closely with professional associations and AHPRA's Professions Reference Group to develop mutual approaches to supporting understanding and compliance.

There was discussion about including education about the advertising regulatory framework in mandatory continuing professional development (CPD) programs for practitioners and in undergraduate training programs. Some professional associations already include relevant modules in webinar format in their mandatory CPD programs, but practitioners have discretion as to which modules they complete. It was suggested that mandating completion of a relevant CPD program may be warranted.

Some participants suggested that an excessive volume of guidance material impairs compliance.

## **Consumer understanding of the regulatory framework**

Participants suggested that:

- consumers lack knowledge that health services are 'services' regulated by the ACL
- some health practitioners may misrepresent to consumers that the ACL does not apply to healthcare, particularly in relation to Medicare-funded services, and
- AHPRA's direct interaction with consumers needs to be strengthened. AHPRA should advertise on television and provide tools to support consumers to ask appropriate questions of health service providers.

It was agreed that it would be desirable to improve consumer awareness, although AHPRA representatives raised concerns about the cost and effectiveness of a substantial consumer support campaign. They agreed that AHPRA has a role in publicising information about its role and the applicable laws and regulations. AHPRA works closely with a Consumer Reference Group to understand consumer awareness and issues for consumers, and is also working with the Consumers Health Forum to understand how it best engages with vulnerable populations and how consumers can be empowered to access appropriate information.

It was noted that the ACCC issues publications to consumers about how to identify misleading advertising, and that it might be desirable to issue a publication in association with AHPRA.

## Role of professional associations and insurers

Professional association representatives described their active roles in educating their members, supporting good practice and providing individual support to practitioners whose advertising practice is questioned by AHPRA.

It was suggested that:

- there is an ongoing role for the professions in reviewing and shaping culture
- similar to the approach in the 'Choosing Wisely' campaign<sup>1</sup>, the professions should be reflecting on what they are telling consumers that is not true and what they can do about it, and
- the professions, as much or more than the regulator, have a key role in addressing cultural and academic problems in their ranks.

It was noted that AHPRA refers practitioners about whom there is a compliance concern to their professional associations for support and guidance.

Professional indemnity insurance (PII) representatives reported that they investigate recurring themes in claims, but do not see it as their role to audit members' advertising. They use claims intelligence to provide tools for insured members to self-identify poor practices. Their role is mainly at inception and renewal of cover. It was suggested that policy coverage could be jeopardised by an ongoing and deliberate breach.

## Adequacy of evidence

It was suggested that there are different interpretations of the term 'evidence base'. The difficulty of identifying the evidence for some services and determining whether the information is from a reputable source was discussed. It was suggested, however, that there is good academic agreement on what type of evidence is acceptable, which needs to be better communicated to the professions.

There is an opportunity for the National Boards to reinforce the common messages published about what constitutes acceptable evidence and look at what further education activities are needed to improve understanding of the evidence base for therapeutic claims.

In relation to the standard of evidence needed to make certain claims, the TGA's reforms to the regulatory framework for over-the-counter medicines, in which various levels of evidence are required depending on the level of risk, were referred to. The consistency (and, therefore, clarity to consumers and practitioners) of the various regulators' approaches to defining what constitutes 'evidence' was discussed. AHPRA representatives responded by highlighting AHPRA's commitment to understanding other regulators' regimes and achieving consistency where possible, recognising the different regulatory models that underpin each regimen. The work of the Consumer Health Regulators Group of which AHPRA is a member (with the ACCC and TGA) is an example of this.

It was suggested that investment in data and digital capture is needed to support development of a reliable evidence base. It was noted that an evidence basis is not available for all health services and the regulatory regime supports consumer choice. Provision of services for which there is not an established evidence base may, therefore, be appropriate in certain circumstances, for example if:

- such provision accords with professional conduct standards (including providing care on the basis of clinical need, working within an appropriate scope of practice and obtaining informed consent), and
- unsubstantiated claims are not made about the efficacy, appropriateness or safety of the services.

