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## Corporate Overview

### Vision

Medical technology for a healthier Australia

### Values

● Leadership ● Influence ● Collaboration ● Integrity

MTAA values being an integral part of delivering excellence in healthcare and contributing to the well being of the country.

### Corporate goals

1. To be recognised as the national body that represents the medical technology sector with a united voice
2. To ensure the medical technology sector is sustainable
3. To be an influential partner in the healthcare and industry policy debate
4. To provide leadership in ethical interactions with the Australian healthcare community
5. To deliver indispensable value to members.

### Four pillars

- |                     |                   |
|---------------------|-------------------|
| ● Leadership        | ● Member advocacy |
| ● Evidence & policy | ● Governance      |

## About MTAA

The Medical Technology Association of Australia (MTAA) is the national association representing companies in the medical technology industry. MTAA aims to ensure the benefits of modern, innovative and reliable medical technology are delivered effectively to provide better health outcomes to the Australian community.

MTAA represents manufacturers and suppliers of medical technology used in the diagnosis, prevention, treatment and management of disease and disability. The range of medical technology is diverse with products ranging from familiar items such as syringes and wound dressings, through to high-technology implanted devices such as pacemakers, defibrillators, hip and other orthopaedic implants. Products also include technologies such as robotic surgery equipment and complex hospital equipment, diagnostic imaging equipment such as ultrasounds and magnetic resonance imaging machines.

MTAA members supply the majority of the non-pharmaceutical products used in the treatment of disease and disability in Australia. Our member companies also play a vital role in providing healthcare professionals with essential education and training to ensure safe and effective use of medical technology.

## Commitment to Diversity

MTAA is committed to workplace diversity and ensuring our employees and board composition reflects the diversity of our membership, with a particular focus on encouraging the representation of women on the board.

MTAA acknowledges the benefits arising from employee and board diversity, including accessing different perspectives and ideas and benefiting from all available talent. Our diversity encompasses differences in ethnicity/race, gender, age, sexual orientation, religion, physical and mental ability, experience and thinking styles. We also acknowledge the diversity in the type of organisations we represent, for example, size, local manufacturers, product focus etc, and will endeavour to reflect this on our board.

MTAA will continue our efforts to recruit and maintain a diverse employee and board membership. Our strategies will include:

- Recruiting from the entire membership base for board candidates
- Reviewing succession plans to ensure an approach focused on diversity
- Identifying specific factors to consider in recruitment and selection processes to encourage diversity. It is my privilege as the MTAA Board Chair to provide comment on the activities of the association for the financial year ending 30 June 2014.

## Message from the Chairman

Politically the biggest influence on the industry came as a result of the federal election in September 2013. With the newly elected government, plans for the establishment of a medtech industry innovation precinct located at Macquarie Park had to be abandoned. What will take its place on a national level is yet to be determined. There has only recently been consultations for the establishment of an Entrepreneurs Infrastructure Programme. However, state governments are stepping into the industry development space with programs supporting the industry such as the NSW Medical Device Fund, the SA Medical Technologies Program and Medical Device Partnering Program, and the VIC Smart SMEs Innovation Commercialisation Program.

The government has started on a red tape reduction agenda with MTAA pointing out duplicative and redundant policies and procedures that can be safely repealed to provide companies with a more efficient business environment. If this leads to earlier availability of technology without compromising safety aspects it will be of benefit for patients.

In October 2013 we welcomed new Chief Executive Susi Tegen. Susi has over 20 years' experience in the medical and health fields, as well as in the agribusiness sector. She has previously been Chief Executive at The Royal Australian and New Zealand College of Ophthalmology (RANZCO) and is a Board Director at Sight for All, Australian Rural Leadership Foundation and Health First GP Network. Since her commencements she continues to have a collaborative approach visited members, stakeholders and government to listen and learn about our industry sector. She has made strategic changes needed to ensure the MedTech Industry is seen as the proactive contributor to patient well being and the economy it is.

The Board, Chief Executive and staff spent time in setting out a strategic plan for 2014-17. It will shape the future not only of the association over the next few years, but provides a framework to develop activities in support of corporate goals, and above all, shape the MedTech industry.

Medical technology is be part of the solution for managing costs in the healthcare system. With an increase in the ageing population and chronic disease putting pressure on hospital and aged care services. Technologies that can be used to provide healthcare in the home deliver cost savings by keeping people out of costly institutional healthcare settings.

