



Complementary Healthcare Council  
of Australia



# Annual Report 2007 - 2008

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## Our Vision

Sustainable health and enhanced wellness.....naturally

## Our Mission

***facilitating*** a change in emphasis in health policy from a disease care model to one based on health and wellness.

***ensuring*** all Australians have timely access to affordable, safe, high quality and efficacious complementary medicines.

***improving*** public health and wellbeing through education and information on the use of complementary healthcare products.

***supporting*** and ***enhancing*** a robust, vital and sustainable complementary healthcare products industry.

***forging*** alliances with government, media and consumers to ethically and responsibly promote complementary healthcare products and their value to the health and wellness of our community.

## Board Members

President:	<b>Steven Mann</b>
Vice President:	<b>Con Kounnas</b>
Treasurer:	<b>Chris Karabalis</b>
	<b>Sally Brumley</b>
	<b>Ronda Jacobs</b>
	<b>Mark Matthews</b>
	<b>Jenny Tait</b>
	<b>Frank Caruso</b>
	<b>David Johnston</b>
Invitees:	<b>Wayne Coote</b>
	<b>Tony Greig</b>

## Staff Members

Executive Director:	<b>Dr Wendy Morrow</b>
	<b>Dr Tony Lewis (to May 2008)</b>
Technical Director:	<b>Trixie Madon</b>
	<b>Allan Crosthwaite (to July 2007)</b>
Policy Adviser:	<b>Kristy Roberts</b>
Secretariat Officer:	<b>Leila Kelly</b>
Communications and Media Manager:	<b>Nalyni Mohamed</b>
Finance/Administrative Officer:	<b>Jen Kilgariff</b>
Events Coordinator:	<b>Madelyn Bredhauer</b>
Advertising Services Manager:	<b>Tricia Campbell</b>
Advertising Services Manager:	<b>Ruben Jones</b>
Retail Manager:	<b>Suzi Smith (to April 2008)</b>
Membership Services Officer:	<b>Susan Jolley</b>
Administrative Assistant:	<b>Jess Schnitzler</b>
	<b>Clare Harrison (to June 2008)</b>
	<b>Jane Lynch (to July 2007)</b>

## Committee Representation

Australian Pharmaceutical Advisory Council (APAC)
Complaints Resolution Panel (CRP)
Complementary Medicines Implementation Reference Group
DFAT Reference Group on Health Services
FSANZ Standards Development Advisory Committee
National Institute for Complementary Medicine (NICM)
Scholarship for Economic Analysis Research in Complementary Health (SEARCH) Management Committee
TGA Industry Consultative Committee (TICC)
TGA Office of Complementary Medicine/Industry Consultative Group
TGACC Advertising Weight Loss Working Group
Therapeutic Goods Advertising Code Council (TGACC)

## President's Message

As yet another year passes it is always remarkable to reflect on the never ending raft of issues which we as an industry association, have to face. Even when there appears to be clarity in the direction that we are heading, events can conspire to change what previously seemed to be inevitable.

This year has been spent in part picking through the remains of what was to have been a joint agency with NZ for the regulation of complementary medicines in the form of Trans Tasman Harmonisation (TTH). The failure of TTH has resulted in the Complementary Healthcare Council negotiating to bring to reality those parts of TTH that were positive initiatives for industry, and attempting to fill the many voids left by TTH's non implementation. Post TTH your association has lobbied government to ensure that:

1. The costs associated with the failure to set up TTH be paid for out of the public purse; industry must not carry these costs.
2. Many of the more positive changes proposed under TTH be progressed into regulation of therapeutic goods in Australia.
3. The TGA undertake a comprehensive review of its risk management policies with respect to complementary medicines.
4. The TGA review the current regulatory arrangements in relation to advertising of complementary medicines to reflect appropriate risk-management.
5. The TGA undertake a comprehensive review of the composition of committees dealing with complementary medicines to ensure that the expertise on those committees is appropriate and that their governance is relevant.
6. The CHC be granted delegation to approve advertising of complementary medicines regardless of the medium.

In addition, there remains a constant battle for your association to deal with the critics of our industry. These people, some of whom are well organised, continue to tie up our resources as we deal with the huge level of noise they generate. Complaints committees are besieged with an avalanche of complaints from a very small number of people, attempts to influence politicians and regulators are ongoing, media is targeted and public forums utilised to denigrate our industry. This negativity is driven under the guise of consumer interest. Our belief however, continues to be that the therapeutic regulatory framework under which complementary medicines (CMs) are regulated within Australia ensures our products are well controlled and appropriately managed.