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<sup>1</sup> Choosing Wisely Australia® is an initiative that brings the healthcare community together to improve the quality of healthcare through considering tests, treatments, and procedures where evidence shows they provide no benefit or, in some cases, lead to harm. Led by Australia's colleges and professional societies and facilitated by NPS MedicineWise, Choosing Wisely Australia challenges the way we think about healthcare, questioning the notion 'more is always better'. See [www.choosingwisely.org.au/home#clinicians](http://www.choosingwisely.org.au/home#clinicians).

## **Use of testimonials**

AHPRA representatives were asked for their views on health insurers using websites to publish consumer ratings of outcomes (not necessarily with evidence) and to discuss the quality of service consumers can expect. They responded that the National Law is not about quashing community debate or stopping people building community or sharing information. However, if practitioners control the information they must ensure it complies with the National Law. AHPRA also works with other regulators when the conduct may be systemic in nature.

It was suggested that testimonials are a reality of contemporary life and that a contemporary definition of the problem and an effective approach to dealing with it are needed. Some participants emphasised, however, the harm caused by testimonials and the need to maintain a very robust regulatory approach.

## **Consumer protection**

Participants highlighted the vulnerability of consumers and the need for regulators to provide high levels of consumer protection. The low health literacy of Australian consumers, with fewer than 40 per cent having adequate levels, was noted. The particular vulnerability of families with children with chronic conditions, and the serious consequences of any delay in evidence-based treatment for some patient groups (e.g. children with autism and for people with cancer) were discussed.

It was noted that AHPRA is an active participant with the ACCC and the TGA, in the Consumer Health Regulators Group, sharing information and work on how regulators can support consumers.

There was discussion about a perceived 'uneven playing field' between regulated and unregulated practitioners, which affects consumers. It was noted that regulatory arrangements for the unregistered health professions were examined by Australian health ministers as part of a review conducted between 2010 and 2015.

Following a Ministerial Council decision of 17 April 2015 to implement a national code of conduct for healthcare workers, a number of states and territories have enacted 'code regulation' regimes.

Participants were advised that in NSW the Health Care Complaints Commission can address complaints about unregulated practitioners and can hear complaints from people who are not patients, although there are some resource challenges.

The applicability of non-health-specific legislation (including the ACL) to all health practitioners who deliver services, regardless of their registration status, was also emphasised, although it was noted that some specific provisions of the National Law are very helpful additions to the ACL.

ACCC representatives emphasised that both regulated and unregulated practitioners are subject to section 29 of the ACL. Conduct and omission can both amount to representation and failure to give a full account of a service can be misleading. The ACCC receives complaints about both regulated and unregulated practitioners and works with AHPRA to ensure a coordinated approach, although if AHPRA has power to deal with a complaint the ACCC generally vacates the field.

It was noted that penalties for breach of section 133 of the National Law are extremely low compared to those available to the ACCC.

The need for financial restitution for consumers who have been induced to pay for unnecessary, ineffective and/or harmful services, and help for consumers who have suffered harm as a result of inappropriate advertising, was raised.

It was confirmed that the National Law does not establish mechanism for conciliation and/or to facilitate compensation for consumers who have been harmed by misleading or deceptive advertising, or powers for National Boards to provide health support to affected consumers.

## Summary and thanks

Mr Michael Gorton AM, Chair of the Agency Management Committee, thanked participants on behalf of AHPRA, emphasising:

- AHPRA's core goal of patient and public safety
- AHPRA's concern about both advertising and practice
- misleading information and inappropriate treatment create harm and stress and may be unethical
- the advertising provisions in the National Law are not new. They have existed in consumer law and in codes of the various regulatory boards for decades
- a risk-based approach needs a range of strategies that are proportionate to the potential for harm of the conduct
- there are many disruptors in the modern world including corporatisation of health, social media, changed management of complaints and the work of organisations such as Friends of Science in Medicine (FOSM), which has contributed to AHPRA adopting a different approach
- there is a need to 'close the loop' with consumer complaints which may include providing consumers with advice about other avenues available to them
- AHPRA also needs to be clearer with health practitioners about the type of advertising that is problematic. Fundamentally, however, practitioners' responsibility is to tell the truth, not make claims they cannot live up to and not engage in unethical practices
- there is evidence that the strategy is working with chiropractors, who are demonstrating a higher compliance rate than other professions, supporting the risk pyramid approach adopted by AHPRA
- AHPRA will need to consider whether reliance on complaints is sufficient in its risk-based approach and will look at random audits as part of that, and
- there is merit in a more positive approach based on concepts of professionalism and benefit for practitioners and patients.

Dr Charles Flynn, Chair of the Physiotherapy Board of Australia, made some summary and closing remarks on behalf of the National Boards, noting:

- immense changes in communications
- the difficulties AHPRA and the National Boards have faced in advertising, and
- the importance of hearing from consumers.

He noted a number of key themes, including:

- continued input from consumers
- work on health literacy, and
- an opportunity for associations to work more closely with AHPRA and their members.

He thanked presenters and participants, and confirmed that AHPRA and the National Boards are keen to continue to hear stakeholder feedback. Discussion and feedback from the forum will be carefully considered and fed into evaluating strategies and the review of the advertising guidelines.

Participants were reminded that National Boards and AHPRA are starting to review the advertising guidelines. Broad consultation will take place in 2018. We invite participants to put forward suggestions for improvement of the guidelines.

## Attachment 1 – Forum program

### Responsible advertising in healthcare forum program

**Forum date:** 9 August 2017

**Forum venue:** Park Royal Hotel  
Melbourne Airport

#### Purpose:

The purpose of this forum is to:

- continue a conversation around advertising compliance, focusing on proactive approaches and supporting voluntary compliance by those advertising regulated health services
- broaden discussion across the National Scheme about achieving responsible advertising by all registered health practitioners
- build on our work to support informed healthcare choices by consumers as outlined in our [Advertising compliance and enforcement strategy for the National Scheme](#), and
- provide an opportunity to hear from stakeholders about their early experiences with the strategy and to explore areas for future work, including collaboration with stakeholders to support responsible advertising practices.

**Facilitator** – Dr Heather Wellington

#### Agenda

<b>09.45 – 10.00</b>	<b>Registration</b>
<b>10.00 – 10.10</b>	<b>Welcome and introduction</b> Mr Martin Fletcher – CEO, AHPRA Dr John Lockwood AM – Chair, Dental Board of Australia
<b>10.10 – 11.00</b>	<b>Presentation: <i>Advertising and the National Law</i></b> Mr Chris Robertson – Executive Director, Strategy and Policy, AHPRA Ms Kym Ayscough – Executive Director, Regulatory Operations, AHPRA
<b>11.00 – 11.50</b>	<b>Panel presentations: <i>Driving compliance</i></b> <b>Panel members:</b> <ul style="list-style-type: none"> <li>• Dr Wayne Minter AM – Chair, Chiropractic Board of Australia</li> <li>• Mr Bernard Rupasinghe – Policy Manager, Chiropractors' Association of Australia</li> </ul>