As an association we believe that now is the time to make a bold statement for our industry. As part of our strategic plan we will investigate a formal 'blueprint' for the industry in Australia. Our industry has the potential to not only contribute to the healthcare of Australia but also to the agenda for employment and innovation in a post mining boom and car industry economy.



**I wish the association and the medical technology industry all the best for the future.**

The Board has also developed a diversity statement that expresses our support for Board and workplace diversity, but also a commitment to the diversity of company types and sizes we represent. The MedTech sector is a diverse sector made up of and with the contribution of small, medium and large companies contributing through innovation, research and development, manufacturing, distribution, employment and trade across the various sectors including IVD and diagnostic.

This is my last report as MTAA Chair as I have stepped down from this role of Chairman in August 2014. I thank the members, Board, Susi Tegen and staff for their support during my tenure.

I look forward to being involved in and watching the strategic changes of the MedTech industry and the medical technology industry globally.

A handwritten signature in black ink, appearing to read 'KB', written on a light-colored background.

**Kevin Barrow**  
Chair

# Chief Executive's Report

This is my first report as MTAA's Chief Executive. After starting in mid-October 2013 I made it my mission to build relationships with every member to listen to their priorities and concerns. Thank you to those members who have made me feel welcome and provided me with great insights into needs, wants and solutions. These conversations together with the strategic planning process with staff and Board, and the outcomes of the membership survey and interviews, have provided the information necessary to map out the industry's future direction.

## Political engagement

A major focus for MTAA has been engaging strategically with the Federal Government's plan to cut \$1 billion in red tape every year and introduce better, not more, regulation. We have been working closely with the office of Assistant Minister for Health Fiona Nash and Parliamentary Secretary to the Prime Minister, Josh Frydenberg. Building on the government's deregulation agenda, we have informed them about how we can improve the regulatory environment for our industry and cut unnecessary duplicative processes that hamper innovation.

The World Economic Forum Global Competitiveness Index recently ranked 148 countries in terms of their regulatory burden and placed Australia at the low place of 128; there is considerable room for improvement. We are supportive and positive about the government's focus on addressing this important area.

At the state government level we have been working strategically with the South Australian government advocating to prioritise a whole of government focus to support development of the advanced manufacturing medical technology industry in the decline of the automotive industry. In particular, by developing a strategy to support each phase of the industry development cycle including research, product requirements, engineering and design, clinical investigations and technology adoption. Although we are supportive of any program that assists development of innovative technologies, an initiative that only assists one phase of industry development means that we are not adequately supporting and sustaining industry growth for the future.

I am optimistic about the South Australian government's intent, just as is the case with the Victorian government, to consider all the issues that impact industry growth, including:

- improving access to funding
- reducing the regulatory burden
- strengthening linkages between businesses, universities, research institutions and government to drive innovation
- improving access to skilled workers
- improving trade opportunities.

Working in partnership with the South Australian government to continue this work will be a major focus for the association in the coming year.

In addition, we have been working with the newly elected Tasmanian government on how medical technologies can be part of the solution to the extremely challenging situation they face in delivering healthcare services to an ageing and chronically ill population with finite resources. This is an exciting opportunity to drive a new approach to healthcare planning and delivery by prioritising adoption of innovative technologies with remote monitoring capabilities to enable healthcare delivery outside the health and aged care system, particularly to rural communities, saving significant costs and tailoring healthcare services.

Discussions on health planning continue with the other states.

## Regulatory reform

Discussions continue with TGA about improvements to the regulatory system. MTAA issued a final version of a white paper outlining the case for some of the regulatory challenges experienced by Australian businesses involved in the supply of medical technology. In the paper MTAA proposed an improved system that significantly reduces the regulatory burdens on industry, without compromising the quality or safety of medical devices supplied in Australia.

MTAA has provided regulatory case studies for the Government's red tape reduction agenda. The current Australian regulatory system involves significant red tape for businesses, particularly in relation to the time and cost of bringing medical devices to market. This may contribute to companies deciding not to bring the latest medical technology into Australia, thereby depriving patients of timely access to clinical benefits of modern technology available in other developed economies. The suggested improvements would remove red tape and duplication in the current regulatory system while improving patient safety, allowing TGA to operate more efficiently and effectively.