The debate around the levels of evidence required for CM's continues. Fundamentally there are several views as to what constitutes an acceptable level of evidence. Our detractors continue to insist that complementary medicines should meet the same standards as new chemical entity pharmaceuticals. This naive view fails to understand the commercial realities of marketing CM's. Various estimates put the launch of getting a new pharmaceutical to market at well over US\$500m. To recoup this investment companies are afforded lengthy periods of IP protection through patents and the drugs, which would otherwise be unaffordable, are subsidised by governments and insurance companies around the world. With the backdrop of virtually no IP protection it is unrealistic to expect companies to have the level of clinical data available to support new product submissions. Our current regulatory system acknowledges this and through the listing of our products allows sponsors to make relatively low level claims for products which inherently also present a very low level of risk to consumers.

Other threats faced during the year included our lobbying to overturn a proposed provision for child-resistant packaging to apply to some products containing glucosamine. Implementation of such a provision would have lead to a significant



increase in cost to industry and consumers and resulted in the removal of larger sized glucosamine products from the market due to the unavailability of child resistant packaging. The work of the CHC in challenging policy initiatives such as this should never be underestimated by members. Without the vigilance of the CHC to safeguard consumer and industry interests, products we have all come to appreciate the benefits of may no longer be so widely available.

Whilst not strictly within the reporting period, events in relation to the Commonwealth Government's settlement with Jim Selim post the Pan Recall obviously requires some observations. April 2003 was the single biggest disaster this industry has ever faced and the ramifications from the recall are ongoing and enduring for many businesses impacted at that time. Going forward however, what we need to feel confident about as an industry is that the culture and administration of the TGA is one that is genuinely supportive of complementary medicines and cognisant of their benefits for the health of Australians. We need to feel sure that legislation and regulation introduced since that time is consistent with the low risk posed by our medicines and not overly burdensome for industry. Members should be assured that the CHC will continue to work closely with government to ensure that adequate checks and balances are in place to ensure the administration and regulation of complementary medicines is one of sound policy with appropriate regard at all times to due process.

Each Year inevitably brings movements in the people who work closely with us in industry. This year has seen two very notable departures. Firstly, our Executive Director Dr Tony Lewis retired after over three years in the role. Tony was both a great contributor and tireless worker, but even more importantly has a personal style that allowed him to forge relationships and rebuild many bridges on behalf of the CHC during his tenure. Tony was also an absolute pleasure to work with and he is greatly missed. Allan Crosthwaite was an indomitable force in the CHC who has been lured into the corporate field and has been sorely missed by all associated with the CHC. Jenny Tait, COO for Blackmores, and CHC Board Member has also decided to seek other challenges and has left our industry. Jenny was a great driver of many key issues at board level and was also blessed with an ability to identify solutions to issues and to help drive the appropriate strategic direction for the CHC. I personally thank Tony, Alan and Jenny for their contributions and wish them both every success in the next phase of their lives.

Dr Wendy Morrow joined us in May replacing Tony in the position of Executive Director. Wendy comes to us from the position of the CEO of the South Australian College of Natural Medicine. Ideally qualified for her role as ED, Wendy combines qualifications in natural medicine, pharmacy and a PhD in educational administration, Wendy has very quickly embraced her new role and is already a very strong contributor to the CHC.

I wish all of our members great success moving forward. The current economic crisis underpinned by high interest rates and petrol prices has greatly decreased both consumer sentiment and disposable spending power. For many consumers supplements are considered a discretionary purchase and certainly market data currently shows our market to be flat. We are however in a great industry, it has bounced back from greater challenges, and will enjoy increasing levels of support both from our ageing population and from the ever-growing preference of consumers to seek a more natural solution to their health concerns.

All the Very Best



Steven Mann  
President

## Executive Director's Message

I was delighted to assume the position of the Executive Director in May 2008 and have thrived on the challenges posed since that time. Clearly, for the reporting period in question I must overwhelming credit the former ED, Dr Tony Lewis in guiding and driving the work of the secretariat. As I reflect on our major outcomes, I realise that working with industry to ensure a vital and sustainable complementary healthcare products industry is a complex business, but I have found it to be a business that is dynamic, challenging and increasingly important as we contemplate the nation's health.

The past year provides proof of the challenges faced and the successes gained. We have helped our members face a year of change and uncertainty with regards to the failing of the ANZTPA; the fallout from this failure; and represented all stakeholder groups in the complementary healthcare industry at government level.