	<ul style="list-style-type: none"> <li>• Mr Antony Nicholas – CEO, Osteopathy Australia</li> <li>• Mr Rhett Clayton - National Liability Claims Manager, Guild Insurance</li> </ul>
<b>11.50 – 12.30</b>	<b>Panel presentations: <i>Advertising and consumers</i></b> <b>Panel members:</b> <ul style="list-style-type: none"> <li>• Mr Paul Zawa - General Manager Victoria and Tasmania Enforcement, Enforcement Division, Australian Competition and Consumer Commission (ACCC)</li> <li>• Ms Anita Rivera – National Director Communications, AHPRA</li> <li>• Professor John Dwyer AO – Founding President, Friends of Science in Medicine</li> <li>• Ms Jennifer Morris – Member, AHPRA's Community Reference Group</li> </ul>
<b>12.30 – 1.00</b>	<b>Lunch</b>
<b>1.00 – 1.50</b>	<b>Facilitated panel discussion: <i>Looking to the future – how can we work together, to ensure responsible advertising that supports good healthcare decision-making?</i></b> <b>Panel members:</b> <ul style="list-style-type: none"> <li>• Mr Paul Zawa - General Manager Victoria and Tasmania Enforcement, Enforcement Division, ACCC</li> <li>• Ms Eithne Irving – Deputy CEO, Australian Dental Association</li> <li>• Dr David Graham – Community member, Chinese Medicine Board of Australia</li> <li>• Mr Pio Cesarin – Assistant Secretary Regulatory Practice, Education and Compliance Branch, Therapeutic Goods Administration (TGA)</li> <li>• Ms Helen Townley – National Director Policy and Accreditation, AHPRA</li> </ul>
<b>1.50 – 2.00</b>	<b>Closing remarks</b> Mr Michael Gorton AM - Chair, Agency Management Committee for AHPRA Dr Charles Flynn – Chair, Physiotherapy Board of Australia

## Attachment 2 – Panel sessions

### Approaches to supporting compliance

Four presenters discussed the approaches their organisations are taking to supporting compliance, followed by a panel discussion.

#### Dr Wayne Minter, Chiropractic Board of Australia

Dr Wayne Minter AM, Chair of the Chiropractic Board of Australia, reiterated the Board's commitment to minimising public harm and promoting public good, and the risk-based regulatory approach of the National Boards. He welcomed the extension of the focus on compliance from the chiropractic profession to all regulated professions.

Since the Board hosted the 2016 forum on advertising compliance, it has developed and issued a large amount of information to registered practitioners, including guidance materials on chiropractic-specific examples of unacceptable advertising.

Some chiropractors have been successfully prosecuted in the magistrates' court for breaching advertising provisions and there has been wide publication of these outcomes, to ensure chiropractors are aware that the Board and AHPRA are committed to enforcement. He anticipates more opportunities for reporting enforcement outcomes as the new strategy is implemented.

At May 4 2017 there were 592 complaints about chiropractors, which transitioned to the new approach and were reassessed. Of the 337 that have been reassessed, more than 50 per cent are compliant. This compares very favourably with 17 – 40 per cent compliance in other professions experiencing high complaint numbers. It is thought that the better performance of the chiropractic profession is because of the strong education and engagement activities of the Board. The remaining 255 complaints will be reassessed in the next two weeks.

On May 4 2017, the Board received a new tranche of complaints that still need to be dealt with. The total number of new complaints is uncertain as some duplicate previously received complaints. The Board expects they will be assessed and dealt with in a timely manner under the new strategy.

#### Mr Bernard Rupasinghe, Chiropractic Association of Australia

Mr Bernard Rupasinghe is Policy Manager for the Chiropractic Association of Australia, which has more than 2,500 members (of a total population of about 5,000 practising chiropractors).

Mr Rupasinghe noted that chiropractic is the profession most complained about with respect to advertising, with a significant proportion of recent complaints produced by the Friends of Science in Medicine. The volume of complaints has focused the association's attention to this issue.

It has been actively publishing and republishing materials defining chiropractors' obligations, describing the National Law and promoting the *Code of Conduct for chiropractors* and AHPRA's *Guidelines for advertising regulated health services*.

The association has published 12 articles and hosted three webinars specific on the topics of advertising, advertising obligations under the National Law and how to use social media. It has emailed members with case studies and stories about obligations under the National Law. Both the organisation's President and CEO have made significant policy statements on this issue. In total, over an 18-month period, there have been almost 30 communications to members about their National Law obligations.

In addition, the association has developed a *Quality care statement*, which applies to all members. It addresses:

- the association's expectation of compliance with the *Code of Conduct*
- the care of infants and children (including supporting the Australian Government's stance on immunisation),
- chiropractors' advertising obligations, including setting out expectation of compliance, and
- visiting health facilities and credentialing.