MTAA welcomed the announcement from Assistant Health Minister Fiona Nash in late 2013 of the intent to allow third party conformity assessment certification for Australian manufacturers. Currently, only TGA conformity assessment certification is accepted for entering devices in the ARTG for Australian manufacturers, putting them at a disadvantage compared to overseas manufacturers, who are able to utilise European CE certification. This reform has been long anticipated and MTAA will continue to provide the industry's voice in the implementation process.

Clinical quality registries were another important focus of work for the association in the 2013-14 financial year. MTAA supports the establishment of registries if they are based on sound governance principles and an identifiable clinical need. Financial support for the registries should include all groups that benefit from it.

## Healthcare access

MTAA continued advocacy for reimbursement for currently unfunded medical technologies. In the private health sector the Prostheses List does not currently provide adequate pathways to cover non-implantable technology, even though it is proven to be clinically beneficial and cost effective. This has led to a situation where patients are reliant on the goodwill of their private health funds to cover non-reimbursable items. Health funds cover these procedures and items in an ad-hoc and inconsistent way. In turn this leads to inequalities of access to modern technology within the private healthcare system and compared to the public health system, and can also lead to cost-shifting. MTAA continues to advocate for a more consistent, transparent and equitable system covering these items.

Another issue that MTAA has pursued is access to consumable items through its Essential Care scheme. Many of these products are used by patients in the home setting and are currently unfunded, but may provide cost savings to the healthcare system by keeping patients at home and out of expensive hospital and aged care settings. Another example of technology keeping people out of hospitals is telehealth and remote monitoring. The benefits to patients, the community

and health budgets facilitated by telehealth support for healthcare delivery in the home would be significant.

The introduction of new technologies into the health system continues to provide a challenge to the industry. There are limited pathways for the private and public health systems to identify and assess new technologies in a systematic way. MTAA worked with HealthPACT and the Independent Hospital Pricing Authority to advocate for a national strategy to assess new technologies.

## Industry development

MTAA continues to prioritise an industry development agenda to build a sustainable domestic medtech sector in Australia that supports all facets of the industry - manufacturers, importers, suppliers and distributors of medical technologies. Our focus is on articulating to government how decisions made across the diversity of portfolios including research and development, health, rural, remote and indigenous health, finance, trade, manufacturing, employment, ageing, small and medium business and economic development impact the industry's development and therefore, why it is critical to develop a whole of government approach to enable the industry to flourish.

We have been working in partnership with the NSW Government to develop a proposal for an industry led medical technology knowledge hub. This has given us an unprecedented opportunity to establish a collaborative effort amongst industry stakeholders and identify strategic actions to build the industry and achieve long-term sustained growth.

MTAA has developed a business plan for consideration by the government which explains why the industry would benefit from a knowledge hub model and identifies projects to take forward in the short term including a major skills study to understand:

- who is working in our industry now
- who will be in the future
- how to plan for future needs
- business mentoring activities between established companies and start ups
- tapping into new export markets
- implementation of a broad based telehealth model.

We will have more information in the near future as to how this project will eventuate.

MTAA has also made significant contributions to various federal and state government reviews including the NSW Rural Health Plan, the Queensland Competition Authority Industry Assistance review, the Victorian Government's Medical Technology Strategy and the Federal Government's Entrepreneurs Infrastructure Program. The major theme in these submissions is that the medical technology industry is a growth industry employing highly skilled people and with attention from government to develop appropriate policy levers and a more effective business environment, we can be part of the solution to major challenges in health care delivery in the future. We have also reasoned that what is needed in Australia is a concerted effort to establish a system that mentors or follows a company through the entire lifecycle of development – improving and accelerating the translation of Australia's research investments into commercial outcomes, creating jobs, community access to state of the art technologies and new export markets.



**I'm looking forward to continuing our work together to shape a healthier Australia.**

In addition, we are working to build awareness that there is a role for the health department to drive industry to develop the technologies where there is a health care need; that a more sustainable health system and med tech industry can be complementary goals. In particular, by using government procurement budgets as a market based instrument to drive economic growth, widely used in many other countries around the world including the United Kingdom and the United States. It is also about identifying how the government can best capitalise on its role as a facilitator of partners who make up the medical device eco system including academics, industry, the health system, the TGA and venture capital firms.

## Code outreach

MTAA continued to advocate for a level playing field for members who are bound by the Medical Technology Industry Code of Practice. If non-member companies behave contrary to the code, it denigrates the whole industry. It is therefore important to extend industry code coverage to all companies in the sector.

