



**CHC Submission to the Implementation Subcommittee for Food Regulation
on the implementation of FSANZ health claims standard, Standard 1.2.7**

To:

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Introduction

The Complementary Healthcare Council of Australia (CHC) welcomes the opportunity to provide comment on the guidance documents associated with the implementation of Food Standards Australia New Zealand (FSANZ) health claims Standard (Standard 1.2.7), dated 16 October 2013.

The CHC is the peak industry body representing companies involved in all facets of the complementary healthcare products industry from: sponsors, manufacturers, importers, exporters, raw material suppliers, wholesalers, distributors and retailers. The CHC is committed to a high growth and sustainable complementary healthcare products industry. We promote industry advancement whilst ensuring consumers have access to complementary healthcare products of the highest quality, contributing to improved population health outcomes.

Following a review of the proposed compliance implementation guidance, templates and checklists for the claim types considered by Standard 1.2.7, the CHC offer the following comments.

Specific comments

Guide to complying with the standard

1. *Do I need to comply with standard 1.2.7? p.5.* We received feedback from industry members that it could be clearer as to how to use the flow chart. The CHC suggests that all flow charts include a brief example, relevant to that claim type, to make it clearer to stakeholders.

General conditions and restrictions for making claims

2. *Form of food p.7.* Terminology used to describe the form of food, as per clause 6 to the Standard, could be made more user-friendly. The CHC suggests that the form of food be described as 'how the food is presented' or words to that effect, and included in the glossary of the document.

Evidence to support compliance

3. The CHC suggests that this section be expanded to clarify at what time in the product's lifecycle evidence substantiation may be required by the relevant authority i.e. 'if requested'. The process for submission and the potential outcomes of an evidence review could also be further expanded upon in this section.

Nutrition information panel

4. It is stated that the Standard does exempt foods in small packages from having to meet the requirement of Clause 26. The CHC suggests a footnote that defines a small package be included here, i.e. as used in the template on page 14.

Making a nutrition content claim

Glycaemic index and load [subclause 11(6)]

5. The CHC suggests that the guidance document could be expanded to state, as it is in Standard 1.2.7 Schedule 1, that the nutrition content claims made about glycaemic index (GI) or load (GL) require Nutrition Profiling Scoring Criteria (NPSC) to be met, unless it is a food standardised by Part 2.9 of the Code.

Building a nutrition content claim, flow chart p.12.

6. We received feedback from industry that the flow chart is not very clear or easy to understand. The CHC suggests the inclusion of an example claim such as 'a good source of calcium' be used to run through the flow chart steps.

Compliance Template- nutrition content claims

7. It would be helpful to clarify if the purpose of each of these templates is for internal company use or if they can also be requested by FSANZ for review.

General level health claim

8. The compliance template for high level health claims on p. 32 provides examples of what may be considered a serious disease and examples of biomarkers for serious diseases. The CHC suggests that, given the non-specific nature of the definition of 'serious disease' provided in Standard 1.2.7, the provided list of diseases should be more detailed, and could be included as an appendix. Such sources of information could include the list of restricted representations as specified in Table 1, Appendix 6 of the Therapeutic Goods Advertising Code.

We have no further comments to add in relation to the various claims checklists; the information is useful and the format is user friendly.