The association has also published a paper: *Research Summary and Strategic Research Opportunities*. This lengthy document provides an overview of evidence for chiropractic and is published as an evidence-based practice resource to chiropractors.

#### Mr Antony Nicolas, Osteopathy Australia

Mr Antony Nicolas is the CEO of Osteopathy Australia, which is the peak body representing the interests of osteopaths, osteopathy as a profession and consumer's right to access osteopathic services.

Mr Nicolas said that Osteopathy Australia is strongly supportive of best practice and good health regulation. It is advising its members to 'fix it [their advertising] or be fined'. He suggested that the effect of prosecutions on the broader profession depends on the communication of outcomes of successful prosecutions. Many small businesses are deterred from non-compliance by the prospect of a significant fine, and communication of that risk can be an effective compliance tool.

Mr Nicolas highlighted the numerous voluminous documents that describe practitioners' obligations and the difficulty they have interpreting the regulatory framework. He noted that many osteopathy businesses are under economic pressure and are taking advice from marketers on health professional regulation, which is risky. Most osteopaths, however, advertise and deliver services they believe are in the best interests of their patients.

Mr Nicolas noted that about 300 complaints have been lodged with AHPRA about advertising of osteopathy, with a large percentage relating to advertising of paediatric services. He also noted that there has never been a complaint about paediatric services lodged by a consumer of those services.

Osteopathy Australia has implemented an awareness-raising and educative approach, similar to that taken by the Chiropractic Association of Australia. It has provided simplified guidance, offered two webinars on advertising, provided reference examples with appropriate terminology and provided support to individual members. Osteopathy Australia is also fostering 'thought leaders' in the profession, using them to contact colleagues who appear to be having difficulty with compliance with advertising requirements and offer support or refer them to the association.

Mr Nicolas suggested that a number of professional associations have published treatment/condition lists, which may be non-compliant and should be reviewed.

#### Mr Rhett Clayton, Guild Insurance

Mr Rhett Clayton is National Liability Claims Manager for Guild Insurance (Guild), which offers insurance to most regulated health practitioners.

Guild's role in driving compliance is limited. It deals with members at the time of policy inception/renewal, when it provides advice about risk and when a claim is incurred or made. Only a small proportion of insured members ever make a claim. It employs a risk manager who reviews claims, provides feedback including risk management and mitigation advice to members. That advice is disseminated through presentations at forums and articles published via partnerships with professional associations. Targeted communications have been published in relation to advertising matters.

Mr Clayton reported that about 20 per cent of those Guild would expect to receive letters are contacting Guild for advice. Guild is concerned with a lack of specificity in letters which is causing anxiety for members and limits Guild's ability to provide them with guidance. At times, the alleged advertising breach is not obvious to either the member or the insurer.

Guild has observed a lot more engagement and discussion by its members about the issue of advertising compliance, but believes it is too early to know whether AHPRA's strategy will be effective.

## Perspectives on advertising and consumers

Four presenters discussed consumer needs and approaches to protecting consumers from false and misleading advertising, followed by a panel discussion.

### Mr Paul Zawa, Australian Competition and Consumer Commission

Mr Paul Zawa is Executive General Manager, Consumer Enforcement, Victoria and Tasmania with the ACCC. He discussed the role of section 29 of the ACL, which relevantly deals with false or misleading representations about the standard, value, quality or grade or services, and prohibits false testimonials. Section 29 is not displaced by the National Law. Unlike the National Law, prosecution occurs in the civil jurisdictions, which needs proof only on the balance of probabilities. Intention to mislead or deceive is irrelevant to the outcome of the prosecution. Penalties of up to \$1.1 million for corporations and \$220,000 for individuals may be imposed.

He suggested that consumers of healthcare need and should be given, clear information about costs and the offered course of treatment. Clear language should be used and claims should be evidence-based. He recommended that providers supply the private health insurance code for the proposed treatment. He suggested that consumers benefit from information about complaint handling systems and pathways, and provision of that information is likely to engender confidence in consumers.