## Member outreach

As part of my initial listening tour I've met with most members to hear about their concerns. We have built a considerable amount of the recommendations into our strategic plan for 2014-17.

I would like to thank the great team at the MTAA office. Their skills, experience and goodwill make MTAA a positive and proactive work environment. I would also like to thank the Board, and its Chair, Kevin Barrow for making me feel welcome and for their support and robust discussions.



Susi Tegen  
Chief Executive

## MTAA Board Directors

### Kevin Barrow

Managing Director, Australia and New Zealand, Becton Dickinson  
BSc, MSc (Hons 1) (Waikato University),  
MBA (MGSM)



In 2004 Kevin joined Becton Dickinson (BD) as the Business Director for BD Medical. In 2006 he assumed the role of Managing Director for BD Australia and New Zealand. Prior to joining BD, Kevin worked with Eli Lilly; a United States based multi-national pharmaceutical company. There he held numerous roles in sales and marketing management in both Australia and New Zealand. His final role at Eli Lilly Australia was as Sales Director. Born in New Zealand, Kevin has always had an interest in science and healthcare. He is the immediate past MTAA Chair.

Joined Board in February 2010.

### Paul Braico

Vice President and Managing Director,  
Boston Scientific  
BEng (UNSW), MBA (MGSM)



Paul has over 27 years experience in the medical technology industry, working in diverse organisations, including Australian manufacturing, medical equipment, medical distribution and medical device multinationals. Prior to his current role, Paul has held several senior leadership roles in Australia and Japan.

Joined Board in June 2012.

### Patrick Callanan

Country Manager ANZ, American Medical  
Systems Australia Pty Ltd  
GAICD



Pat commenced his career in healthcare over twenty one years ago, having previously spent nine years in the finance industry, the final three as a principal in a small broking firm. Pat's experience in healthcare encompasses sales, marketing, sales management and senior management, working across a wide variety of surgical specialties to develop his understanding of healthcare and how to serve customers most effectively. Pat has been with American Medical Systems (AMS) since July 2010, having previously worked for large global device manufacturers Howmedica and Stryker. Prior to joining AMS, Pat was Managing Director for Advanced Surgical Technologies, a privately owned medical device distribution business.

Joined Board in October 2012.

### Emma Cleary

Group Chief Financial Officer, Device  
Technologies Australia Pty Ltd  
BBus (Deakin), ICAA, AICD



Emma has over 20 years experience including senior roles in Australia and overseas in the medical device industry, professional accounting and other industries. Emma is a Chartered Accountant, and joined Device Technologies as CFO in 2005. In addition to her group financial management role, Emma is also responsible for the Device Technologies operational, IT and executive services. Prior to joining Device Technologies, Emma held senior roles with Pioneer International, Tenix Group, Ericsson and Bosch.

Joined Board in October 2013.

### Lyn Davies

Managing Director, Tunstall Australasia Pty  
Ltd  
DipBusMgt, PERSA, ARATA, LASA QLD,  
AMACs



As Managing Director of Tunstall Healthcare, Lyn Davies is responsible for the strategic direction, business growth and operational services delivery for the Asia Pacific Region. Lyn joined Tunstall in 2004 with 20 years' experience in customer service and 14 years in contact centre environments. She has worked with well-known organisations such as Logan City Council, Mater Hospitals, CITEC and the Queensland State Government, with experience in the development and implementation of small to large scale call centres and emergency response centres locally and internationally. Lyn was previously Secretary and then Chairperson for the Australian Teleservices Association.

Joined Board in December 2013.

### Gavin Fox Smith

Managing Director, Johnson & Johnson  
Medical Pty Ltd, Australia & New Zealand  
BSc (USyd), GCertMktg (CSU), MBA  
(Deakin), AFAMI, CPM



Gavin Fox-Smith is one of Asia Pacific's most experienced health sector leaders, with nearly three decades in the medical technology and devices sector. A passionate advocate for community health, literacy and education, he believes the industry's ultimate goal is to enable the people of the world to live happier, healthier and longer lives.

Gavin has an impressive record of managing organisational growth, change and transformation. As Managing Director for Johnson & Johnson Medical (JJM) Australia and New Zealand since 2012, he facilitated the local integration of J&J's largest global acquisition. He has also been instrumental in expanding JJM's Community Contributions Program, with a particular emphasis on employees participating in volunteering.

