Combined GS1 Healthcare and GS1 Healthcare User Group – Australasia

Response to the Therapeutic Goods Administration Medicine Labelling and Packaging Review

1 Executive Summary

GS1 is a global, neutral, not-for-profit standards organisation dedicated to the design and implementation of global standards and solutions to improve efficiency and visibility in supply and demand chains. There are 111 GS1 member organisations world-wide, each dedicated to assisting industry implement the GS1 System of standards. The GS1 System is the most widely used system of identification (numbering) and data carrier (bar code) standards throughout the world. It is recognised by organisations such as the International Standards Organisation (ISO), the American National Standards Institute (ANSI) and the European Committee for Standardisation (CEN).

The GS1 Healthcare[1] user group was created to drive the development and adoption of GS1 standards and solutions to meet the needs of the global Healthcare industry. There are currently over 300 participants in GS1 Healthcare, representing over 150 companies, including thirty of the forty largest global manufacturers. The work of GS1 Healthcare allows the sector to drive towards the effective utilisation and development of global standards with the primary focus on automatic identification to improve patient safety and supply chain efficiencies.

The GS1 Healthcare User Group – Australasia[2] is the Australian and New Zealand local user group of GS1 Healthcare.

Within the GS1 System, the GTIN (Global Trade Item Number) is used to identify the different product variants and package configurations of a medicine product. The stakeholders to this submission recommend that the GTIN be selected as the unique identifier for medicines traded in Australia. This recommendation aligns with initiatives made by other jurisdictions recently.

The stakeholders also believe that support for all bar codes incorporated within the GS1 System should be included in any TGA packaging and labelling recommendations.

Australian based research indicates that over 95% of prescription pharmaceuticals in Australia carry a GTIN (numbering structure) and GS1 bar code symbology. This ubiquity has happened in the absence of any regulatory requirement and has been 'industry-driven'.

Quantitative evidence from existing implementations clearly shows that a bar code scanning based solution will be most effective to prevent risks associated with incorrect selection of medicines.

The stakeholders recommend that any policy relating to blister strip labelling should be future proofed to allow for provision of (at a minimum) GTIN encoded in a GS1 DataMatrix bar code

[1] Refer: www.gs1.org/healthcare/
[2] Refer: http://www.gs1au.org/industry/healthcare/australasia/

should the supplier organisation wish to apply this either to meet legislative requirements or alternatively for patient safety initiatives.

Small containers, with limited labelling space, should nonetheless be considered the same as all other medication packaging and carry a GS1 GTIN in a GS1 bar code.

The stakeholders support the creation of the Packaging and Labelling Advisory Committee, and recommend this includes all industry stakeholders, including a representative that can advise regarding application of medicines identification and bar coding.

Our strong recommendation is for the TGA to reference the position and recommendations of industry, existing work of other Government organisations, e.g., NEHTA, and also the policies and recommendations from other Healthcare jurisdictions, many of whom are either moving towards or have implemented the GS1 System.

The stakeholders recognise that a collaborative approach is both necessary and desirable. As such, we emphasise our commitment to working collaboratively with the TGA to aid the development of a standardised medicines labelling policy, incorporating globally standardised identification and bar coding that will benefit all Healthcare stakeholders across Australia.

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2 Background to this Submission

At the request of pharmaceutical manufacturers and other industry participants, GS1 Australia has coordinated this submission on behalf of the organisations listed in Section 3.

In preparing this submission, the stakeholders have emphasised their wish to work collaboratively with the TGA to aid the development of a standardised medicines labelling policy, incorporating globally standardised identification and bar coding that will leverage work already being undertaken within the sector and ultimately benefit the complete Healthcare supply chain.

We hope that the TGA will make use of the combined knowledge and expertise of the stakeholders in arriving at an optimal solution for Australia.

3 Stakeholders

The following organisations have all provided input to this submission.