### Ms Anita Rivera, AHPRA

Ms Anita Rivera is National Director of Communications for AHPRA. She detailed AHPRA's approach to raising awareness about advertising regulations and engaging meaningfully with consumers. She noted the low reported health literacy of Australians and the complexity of the National Scheme.

AHPRA's approach is to make information accessible and understandable to consumers. AHPRA has developed new materials to address the issues raised at the forum together with a supporting, consumer-facing campaign about a health practitioner's obligations. The work is part of a larger project underway on consumer engagement in conjunction with AHPRA's Community Reference Group, some members of which were participants in the forum.

AHPRA communicates the outcomes of successful prosecutions quickly and broadly, targeting professions and the public. Prosecutions tend to attract media interest.

In 2016 AHPRA rolled out its first major consumer facing campaign, *Be Safe in the Knowledge*. There is a consumer page on AHPRA's website, and AHPRA ensures alignment of all key messages to consumers and healthcare professionals.

AHPRA is working with the Consumer Health Forum on a project to improve understanding of how to support higher risk, lower health literacy populations to make good healthcare decisions when they engage with health advertising. AHPRA is also an active participant in the Consumer Health Regulators Group, sharing information and work on how regulators can support consumers.

AHPRA has started research to support a specific 'public facing campaign' about what is acceptable advertising and how to make wiser decisions.

### Professor John Dwyer, Friends of Science in Medicine

Professor John Dwyer AO is President of Friends of Science in Medicine and Emeritus Professor of medicine at the University of New South Wales.

He suggested that fraudulent, misleading and ineffective healthcare is rampant in Australia. He acknowledged the progress AHPRA is making, but suggested regulatory weaknesses remain and an enhanced focus on prevention is needed.

Professor Dwyer questioned the TGA's approach to consumer protection, and in particular its focus on self-regulation and support for advertising of medicines on the basis of traditional use rather than evidence.

He suggested that:

- AHPRA's enabling legislation is weak and consumers are exposed to multiple risks including dangerous treatments, delayed diagnosis and therapy, psychological stress and financial loss

- AHPRA has been too focused on protecting registrants' flexibility and innovation rather than consumer protection
- children are particularly vulnerable to the effects of misleading and deceptive advertising
- AHPRA has inadequate resources to handle a system in which thousands of registrants fail to offer evidence-based care
- AHPRA's investigations have been too slow, although this has improved recently
- it is very difficult for consumers to achieve restitution for harm suffered as a result of misleading and deceptive advertising, and
- AHPRA should seek more resources from the COAG Health Council.

Professor Dwyer questioned the link between responsible advertising in healthcare and responsible provision of healthcare. He suggested that AHPRA can regulate what practitioners say, but not what they do, and that this should change. He also observed that although registrants may correct their websites and use different language when their advertising is challenged, the commercial mindset of regulated practitioners is not changing and their corrections are not in the spirit of evidence-based medicine.

#### [Ms Jennifer Moris, AHPRA Community Reference Group](#)

Ms Jennifer Morris, a member of AHPRA's Community Reference Group, posed four questions in her presentation:

- If a practice or claim is deemed dangerous enough that it is illegal to promote it in public, why can it be promoted to or carried out in a direct interaction with consumers? She suggested that when misleading claims are made face to face in practice, they are at least as dangerous, and probably more so, than when advertised. She suggested that while an incongruity remains between what can be said through an advertisement and what can be said in a face-to-face consultation, regulators' efforts to curb problematic advertising and practice will be undermined. She also suggested that this perceived incongruity explains why practitioners are puzzled when they receive letters. She contrasted the effect of the ACL, which she suggested prohibits misleading information promulgated through advertising as well as through direct communication. From a consumer perspective, it is the fact that such statements are made at all, not the medium in which they are made that matters.
- Why do health services seem to not think they are providing services? While in theory, ACL applies to regulated and unregulated practitioners, many resist this notion and many consumers do not think about it either. There is a sense among both providers and consumers that healthcare is special and too complex to be held to general standards, which leads to low expectations, impaired choices and difficulty getting restitution for harm caused by misleading or deceptive conduct.
- Why are advertising regulations tightly limited to regulated practitioners? She suggested that this leads to an uneven playing field, with unscrupulous individuals making outlandish claims to the vulnerable.
- Why can consumers not find the information they really want? She suggested consumers want information that is often not provided, about things like fees, wheelchair accessibility and practitioner conscientious objection. She suggested that advertising regulations limiting testimonials may perversely lead to an absence of this information, and that perversely consumers may have access to less information when trying to choose a surgeon than they have when trying to choose a café.