Gavin started his career with Howmedica Orthopaedics, where he served in several roles of increasing responsibility in sales and marketing, before being appointed Director of Marketing for Asia. He joined J&J Medical ANZ in 1997 as a Regional Business Director, holding diverse leadership roles in sales, marketing and general management across the J&J family, including Ethicon, EES, DePuy and Cordis.

In addition to his current Managing Director role, Gavin is also: Asia Pacific regional leader for ASP, Mentor and Acclarent, and chairs J&J's Global Medical Services Marketing Council.

Gavin is MTAA Vice Chair and a member of the Advisory Board of Bowel Cancer Australia.

Joined Board in April 2012.

### David Jolly

Managing Director ANZ, St Jude Medical Pty  
Ltd  
RN (Fremantle Hospital)



David has worked in the health industry for over 30 years starting as a Registered Nurse, five years in the pharmaceutical industry followed by 20 plus years in the devices industry. Prior to taking up his role as Managing Director of SJM Australia in 2009 (and SJM New Zealand in 2011), David held several senior roles with Medtronic in Australia and internationally.

Joined Board in October 2013.

### Graham McLean

President, Stryker South Pacific, Stryker Australia Pty Ltd  
BSc (Hons) Geography, FCMA, CPA, GAICD

Graham has worked for Stryker for over nine years and is currently President for South Pacific (ANZ). He took up his current appointment in 2012 when he was appointed Managing Director having previously held a number of other roles including Finance and Operations Director and International assignments. Prior to working at Stryker, Graham had extensive international experience working in general management roles in food and drinks business, such as Lion Nathan, Smiths Snackfoods, Guinness and United Biscuits in Europe and Australia. Having been raised in the UK, Graham has lived in Sydney for 16 years.

Joined Board in February 2013.



### Doug North

Managing Director Surgical Specialties Pty Ltd  
BA (ECU)

Doug is the major shareholder and Managing Director of Surgical Specialties. From 1984 – 2000, Doug worked in numerous sales roles at Howmedica including National Sales Manager. Following Howmedica's integration with Stryker he held the role of General Manager, Stryker NSW. Through 2000 to 2005 Doug established his own business and was the Exclusive Distributor in NSW/ACT for Smith and Nephew's Orthopaedic and Endoscopy products. In 2006, Doug established Surgical Specialties, which now employs 75 staff across Australia and New Zealand.

Joined Board in April 2013.



### Mark Taffa

Managing Director, Horten Medical Pty Ltd  
BBus (CSU)

Mark is the founder and Managing Director of Horten Medical, a company distributing medical devices, established 2005. Actively involved in the healthcare industry for over 15 years, Mark has worked with both large multinationals and small business. At GE Medical Mark had responsibility for digital imaging products for all of Asia, which included living in Singapore and consulting to the Brunei government on e-health. Mark has experience in running small scale local manufacturing of complex medical equipment for local and export sales.

Joined Board in April (to October 2013), re-joined Board in December 2013.



### Andrew Wiltshire

Senior Director, Corporate Affairs, Medtronic Australasia Pty Ltd  
RN (Qld), BA Media Studies (Griffith), MBA (UNE), MAICD

Andrew has over two decades experience in the Australian medical technology and pharmaceutical sectors. As Senior Director, Corporate Affairs, Andrew is actively engaged in efforts to positively promote industry to government, healthcare providers and the community for appropriate access to medical technologies. He oversees Medtronic's quality, regulatory and reimbursement initiatives in the Asia Pacific region. Andrew currently Chairs the MTAA Government and Policy Committee and is a member of the Access Committee.

Joined Board in October 2013.



## Previous board directors

### David Akeroyd

Managing Director & Region Head ANZ, Baxter Healthcare Pty Ltd  
BSc (Victoria University of Wellington)

### Carmen Byrne

General Manager Healthcare, Australia and New Zealand, 3M Australia Pty Ltd  
BSc (CCAE), MBA (MGSM), Post GCert Health Policy (Syd), GAICD

### Jamie Stanistreet

Managing Director, Australia and New Zealand, Medtronic Australasia Pty Ltd  
Accounting and Marketing (UNSW)

### Michael Trevaskis

Director Sales and Marketing, Device Technologies BHLthSci, DipHlthSci (Nursing) (Latrobe)