Working on all fronts, we have managed to deliver a quality financial result, maintain high member satisfaction and improve employee engagement during the year. We did this by focusing on long-term objectives and by learning from and adapting to our changing environment and evolving member needs. We also did it by employing excellent people to manage all facets of our business and committed to improving our members' experience and I'd like to thank the staff in the secretariat for their diligence and determination in enhancing industry interests.



Wendy Morrow  
Executive Director

## Key Activities for 2007-2008

### Direction Post Trans Tasman Harmonisation (TTH)

The decision in July 2007 by the New Zealand government not to proceed with a trans Tasman joint agency for the regulation of therapeutic goods, including complementary medicines, was a major disappointment to the Complementary Healthcare Council given the significant amount of time and resources TTH had consumed in the prior years.

However, since the postponement the CHC has continued its active involvement in the post-TTH arena. The CHC Executive Director met with the then Parliamentary Secretary for Health (Senator the Hon Brett Mason) after the announcement to discuss what the CHC considered to be priorities for industry post-TTH.

Whilst the general principles of TTH were supported by the CHC, it was recognized that prioritization needed to be given to implementing amendments and improvements to the current regulatory system that had been largely deferred during the TTH development.

With a new federal government in October, the CHC has continued lobbying government (health, industry and foreign affairs and trade ministries) for movement on regulatory reform to ensure the considerable amount of work undertaken during this time period will not be lost. The CHC also drew to government's attention the impact that stalled regulatory reform was having on industry, particularly in the absence of further assurances regarding the future of trans tasman harmonization.



Critically, we continued to advocate for the removal of impediments to industry efficiency, competition (nationally and internationally) and innovation— all as part of a sound risk management approach enabling consumers to widely access affordable and safe medicines.

The CHC continued to update members and industry frequently on the changes being undertaken in NZ, including holding a seminar on the proposed changes to the NZ Dietary Supplements Regulations and what effect this outcome would have on industry both here and in NZ; noting that the stalling of TTH was having an effect on members importing and exporting products to NZ.

Continued lobbying at the Ministerial level is still ongoing, focusing on the consequences of the postponement including the likely impact of the NZ move to amend their dietary supplements regulations.

### **Regulation of Homoeopathic and Anthroposophic Medicines in Australia**

One of the recommendations in 2003 by the Expert Committee on Complementary Medicines in the Health System was for homoeopathic medicines (and related medicines) to be regulated to “ensure they meet appropriate standards of safety, quality and efficacy”.

There was extensive consultation and progression on this reform by the TGA and industry under TTH and work has continued post TTH by the CHC Homoeopathic Working Group in readiness for regulatory reform endorsed by the new government. Information on homoeopathic and anthroposophic medicines currently sold on the Australian market was obtained by the CHC from both members and non-members to adequately address the regulatory impact of any proposed regulations.

Industry welcomes the development of regulations for this medicine sector and the move towards greater consistency with international developments.

### **Rhodiola Rosea – Listing as a New Ingredient Due to CHC Application**

With significant input from raw material supplier members, the CHC application for Rhodiola rosea as a new permitted ingredient for use in Listed medicines was approved by the TGA. The CHC appreciates the assistance from members in providing supporting information which ensured this outcome was a successful one. It was encouraging to see a herbal ingredient which is very popular overseas available as a complementary medicine in the Australian market.

### **NSW WorkCover Classification for Retailers and Wholesalers of Complementary Medicines**

In response to concerns raised by several CHC members regarding their WorkCover Insurance Classification, the CHC wrote to NSW WorkCover to request an amendment to the classifications to clarify the status of ‘vitamin and mineral supplements’.

The CHC pointed out that the current NSW approach is inconsistent with all other states and territories in not classifying these products as therapeutic goods. The CHC continues to work on this issue to reach an appropriate outcome to assist those that may be detrimentally affected.

## **Diversion Into Illicit Drug Manufacture – CHC Information Sheet for Industry**

With growing concern by government, regulators and the community, the CHC initiated the development of an information sheet, aimed particularly at raw material suppliers and manufacturers, about industry's role in reducing the risk of diversion activities. The information sheet which informs of policy and regulatory developments for addressing this issue was circulated to members and placed on the CHC website.

## **Code of Practice for Ensuring Raw Material Quality and Safety**

The CHC Raw Material Suppliers Group has been revising the CHC Code of Practice for Ensuring the Raw Material Quality and Safety. The draft Code was distributed to broader industry, including non-member organizations/companies, for comment which was generally quite positive. Following consideration of comments it is expected the revised Code will be presented to the Board by the end of 2008.