She suggested that perhaps it would be more appropriate to regulate what practitioners need to say, as well as what they cannot say.

## Looking to the future – working together

Four presenters discussed how agencies can work together to ensure responsible advertising that supports good healthcare decision-making. Following their presentations, Helen Townley, AHPRA's National Director of Policy and Accreditation, joined presenters for the panel discussion.

### Mr Paul Zawa, Australian Competition and Consumer Commission

Mr Paul Zawa reported that the ACCC meets with AHPRA and the TGA regularly and there is a commitment to learning from each other and implementing a consistent 'whole-of-government' approach to consumer protection. If another agency feels poorly equipped to deal with a problem, the ACCC would consider stepping in to handle a matter; however the general approach is to avoid duplication of regulatory effort.

### Ms Eithne Irvine, Australian Dental Association

Ms Eithne Irvine, Deputy CEO, Australian Dental Association, reported that the association is focusing on educating practitioners, their staff and providers of marketing services about the applicable regulations. She noted the conservatism of the profession, the lack of understanding of the regulatory environment, the effect of increasing competition and the dangers of social media in promulgating misinformation. The association's approach is similar to 'rinse and repeat' – do it again, and again, and again.

AHPRA's recent identification of a key liaison contact in each state and territory office has been welcomed by the association.

### Mr David Graham, Chinese Medicine Board of Australia

Mr David Graham, a community member of the Chinese Medicine Board of Australia, also emphasised the lack of practitioner knowledge of the advertising regulations. He suggested practitioners are committed to compliance but lack knowledge about how to achieve it, despite the large number of guidelines and other documents available to practitioners. He suggested that establishing the place of the evidence base on traditional use is a major challenge in Chinese medicine. Traditional use is a fundamental part of Chinese medicine practice and dates back 2,000 years.

The Board has published a position statement that when advertising Chinese medicine services, because a practitioner is not involved in the client accessing the information and has little knowledge of the client's circumstances, a high standard of evidence is needed. The Board has stated that evidence must be quantitative and traditional use evidence is insufficient to justify therapeutic claims. That statement has been well received by the profession because it helps with certainty about what can be advertised.

### Mr Pio Cesarin, Therapeutic Goods Administration

Mr Pio Cesarin is Assistant Secretary of the Regulatory Practice, Education and Compliance Group of the TGA, which is part of the health products regulation group of the Australian Government Department of Health. The group was formed relatively recently and brings together a number of functions from across the TGA. It regulates supply, import, export and manufacture of therapeutic goods and has an educative as well as an investigatory and civil prosecutions role.

Mr Cesarin noted:

- That sometimes advertising of therapeutic services contains advertising about therapeutic products, which brings the advertiser into the ambit of TGA advertising code and requirements. Registered practitioners in those circumstances need to familiarise themselves with the TGA's advertising code and requirements.
- The opportunity for reform following the *Review of Medicines and Medical Devices Regulation*, which has led to a number of reforms, with further reforms in progress or upcoming. Government is considering removal of the current preapproval system in conjunction with broader enforcement and stakeholder education powers. Government announced in July 2017 that the TGA will take on the role of the single body responsible for handling advertising complaints from 1 July 2018. This reform will be externally reviewed after three years to confirm that it is delivering the intended benefits and meeting community expectations.
- The TGA works with AHPRA, the ACCC and National Boards on issues of common interest in relation to compliance.