## Meeting Attendance

1 July 2013 - 30 June 2014

	13-Aug-13	22-Oct-13	03-Dec-13	19-Feb-14	08-Apr-14	16-Jun-14
David Akeroyd	Apologies	Present				
Kevin Barrow	Present	Present	Present	Present	Present	Present
Paul Braico	Present	Present	Present	Present	Present	Present
Carmen Byrne	Present	Present	Present			
Patrick Callanan	Present	Apologies	Present	Present	Present	Present
Emma Cleary		Present	Present	Present	Present	Apologies
Lyn Davies				Present	Present	Present
Gavin Fox-Smith	Present	Present	Present	Present	Present	Present
David Jolly		Present	Present	Present	Present	Present
Graham McLean	Present	Present	Present	Present	Present	Present
Doug North	Present	Apologies	Present	Present	Present	Present
Mark Taffa	Present	Present		Present	Present	Present
Michael Trevaskis	Present					
Andrew Wiltshire		Present	Present	Present	Present	Present

# Committee Reports

MTAA would like to thank member companies for enabling their staff to participate in the work of all committees and forums. Furthermore, MTAA would like to thank all individuals who contributed to the work of committees, forums and ad hoc working groups for their efforts and insights.

## Access

The Access Committee played a structured role in MTAA policy deliberations during the reporting period, refining communications and coordination of activities with the Government Affairs and Policy Committee and conducting increased involvement in and feedback to the Reimbursement and Regulatory Subcommittees. The Access Committee is one of three strategic committees reporting to the Board. It met on six occasions during the reporting period.

The Access Committee continued to monitor Department of Health's actions in attempting to improve processes of the Medical Services Advisory Committee (MSAC). The Access Committee initiated an MSAC ad hoc working group to consider responses to developments during the period. An Activity Based Funding (ABF) expert working group was also formed to prepare responses to ABF developments.

## Reimbursement Subcommittee

The Reimbursement Subcommittee (RSC) is a subcommittee of the Access Committee. It met on seven occasions during the reporting year. The primary focus of RSC is on Prostheses List reimbursement issues.

The Committee manages industry responses to Prostheses List policy developments and considers operational matters referred to it by the Access Committee and the MTAA Secretariat.

The Committee has continued its constructive engagement with the Private Health Insurance Branch of the Department of Health. Members of the committee met with senior department staff three times during the reporting period, which included product displays for departmental officials in Canberra. Now in its third year, these high level meetings provide the Committee with a platform of significant value to address important policy and procedural issues.

The RSC also provides supporting input to the deliberations of the Access Committee, and provided advice on training and information topics for MTAA events.

## Regulatory Subcommittee

The Regulatory Subcommittee (RegSC) is a subcommittee of the Access Committee and met on a monthly basis during the reporting year. The RegSC is comprised of 12 senior regulatory professionals. The focus of the committee is on strategic regulatory issues and providing comment on the following key issues:

- changes to premarket assessment of medical devices
- framework for the Australia and New Zealand Therapeutic Products Agency (ANZTPA)
- engagement with TGA
- international harmonisation and confidence building activities.

The committee has been very active in a variety of TGA related activities, including having met with TGA National Manager and other key TGA executives to discuss current and future regulatory challenges facing industry.

The RegSC was instrumental in developing the MTAA white paper on *Improvements to the Australian Regulatory System for Medical Devices*. The white paper assisted in demonstrating some of the prohibitive costs and time delays of the current regulatory system, as well as providing suggestions for improvements to make the system more efficient without affecting the quality, safety or performance of devices supplied in Australia.

## Code of Practice

The Code of Practice Committee (CPC) is a member-based committee, which is responsible for overseeing regular reviews and evaluation of the Code and its administration, promotion of the Code and education on the Code. The CPC has an independent chair and includes a consumer representative. The CPC met twice during the year and reviewed matters that had arisen from the code complaints/appeals process, and from the work of the Code Monitoring Committee. Amendments to the Code FAQs were developed to clarify matters of concern identified in this way.

More recently, CPC has been involved in the review of the Code and draft revisions in development of the proposed 9<sup>th</sup> edition of the Code.

## Code Monitoring Committee

The Code Monitoring Committee (CMC) monitors compliance with the Code by annually reviewing each member company's activities for a defined two month period. CMC has an independent chair and includes representatives of healthcare professional associations, healthcare institutions and consumers. Companies are required to submit details of their promotional and other activities to the CMC, using standard templates. The CMC met five times over the past year to review monitoring submissions from member companies.