## **TGA Office of Complementary Medicine/Industry Consultative Group**

The Office of Complementary Medicine/Industry Consultative Group has continued to meet on a regular basis to discuss issues relating to standards which are applicable for industry. There has been a broad amount of work covered during these meetings relating from Therapeutic Goods Orders to industry guidance documents.

## **CHC Submissions on Behalf of Industry**

Comment on new government policy development and the role of complementary medicines in the Australian Health system made up some of the 20 submissions that the CHC provided over the last year. Besides the standard regulatory submissions on revised Therapeutic Goods Orders, National Drugs and Poisons Scheduling Committee outcomes, proposed advisory statements for medicine labels and FSANZ policy development, the CHC contributed input into broader areas such as regulatory burden within industry and mutual agreement schemes.

With a new government there was a good opportunity to lobby for increased recognition of complementary healthcare in Australia's health policy – submissions were made to the Australia 2020 summit, and the National Health and Hospital Reform Commission. A full list of all our submissions can be found on page 14.

## **CHC Presents at the International Conference for Complementary Medicine Research**

In March 2008, the CHC was given the opportunity to deliver a presentation titled "Health Economics: How the wellness model supports sound economic management in Australia" at the Third International Congress of Complementary Medicine Research 2008. The presentation, given by our Technical Director, Trixi Madon, outlined the continued contribution complementary medicines make towards better public health and the economic benefits in Australia. Feedback from the attending delegates was very positive and the CHC intends to continue engaging with government on this critical issue.

## **CHC Support for National Institute of Complementary Medicines (NICM)**

Industry were encouraged to attend one of three stakeholder forums held in Sydney to enable NICM to communicate progress and to gather input from stakeholders about their attitudes to matters relating to NICM's core areas of interest. Almost 200 delegates in total attended these forums which provided valuable input into the structuring of the Institute.

The Executive Director was also part of the Interim Advisory Panel responsible for issues such as the scientific and operational structure, governance, national research priorities and funding policy.

Collaborative centres for research were announced this year and the CHC is optimistic that the work undertaken will further enhance the reputation of complementary medicines and contribute to industry longer term growth. Further information can be found at the NICM website. [www.nicm.org.au](http://www.nicm.org.au)

## **Keeping Members Informed**

CHC continues to provide members with regular communications to keep them informed of regulatory and policy developments as well as highlighting important news issues and providing retailers with a newsletter specifically aimed at their information needs.

We continue to assert and defend important principles in relation to The Wellness Model and work closely where possible with journalists to ensure that a balanced view of complementary medicines is presented to the consumer.

The biggest challenge faced by us this year has been responding to the very public and sustained calls for changes to the regulatory environment. The CHC is adamant that the regulation of complementary medicines is appropriate for the low risk posed by the products and that whilst enhancements can always be made, the framework is fundamentally the right one.

Our new website was launched this year to enable members to readily access our publications as well as keep up to date with industry developments.

## **CHC Committees**

The secretariat would like to acknowledge the considerable work done by many of our members in their roles as committee members. Their contribution takes many forms based on their diverse skills and knowledge – from technical to retail specific expertise. We thank them for assisting us with achieving our objectives.

## CHC Events

### *SOC 31st October 2007 – 1st November 2007*

The Complementary Healthcare Council's Sponsors' Obligations Conference was held in Sydney in October/November 2007. An impressive audience was present and keen to hear the diverse range of speakers and content focusing on the theme of Evidence. The Complementary Healthcare Council prides itself on continuing to host conferences that support our sponsors in their professional development by providing information and education on matters affecting our industry.

### *February Seminar – New Zealand Regulatory Changes*

In February, the Complementary Healthcare Council hosted a seminar in Sydney to explain the NZ regulatory changes and the likely impact for industry here. The seminar brought together representatives from New Zealand's Medsafe and Food Safety Authority and Food Standards Australia New Zealand and the TGA. Over 130 delegates attended the seminar and comments received by the CHC indicated that participants gained considerable understanding of the proposed changes in New Zealand. The Complementary Healthcare Council hopes to hold another seminar in 2009 that will provide an update for the industry on the progress of the regulatory changes.