- GS1 Healthcare http://www.gs1.org/healthcare/
- GS1 Healthcare Public Policy Work Team
- Leadership team of the GS1 Healthcare User Group Australasia, comprising:
    - 3M
    - Abbott Australia
    - B Braun Australia
    - Clifford Hallam Healthcare (CH2)
    - Department of Health (SA)
    - GS1 Australia
    - GS1 New Zealand
    - National E-Health Transition Authority (NETHA)
    - Novartis
    - Stryker
    - Terumo Corporation Australia
    - The Epworth

4 Contact

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5 Background

5.1 Who is GS1?

GS1 is a global, neutral, not-for-profit organisation dedicated to the design and implementation of global standards and solutions to improve efficiency and visibility in supply and demand chains. GS1 and its subsidiaries and partnerships connect companies with standards-based solutions that are open, consensus-based and universally endorsed. From bar codes, electronic messaging, data synchronisation, radio frequency identification, to business process automation standards, GS1 is the trusted source to deliver innovative standards, services and solutions to address the most pressing supply chain challenges facing businesses today. GS1 is a fully integrated global organisation, with 111 Member Organisations serving nearly two million companies doing business across 145 countries.

5.2 What is GS1 Healthcare?

Globally, GS1 supports the Healthcare community through its GS1 Healthcare initiative. GS1 Healthcare is a voluntary, global user community bringing together all Healthcare stakeholders, including: pharmaceutical and medical device manufacturers, wholesalers and distributors, group purchasing organisations, hospitals, pharmacies, logistics providers, governmental and regulatory bodies and associations.

GS1 Healthcare was created to drive the development of GS1 standards and solutions to meet the needs of the global Healthcare industry. The work of GS1 Healthcare allows the sector to drive the effective utilisation and development of global standards with the primary focus on automatic identification to improve patient safety and supply chain efficiency.

The objectives of GS1 Healthcare are to:

- Work with key partners in the global Healthcare supply chain to develop and optimise the use of global standards to enhance accurate and fast movement of goods from manufacturer to distributor to Healthcare providers (such as hospitals or retail pharmacies).
- Facilitate awareness in the Healthcare sector of new technologies and methods of doing e-business.
- Provide advice and recommendations to GS1 on issues and opportunities in the Healthcare sector.
- Promote best practice implementation of the GS1 System in the Healthcare industry.
- Promote the implementation of GS1 voluntary, global business standards throughout the Healthcare sector.

There are currently over 300 participants in GS1 Healthcare, representing over 150 companies, including thirty of the forty largest global manufacturers. The group was formed in association with leading industry groups and associations and benefits from the active participation from all key supply chain roles (i.e., manufacturers, distributors, retailers, and hospitals/providers)[3] . GS1 Healthcare actively collaborates with the Joint Initiative Council (JIC), formed to enable common and timely standards in health informatics. The JIC comprises CEN, CDISC, GS1 Healthcare, HL7, IHTSDO and ISO.[4]

[3] Refer: http://www.gs1.org/sectors/healthcare/

[4] Refer: http://www.jointinitiativecouncil.org/

5.3 What is the GS1 Healthcare User Group – Australasia?

The GS1 Healthcare User Group – Australasia is the Australian and New Zealand local user group of GS1 Healthcare, the GS1 global Healthcare user group. This local group comprises over 50 representatives from Healthcare organisations operating in the Australian and New Zealand markets, who wish to ensure they have the opportunity to input to the work being undertaken by GS1 Healthcare for the benefit of the global Healthcare community[5].

5.4 What is the GS1 System?

The GS1 System is the most widely used system of identification (numbering) and data carrier (bar code) standards throughout the world. Over 1.5 million users across 145 countries and more than 24 industry sectors have adopted the GS1 System. It is recognised by organisations such as the International Standards Organisation (ISO), the American National Standards Institute (ANSI) and the European Committee for Standardisation (CEN).

At its most fundamental level, the GS1 System is an integrated suite of global standards that provides for accurate identification and communication of information regarding products, assets, services and locations. Using GS1 identification numbers, companies around the world are able to globally and uniquely identify physical items like trade items, assets, logistic units, shipments, and physical locations, as well as logical items like corporations or a service relationship between provider and recipient.

When this identification system is combined with GS1 data carriers, electronic business messages, data synchronisation via the National Product Catalogue (NPC) in Australia and the Global Data Synchronisation Network (GDSN) worldwide, the connection is made between these physical or logical items providing the information the supply chain needs.

The GS1 System is:

- **Open:** the GS1 standards development process is user-driven which permits full interoperability and compatibility and ensures end users are not locked into proprietary often inflexible solutions.

- **Global:** Healthcare is by nature a global sector, with supply chains that often cross national borders. On the other hand, Healthcare is also very much local. The GS1 standards development process ensures that local needs are incorporated into global standards.

