s22(1) [redacted]

From: SKERRITT, John
Sent: Sunday, 4 February 2018 9:14 PM
To: [redacted]; KELLY, Larry; HAWKINS, Ross; [redacted]
Subject: Response to [redacted] response to Minister Hunts letter [DLM=For-Official-Use-Only]
Importance: High

[redacted]

I attach a response (2 ½ pages, not 10 !) to [redacted] assertions. Once again there are many errors of fact in what he asserts.

s22(1) [redacted]

John Skerritt

Adjunct Prof John Skerritt FTSE FIPAA (Vic)

Deputy Secretary for Health Products Regulation
Department of Health

(The Health Products Regulation Group comprises the Therapeutic Goods Administration and the Office of Drug Control)

PO Box 100 Woden ACT 2606 Australia
[redacted]

s22(1) [redacted]

Pages 2-4 inclusive redacted in full under section 22(1) of the FOI Act (irrelevant information)

Response to s22(1) [redacted] letter of 4 February 2018

Great caution should be taken in endorsing s22(1) [redacted] and his colleagues as "civil society representatives". It may be appropriate to seek the views of groups such as the Consumer Health Forum and various patient groups nationally.

s22(1)

[redacted]

Page 6 redacted in full under section 22(1) of the FOI Act (irrelevant information)

s22(1)

[redacted]

"The list of traditional indications contain items that endorse pseudoscience and are meaningless to most consumers and healthcare professionals"

This cannot be a debate about whether we as officials or Senators are or are not personally adherents to systems of Chinese or other traditional medicine, and it is inappropriate to represent it as such. In 2008 the Rudd Government committed Australia as a signatory to the WHO Traditional Medicine strategy, which includes implementation of regulatory systems that support the availability of traditional medicine products. The listed indications are a central part of that system. Similarly AHPRA, through the Chinese Medicine Board, recognises Chinese Medicine Practitioners.

To give consumers greater clarity about the evidence base for listed complementary medicines, a new mandatory requirement will be introduced for complementary medicines to identify the evidence base, both in the Register and on the medicine label, e.g. 'Traditionally used in Chinese medicine'. Also, the word 'may' will no longer be able to be used to qualify the claimed health benefit as "may" can imply that there is not evidence of sufficient quality to demonstrate that their medicine is actually effective. These protections do not exist in the current regulatory scheme.

s22(1)

[redacted]