### *May Seminar -Quantified by Input and Stability Seminars – Brisbane and Sydney*

The Complementary Healthcare Council held back to back seminars in Brisbane on 28th May and Sydney 29th May 2008. The seminar's focus was Quantified by Input and Stability testing for complementary medicines. As this was only the second event of its type organised by the Complementary Healthcare Council, we were very impressed with a turn out of close to 150 members and non-members over the two days. A particular focus of the seminar was the opportunity to discuss and provide input to the TGA before the draft Revised Guidance on QBI is finalised. TGA appreciated the opportunity for frank discussion on practical issues affecting industry.

## **Code of Practice for the Marketing of Complementary Healthcare and Healthfood Products**

### **Activities for the year**

Promotion of the Code of Practice for the Marketing of Complementary Healthcare and Healthfood Products (Code) included the addition of relevant information on the updated CHC website, via CHC seminars and through the circulation to industry of the promotional brochure.

In response to a number of complaints on fruit and vegetable "health juices" the CHC, in collaboration with the Direct Selling Association of Australia, circulated an information flyer and the promotional brochure on the CHC Code to over 1500 member and non-member health food retailers, suppliers and distributors of juice products. Retail members were also advised about products that were being advertised and sold in Australia in breach of the Therapeutic Goods Act 1989.

## Complaints Resolution

The Complaints Resolution Committee (CRC) is established under the Code to consider complaints on advertising material for complementary healthcare products. The CHC acknowledges and extends its appreciation to the Therapeutic Goods Administration for its continued support of the CRC.

As per the Code, the CRC members shall hold office for a period of two years; the CHC Board in January 2008 approved the final committee membership for 2008 and 2009. The CHC welcomed new members and congratulates continuing members for their reappointment and commends them for their dedication.

The Complaints Resolution Committee (CRC) met on five occasions in July, October, February, April and June (2007-2008).

### Summary of Complaints: 1 July 2007– 30 June 2008

(with comparative figures for previous two financial years)

	Total			Complaints against CHC Members			Complaints against Non-CHC Members		
	07/08	06/07	05/06	07/08	06/07	05/06	07/08	06/07	05/06
No. Complaints received	58	35	43	9	9	10	49	26	33
Resolved Satisfactorily <sup>1</sup>	51	35	37						
Multiple Complaints <sup>2</sup>	9	6	5	3	3	1	6	3	4
Forwarded to TGA <sup>3</sup>	27*	5	14	4	0	0	31	5	14
Referred to CRP	2	3	4	1	2	2	1	1	2

1 Seven complaints carried over to the 2008-2009 financial year for determination.

2 No. companies against which more than one complaint was received.

3 As per Code of Practice clause 8.4.4 where a complaint received involves risk to public safety or the therapeutic good has not been included in the Australian Register of Therapeutic Goods (ARTG)\*.

\*Note: Of the 27 complaints forwarded to the Therapeutic Goods Administration:

- 67% of complaints were for a product that appeared not to be listed on the ARTG;
- 33% of complaints were for products considered to be a risk to public safety.

Products classed as sports supplements made up 59% of complaints forwarded to the TGA.

CRC Decisions	2007/2008	2006/2007	2005/2006
Complaint or matter in the complaint Substantiated	15	12	21
Complaint NOT Substantiated	6	11	8
Complaint Referred or Decision Waived*	38	16	24

\*Complaint Referred = to Therapeutic Goods Administration or Complaints Resolution Panel.

Decision Waived = Sponsor action taken prior to CRC meeting obviated need for CRC decision.

Totals reflect that some complaints had more than one outcome (eg were substantiated and referred, or some matters of the complaint were upheld and other not upheld, or additional breaches were identified by CRC).

#### Source of Complainants

Industry			Consumer			TGA			CRP			Other*		
07/08	06/07	05/06	07/08	06/07	05/06	07/08	06/07	05/06	07/08	06/07	05/06	07/08	06/07	05/06
36	12	14	10	10	9	1	1	1	4	8	5	7	4	14

\* For example consumer organization and State regulatory authority.

#### Advertising Material

Advertising Media	No. Complaints
	07/08
Newspaper / Magazine	5
Newsletter / Catalogue	5
Brochures	11
Website	19
Flyer	14
Packaging	11
Publications eg journals	0
	06/07
	05/06
	13
	9
	5
	8
	4
	6
	0

Note: Totals more than number of complaints received as some complaints included more than one promotional product.

## Treasurer's Report

I am pleased to report that the year ending 30 June 2008 was another financially successful year for the Complementary Healthcare Council (CHC). During the year the CHC has achieved a net profit of \$163,445. This follows a profit of \$106,386 in the 2007 financial year and is reflective of the sound financial management of the Council by the Board of Management and the Secretariat staff. These funds enable the CHC to further strengthen the industry through lobbying government, liaising with members and spreading the message of sustainable health and wellness through the use of complementary healthcare products.