- **Proven:** the GS1 System has been used for over 30 years in different industry sectors all over the world ensuring its robustness and reliability, including built-in security and privacy (e.g. identification numbers are non-significant - they identify an item but contain no information about it).

It is widely accepted that the use of GS1 standards improves patient safety and reduces costs in the global Healthcare supply chain. Use of GS1 standards enables traceability and promotes a safe and secure supply chain by providing greater visibility, accuracy and efficiency for the benefit of all parties involved. Preventing medical errors and combating counterfeiting are top-of-mind concerns facing the Healthcare sector, and GS1 standards are helping to solve these issues.

[5] Refer: http://www.gs1au.org/industry/healthcare/australasia/

5.5 How does the GS1 System enable Identification and Bar Coding of Medicines?

For the purpose of this submission, the identification of medicines i.e., unique and unambiguous numbering of different levels of packaging of a medicine product, and bar coding of these medicines are considered two independent concepts, the reasons for which are outlined below.

5.5.1 Identification of Medicines Products

Within the GS1 System, the GTIN (Global Trade Item Number) is used to identify the different product variants and package configurations of a medicine product. A change to one aspect, characteristic, variant or formulation of a medicine may require the allocation of a new GTIN.

GS1 Healthcare has produced a guide to GTIN allocation for Healthcare items[6]. This guide clearly outlines both medicines and other Healthcare related products and provides a comprehensive reference to organisations responsible for GTIN allocation.

Integrity of the GTIN throughout the medicine product's lifetime is key to maintaining accurate identification of products by manufacturers, wholesalers, distributors, hospitals, regulatory bodies and other supply chain stakeholders, irrespective of their country or region.

Our submission recommends that the GTIN, using the GS1 System, be included as a mandatory requirement for medicines labelling and packaging for products traded in Australia.

5.5.2 Bar Coding Medicines Products

When considering the appropriate bar code to apply to a medicine product, the organisation applying the bar code (generally the brand owner or manufacturer) has a number of considerations, including:

- Available label space for application of the bar code.
- Type of substrate onto which the bar code is being applied.
- The need to include information additional to the GTIN (e.g., batch or expiry date) in the bar code.
- Manufacturer printing abilities (e.g., is a linear bar code more appropriate than a 2 dimensional – GS1 DataMatrix – bar code).
- Bar code reading capabilities of supply chain partners, e.g., wholesalers, hospitals, pharmacies.

The GS1 System currently includes five bar code formats, providing flexibility for trading partners in selecting the best bar code for their application. Each of the GS1 symbologies or formats have a common and global standard method by which information (e.g., GTIN plus additional information, if applicable) can be encoded. This ensures that GS1 standards function on the premise that the best way to determine the right bar code for a product is to have a user driven, global process (where bar code selections are based on considerations such as those highlighted above). The GS1 System provides guidelines for selection, structure and placement to assist this decision.

Imaging or camera based bar code scanners sold today are pre-programmed to support all open standard GS1 bar code symbologies, thus enabling the manufacturer's right to assess their product and make an unconstrained decision about the applicable type of GS1 bar code. However it should be noted that the majority of healthcare environments in Australia currently

[6] Refer: http://www.gs1.org/gtinrules/index.php/p=static/t=healthcare.

use linear scanners which read linear GS1 bar codes, but do not have capacity to read GS1 DataMatrix symbols.

It is also important to note that one key principle of the GS1 System is that the bar coded data is simply a pointer to a record contained in a data base. This means the amount of information carried in the bar code should be the minimum needed to look-up and access that database, but also sufficient to enable capturing of item specific information (e.g., batch and expiry date) for traceability purposes.

It is the recommendation of the stakeholders of this submission that support for all bar codes incorporated within the GS1 System should be included in any TGA medicines labelling and packaging policies. This then allows the selection of the type of GS1 bar code applied to a particular medicine to be a business decision of the organisation applying the bar code.

We note that in most of the graphics within the Consultation Paper, a GS1 bar code (EAN-13 symbology) is included on the packaging. This is the most predominant GS1 bar code currently used on medicines packaging in Australia, with more than 95% of pack level medication carrying a GS1 GTIN in this bar code format (based on audits completed by GS1 Australia in 2011).

6 Specific Information Requested

Please note this response contains information pertaining only to those consultation topics the stakeholders believe will directly benefit from use of GS1 GTINs and GS1 Bar Codes being a required part of product packaging.