While there was a generally high standard of compliance, the Committee requested further clarification on information submitted from eight companies. Each of these issues was resolved on review and no issue was referred to the Complaints Committee as a possible breach of the Code.

The CMC has considered means by which the outcomes of its monitoring activities can be disseminated to assist members with Code compliance, and has undertaken to issue regular (de-identified) reports. Consideration is being given to broadening the scope of monitoring activities to address areas of the Code not currently covered by the standard templates.

## Secretariat Staff

### Code Complaints and Appeals Committees

In the event of a complaint being received against the Medical Technology Industry Code of Practice, a Code Complaint Committee is drawn from a panel consisting of industry representatives and independent representatives from professional associations, institutions and consumers, having due regard to actual or perceived conflicts of interest. Should the matter proceed to appeal, the Appeals Committee is selected by the same process. Both Committees are independently chaired by a lawyer.

In the past year, a complaint was received from a member company against the activities of a non-member company, which declined to have the complaint adjudicated by the Code Complaints Committee. Therefore, the matter did not proceed. A further complaint involving two member companies is currently the subject of an appeal.

### Government Affairs and Policy

The Government Affairs and Policy Committee is one of MTAA's three strategic committees, chaired by a Board member and reporting to the Board. It met on six occasions during the reporting period. The Committee provided a sounding board for policy development especially in the lead up to the federal election. Committee members are government affairs professionals who contributed to the associations' government affairs strategies.

### Regulatory Affairs

The Regulatory Affairs Committee (RAC) is comprised of 24 regulatory professionals. It met on a monthly basis during the reporting year. The focus of the Committee is on operational regulatory issues, which are raised at the TGA's Regulatory and Technical Forum on a quarterly basis. Issues raised at the Forum have included industry training, development of guidance material to fill gaps in TGA's existing published guidelines, and problems with various TGA IT systems and application processes.

### Orthopaedic

The Orthopaedic Committee met three times during the reporting year. The Committee considered issues affecting industry's relationship with orthopaedic healthcare providers and informed industry responses as necessary.

During the reporting year, members of the Orthopaedic Committee, with Arthritis Australia and clinical input from the Australian Orthopaedic Association, sponsored production of a booklet for patients on joint replacement.

The Committee has continued its interest in the application and uptake of the Medical Technology Industry Code of Practice in the orthopaedic sector, and its relevance to meetings and training.

#### Susi Tegen

MBA (Melb), BCCM (AGSM), BA (Adel), FAICD, FARLF, DipEd (UNE), GCL (JCU)  
Chief Executive

#### Gary Burgess

BSc, BEng Biomedical (Hons) (Flinders)  
Director Regulatory Affairs

#### Marion Demann

DiplGeog (Botanik & Kommunikationswissenschaften)  
(Georg-August Universität Göttingen)  
Corporate Communications Manager

#### Alessandra Doolan

BMedSc (Hons I), PhD (Medicine), MPH (Syd)  
Health Outcomes Policy Manager

#### Alina Hughes

BA, LLB (UNSW), LLM (Syd)  
Code of Practice Manager

#### Joanne Ince

Dip Bus Mgt  
Executive Assistant/Events

#### Fee Koch

Public Health Policy Officer (*until July 2014*)

#### Fiona Landis

BComms Media Production (CSU)  
Industry Policy Manager

#### Kylie Maidment

PhD, Telehealth Policy Manager (*on maternity leave*)

#### Warren Mitchell

BAppSc Medical Technology (QIT), GDiplBA (QIT)  
Manager Commercial Issues

#### Roslyn Mitchelson

BA (UTAS), GCert Sustainability Management (Syd)  
Industry Policy Manager

#### Melinda Padovan

Office Administrator

#### David Ross

MBA (SCU), GDipStratStud (ADC), DipMilStud (UNSW), GAICD  
Director Healthcare Access

#### Fiona Shipman

DTeach (UTS), BA (Macq), MCommsMgt (UTS)  
Professional Development Manager

#### Samantha Tham

Director Regulatory Affairs (*until December 2013*)

# Forums & Working Groups

## Activity Based Funding Expert Working Group

The Working Group was set up to discuss the impact of Activity Based Funding (ABF) for the medical technology industry, specifically the uptake of new technologies under the pricing framework for public hospital services. The group discussed strategies for future engagements with the Independent Hospital Pricing Authority (IHPA), state governments and Local Hospital Networks.