Income increased by 6.2% in 2007/08 from 2006/07, predominantly due to the outstanding efforts of CHC staff in events management. Membership subscriptions have increased slightly in dollar terms, but the number of CHC members has fallen since last financial year which is due primarily to the consolidation of the industry and the disappointing decline in retail membership. Increasing membership is a high CHC priority. We, therefore urge CHC members to encourage others who are not members to join with us to further grow the Council.

Expenses increased by 3.4% (down from 4.1% in 2007) primarily because of new initiatives, such as the SEARCH scholarship in partnership with the QLD Government and new promotional activities. Salaries and associated on-costs accounted for 58.3% (47.8% in 2007) of CHC expenditure, reflecting the recent increase in staff with the appointment of a dedicated Membership Services Officer and Events Co-ordinator. We envisage that this appointment of new staff would increase membership and services to our members as well as contribute to the broadening of the income base of the CHC. Significant savings have been made in items such as account keeping and legal fees, computer maintenance, photocopy charges and office telephones. These results highlight the commitment of secretariat staff to continually find savings in general overheads in order to provide more funds for services to members.

Total member equity has increased from \$502,377 in 2007 to \$665,822 in 2008, a result which is testament to the loyal support of our members.

Finally, I would like to thank our previous Executive Director, Dr Tony Lewis and our current Executive Director, Dr Wendy Morrow for delivering such an outstanding financial outcome. Also special thanks to Jen Kilgariff, our Finance and Administration Manager, for her outstanding work and the hard work of the Finance Committee over the year.

The CHC's audited financial statements for 2007/08 may be viewed by members at [www.chc.org.au](http://www.chc.org.au). If members do not have access to the internet and would like a copy of the statements, please contact Jen Kilgariff who will be happy to forward a copy to you.



Chris Karabalis  
Treasurer

## CHC Submissions (2007-2008)

### **Therapeutic:**

- A Discussion Paper on Regulation of Extemporaneously Prepared Medicines in Non-Hospital Pharmacies.
- Adoption of the British Pharmacopoeia (BP) 2008.
- Adoption of Therapeutic Goods Order 77 – Microbiological standards for medicines.
- National Drugs and Poisons Scheduling Committee – Post-June 2007 Outcome Considerations.
- National Drugs and Poisons Scheduling Committee – Post October 2007 Outcome Considerations.
- National Drugs and Poisons Scheduling Committee – Pre-February 2008 Scheduling Meeting Notice.
- National Drugs and Poisons Scheduling Committee – Post-February 2008 Outcome Considerations.
- National Drugs and Poisons Scheduling Committee – Pre-June 2008 Scheduling Meeting Notice.
- Proposed Medicine Label Statements.
- Required Advisory Statements for Medicine Labels – Proposed Update 3.1.
- Revised General Requirements for Therapeutic Goods Order for Child-Resistant Packaging.
- Revised General Requirements for Therapeutic Goods Order for Labelling of Medicines.
- Revised General Requirements for Therapeutic Goods Order for Tablets and Capsules.
- Draft guidance document: Equivalence of herbal extracts
- Draft guidance document: The use of modified unprocessed herbal and biological materials in complementary medicines

### **Food:**

- Food Standards Australia New Zealand Work Plan – Sports Supplements
- Policy Guideline – Addition to Food of Substances Other than Vitamins and Minerals.
- Revision and Development of the National Health and Medical Research Council (NHMRC) Dietary Guidelines.

### **Other:**

- Annual Review of Regulatory Burden on Business, Manufacturing and Distribution Trades – Draft Research Report.
- Australia 2020 Summit – Long-term Health Strategy
- National Health and Hospitals Reform Commission.
- Review of Mutual Agreement Schemes.

## Industry Awards Winners 2007

Lady Cilento Award: **Allan Crosthwaite**

Outstanding Contributor 2007: **Lynda McFarlane, Blackmores**

Technical and/or Regulatory Individual of the Year: **Robert Forbes, Robert Forbes & Associates**

Vince Russell Retailer of the Year: **Brian Pollard, Go Vita Darlinghurst**

Sales Representative of the Year: **Gavin Pereira, Nutra-Life**

Consumer Publication of the Year: **Blackmores Consumer E-Newsletter**

Marketing Campaign of the Year: **Blackmores – Get Moving With Blackmores Joint Formula Campaign**

Journalism Report of the Year: **Terry Robson, The Tonic**