6.1 Look-alike and sound-alike medicine brand names and look-alike packaging and branding

Do you think the proposed changes to address LASA names and LA packaging will improve medicine safety? Why / why not?

LASA names and LA packaging poses a selection and therefore confusion risk at all points in the supply chain. The stakeholders believe that whilst initiatives such as risk assessment and prevention of similarity by use of contrasting colours will to a degree help to prevent medication selection errors, however these activities will not absolutely prevent users making human-error based mistakes.

Quantitative evidence from existing implementations clearly shows that a bar code scanning based solution will be most effective to prevent risks associated with incorrect selection of medicines. Examples include:

- The Pharmacy Board of Australia guidelines state that “pharmacists are to use bar code scanners at dispensing stations in pharmacies and pharmacy departments…” due to recognition that “using bar codes significantly reduces the risk to the public because it significantly reduces dispensing errors” [7]
- A study recently published in the International Journal of Clinical Pharmacy found that bar code scanning to confirm drug selection should “theoretically eliminate most errors if used appropriately.” [8]

[7] Pharmacy News, May 2012, page 16-22
[8] Ibid

- Gerle Ziekenhuizen, Apeldoorn, the Netherlands introduced bedside bar code scanning which resulted in a reduction of administration errors of 74% (from 3.10% to 0.84%).[9]
- Chelsea and Westminster Healthcare NHS Trust, UK, introduced a robotic dispensing system, which allowed the hospital to reduce dispensing errors by 67% from 2.7% to 0.9% of prescriptions.[10]
- Brigham & Women's Hospital, Boston, USA, introduced bar codes in the drug distribution system which resulted in error reductions for wrong medication and wrong dose/strength with respectively 53% and 58% and the 'wrong dose' form was even eliminated.[11]

To achieve similar safety outcomes in the Australian market, at a minimum:

- All medicines should carry a GS1 GTIN, encoded in a GS1 bar code;
- The process of selection of medicines should rely on bar code scanning to ensure the correct product is being used.

The Australian market is ready for such as solution with over 95% of medicines (at individual pack level) carrying a GS1 bar code, and the majority of retail and hospital pharmacies already with bar code scanners in place. However, use of these scanners for medication selection is not used in all states and territories as a requirement.[12]

For information about overall identification and bar coding policy for patient safety, much can be learned from the work of the National Health Service (NHS) in England. This organisation has embarked on an ambitious programme to use Automatic Identification and Data Capture Technologies (AIDC) throughout England's Healthcare sector which is foundational on GS1 standards and identifiers. The well-publicised and referenced 'Coding for Success' document is seen by many Healthcare jurisdictions as a global industry template for standardised coding because of the benefits it promises to deliver to Healthcare outcomes[13]. In the last couple of months, the NHS has released a new document, titled 'Raising our Game' in which the NHS Chief Executive, Sir David Nicholson says "I want to see good procurement practice spread quickly and effectively – in particular the use of GS1 coding."[14] Furthermore, the NHS Dictionary of Medicines now contains 'identification of medicines within the supply chain by the inclusion of GS1 GTIN codes..."[15]

6.2 Blister Strip Labelling

Do you think the proposed information for blister strips is sufficient? What other changes would you like to see for this type of packaging?

Whilst the proposal to standardise information for blister strips is very much a starting point to improve medication safety, recent international policy trends have moved towards the marking of single unit packaging with GS1 bar codes designed for very small space application (specifically GS1 DataMatrix) on blister packs. This bar code can then be scanned at the point of medication issuing (e.g., at the patient bedside), preventing medication administration errors.

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[9] GS1 Healthcare Public Policy Fact Sheet, http://www.gs1.org/docs/healthcare/GS1_Healthcare_Public_Policy_-_Reducing_Medication_Errors.pdf

[10] Ibid

[11] Ibid

[12] Pharmacy News, May 2012, page 16-22

[13] Lovell. H. Department of Health (UK). Coding For Success – Simple Technology for safer patient care. 2007

[14] Refer to: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_134498.pdf

[15] Refer to: http://www.isb.nhs.uk/documents/isb-0052/amd-57-2010/0052572010isn.pdf

The stakeholders recommend that any policy relating to blister strip labelling should be future proofed to allow for provision of (at a minimum) GTIN encoded in a GS1 DataMatrix bar code should the supplier organisation wish to apply this either to meet legislative requirements or alternatively for patient safety initiatives. This means that design of the required information on the blister pack should not be required by TGA policy to be laid out in a manner that would prevent application of GS1 DataMatrix.[16]

GS1 Healthcare has worked in the last few years to develop Application Standards detailing identification and bar coding principles for all Healthcare products, including blister packs. We would encourage the Therapeutic Goods Committee to reference the GS1 Healthcare Application Standards in any policy or regulation that may be developed and would be pleased to assist with the appropriate wording.

6.3 Small Containers

To what extent do you support the proposed changes for small container labels? Please provide details. Do you have any further suggestions for how labelling of small containers could be improved?

Small containers, with limited labelling space, should nonetheless be considered the same as all other medication packaging and carry a GS1 GTIN in a GS1 bar code for use as detailed in Section 6.1. Currently a significant proportion of small container medicines being traded in Australia carry a GS1 bar code. In line with Section 6.2, GS1 DataMatrix also has significant application for small containers. As long as proposed changes for small container labels do not prevent inclusion of a GS1 bar code on the packaging, these are supported by the stakeholders. GS1 Healthcare has developed a position paper about use of GS1 Data Matrix in healthcare, which contains more information about the symbol and its potential use, this is accessible from the GS1 healthcare web site.[17]

6.4 Labels and packaging advisory committee

To what extent do you think that a Labels and Packaging Advisory Committee will assist the TGA to manage consumer health risks associated with medicine labels and packaging?

A Labels and Packaging Advisory Committee would be necessary to ensure that the TGA continues to be informed about latest developments and current status of medication labelling for patient safety in Australia and around the world. This Committee would have an essential role to advise the TGA about whether current requirements were effective and also provide information about potential future developments and enhancements to policy. The Committee should comprise representatives from all healthcare stakeholders, including a representative able to advise about technical product identification and bar coding as it pertains to medication labelling.

7 Other Considerations

7.1 Support for Industry

A significant part of GS1 Australia's charter is to provide support in various forms for Australian companies, including education & training, implementation assistance and industry user groups. GS1 Australia provides telephone/web based Healthcare specific training as well

[16] Specifications can be provided by GS1 Australia.

[17] Refer to: http://www.gs1.org/docs/healthcare/GS1_Data_Matrix_Position_Paper.pdf

as industry education seminars. In addition, GS1 Australia provides multi-industry training, telephone and email based support to Australian industry. Therefore, any recommendation made by the TGA to require use of GS1 bar codes would be fully supported by GS1 Australia via our industry programs.

Much of this training is complementary with subscription to GS1 Australia while some is charged on a cost recovery basis. As a not-for-profit, GS1 Australia works on cost recovery for all of its fee based services.

The network of GS1 member organisations (111 around the world) provide similar support to their local markets as GS1 Australia does. Multi-national companies, or organisations importing product from overseas would find that their head offices / suppliers would have the information they need to implement any recommendations or policy issued.

7.2 International regulatory practice / Harmonisation with other countries

As mentioned earlier in this submission, a number of countries around the world have regulations in place regarding use of the GS1 System for identification and bar coding of medicines. GS1 Healthcare maintains information of all of the current regulations and, should the TGA be interested, can provide access to this for your reference.

In addition, GS1 Healthcare actively works with regulators across the globe to educate and advise users about industry endorsement of the GS1 System. GS1 Healthcare sees its role being to help educate regulators about what members of the sector see as best practice for identification and bar coding, to ensure that any policy developed is undertaken in a collaborative manner reflecting a global approach.

The stakeholders to this submission believe it is important that any policy or recommendation released in Australia be in line with that undertaken in other countries to ensure global interoperability, thus minimising the cost impost on the supply chain and ensuring global medicines traceability.

7.3 NEHTA Supply Chain Initiative

7.3.1 The National Product Catalogue

The National Product Catalogue (NPC)[18] is being implemented in Australia as the single repository of product, pricing and Healthcare data for all Health industry product categories for the purpose of data synchronisation. The National E-Health Transition Authority (NEHTA) and all State, Territory and Federal Health Departments, endorse the NPC as the 'single source' of item master data for public health institutions seeking to purchase medicines, medical devices and other necessary Healthcare items.

The NPC is GS1 standards compliant, and is the most advanced implementation of its kind in Healthcare around the world. As well as its use in Australia's public Healthcare sector it is also being implemented in the private Healthcare sector, with data recipients including Ramsay Healthcare, Healthscope and St Vincent's Health Australia[19].

The primary item identifier used in the NPC is the GTIN (the identifier also included in medicines bar codes). This provides the key for matching NPC data with data recipient and data provider systems and therefore accurate and complete data being recorded against each GTIN, so when the bar code is scanned the look up is to an accurate database.

[18] Refer to: http://www.nehtasupplychain.com.au/

[19] Refer to: http://www.gs1au.org/services/gs1net/industry/npc/useful_contacts.asp

7.3.2 eProcurement Strategy

NEHTA has selected GS1 XML as the messaging format for its eProcurement strategy[20]. GS1 XML is an open, global electronic messaging standard, which is being implemented in a number of industry sectors.

The NEHTA eProcurement strategy allows transmission of transactional messages such as the purchase order, purchase order response, purchase order change, despatch advice (advanced shipping notice) and invoice between the public health jurisdictions and their suppliers.

The decision to use GS1 XML as the messaging format for this strategy has ensured that the GTIN is the primary item identifier within the messages exchanged. This provides for easy linking between this information and the data provided via the NPC as well as the medicines bar codes. This is important as a key part of patient safety relating to medicines is ensuring the correct medications are in the required location, ready for patient application.

Use of the GTIN and an applicable GS1 bar code for physical marking of medicines completes a three way match between the item master data exchange, the transactional data exchange and the physical product, eliminating any confusion that would result from introduction of different identifiers.

7.4 Industry Developed Guidelines and Standards

Today, an extensive set of standards and guidelines exist for identification and bar coding of Healthcare items using the GS1 System. GS1 Healthcare has worked in a cross-functional, global team of over 90 members to define a tiered approach to identification and bar coding of Healthcare items, with the amount of data carried in the bar code appropriate to the intended use of the product.

The recommendation of the stakeholders to this submission, requesting all bar code formats within the GS1 System are supported in any proposal relating to medicines bar coding, falls in line with the work already completed by GS1 Healthcare.

7.5 Identification of different levels of packaging

Much of the discussion relating to bar coding of medicines seems to relate to the each / box level packaging issued to the patient via a dispensary. In the medicines sector, packaging levels exist for many reasons; as a result, all will have different purposes for being identified with a GTIN and marked with a bar code.

Consider the following typical hierarchy:

- Individual tablet (dose) in a blister pack – administered at the patient bedside
- Box of 24 tablets – issued at the dispensary of a retail or hospital pharmacy as well as used for handling and shipping at the wholesaler or manufacturer, and receiving at the hospital or retail pharmacy
- Shrink wrap of 12 boxes – used for handling and shipping at the wholesaler or manufacturer, and receiving at the hospital or retail pharmacy
- Carton of 12 shrink wraps - used for handling and shipping at the wholesaler or manufacturer

There is a case for each of these levels of packaging to be allocated a GTIN and marked with a GS1 bar code as each needs to be unique and unambiguously identified at some point in the patient care or supply chain.

20 Refer to: http://www.nehtasupplychain.com.au/

It is the recommendation of the stakeholders to this submission that whilst initial discussions may focus on the each / box level of packaging, the TGA considers a future widening of the scope of its considerations to include the other levels of packaging in the medicines hierarchy.

8 Conclusion

The stakeholders to this submission are very pleased that the TGA has released this consultation paper, and are keen to support the TGA throughout the information gathering and decision making process. The GS1 standards are well suited to meet the specific needs of Healthcare for identification and bar coding, and are the predominant standards within the medicines sector.

The GS1 System allows organisations to implement consistent identification formats, but select the bar code symbology most appropriate to their products and business capabilities.

Throughout its decision making process, the stakeholders to this submission recommend the TGA reference the position and recommendations of industry, existing work of other Government organisations, e.g. NEHTA, and also the policies and recommendations from other countries across the world, many of whom are moving to implementation of the GS1 System.

The leadership of the GS1 Healthcare User Group – Australasia would be pleased to meet with representatives of the TGA to further discuss this submission, and any related questions. Please contact Tania Snioch, Industry Manager – Healthcare, at GS1 Australia (contact details at the beginning of this document) to arrange further discussions.

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