The group provided comments to MTAA's submissions to the Independent Hospital Pricing Authority (IHPA) on the consultation papers on *Impact of new health technology framework* and *Pricing Framework 2015-16*, and was involved in preparing MTAA's MedTech Forum on ABF.

## Clinical Investigation

The Clinical Investigation Interest Group (CIIG) met regularly to discuss topics relating to clinical studies and trials for medical devices. Activities included development of an updated clinical research agreement template tailored specifically for device trials, and presentation of a session at the 2014 ARCS Congress in Sydney.

The Group was also involved in providing submissions to the NHMRC consultation into streamlining processes associated with conducting clinical trials in Australia.

## Commercial Issues

The Commercial Issues Forum provided a sounding board for a range of issues that were followed up by the secretariat.

The issue of National Electrical Licences was raised with the National Occupational Licensing Authority (NOLA) and its successor, the Council for Australian Federation (CAF), to reduce the burden on suppliers whose services and licences span multiple states.

In negotiations with NSW Health the secretariat successfully reduced product liability insurance to a cap of \$20m on the product evaluation form (and future loan form).

A resolution was achieved of requirements for suppliers to provide hTrak with duplicate National Product Catalogue (NPC) data.

Communications with QLD Health continued about:

- more acceptable timing of release and response time for tenders
- the right to purchase from a supplier if offered a better price
- requests for detailed cost transparency information
- duplication of state tenders by metro health boards.

On the issue of cost transparency information MTAA issued a paper examining the appropriateness of requiring detailed cost transparency information (breakdown of manufacturing, administrative, transport costs and profit margin) in tenders.

Health Purchasing Victoria (HPV) agreed to a variation in the mandatory requirement of the use of GS1's Recallnet in tenders if suppliers are able to show that it does not fulfill their requirements.

## Legal Counsel/Compliance

The Legal Counsel/Compliance Forum met five times in 2013-14. The Forum is open to personnel from member companies, who have responsibility for the Medical Technology Industry Code of Practice, compliance and ethics. This includes staff in positions such as legal counsel and compliance.

The Forum is intended to provide an opportunity for participants to network, receive updates and provide feedback on a range of code and ethics issues. In 2013-14 the forum worked on various issues such as possible Code FAQ topics, external review of the Code, and the MTAA/MTANZ/Advanced AsiaPacific Compliance Working Group meeting.

## Orthopaedics Regulatory Working Group

The Orthopaedics Regulatory Working Group (OWG) met on several occasions during the reporting year on an ad-hoc basis. The group identified key issues experienced by member companies with respect to the reclassification of major orthopaedic joint replacements.

Representatives of the group met with TGA to work on various issues, and this engagement led to a legislation change extending the transition period for affected products by one year to 30 June 2015. The group will continue to meet and engage with TGA throughout the reclassification transition process.

## External Representation

MTAA and others represented members on a range of external committees and stakeholder groups.

- Alliance for Sharps Safety and Needlestick Injury Prevention in Healthcare: **Susan Martland** (Acting Chair), **Marion Demann** (Secretariat)
- Bariatric Surgery Registry Steering Committee: **David Ross**
- Breast Device Registry Steering Committee: **David Ross**
- Cardiac and Cardio-thoracic CAGs: **Warwick Kitt** (industry adviser)
- Centre of Research Excellence in post-market surveillance of medicines and medical devices, Centre Advisory Board: **Sam Tham/Gary Burgess**
- Complaints Resolution Panel: MTAA staff
- Hip, Knee, Spinal and Specialist Orthopaedic Clinical Advisory Groups (CAGs): **Bernard O'Connor** (industry adviser)
- Home Dialysis Advisory Group: **David Ross/Alexandra Doolan**
- HTA Consultative Committee: **Susi Tegen** (member), **David Ross** (observer)
- HTA\_Aus Think Tank: **Alessandra Doolan**
- IHPA Stakeholder Advisory Committee: **Fee Koch**
- Medicines Australia Transparency Working Group: **Alina Hughes**

- National Joint Replacement Registry Consultative Committee: **David Ross**
- Ophthalmic CAG: **Peter Abrahamson** (industry adviser)
- Prostheses List Advisory Committee: **David Ross**
- Standards Australia  
MTAA is represented on 16 active committees, and in the last year representatives have contributed to standards for:
  - AS/NZS 3551 Management programs for medical equipment
  - AS/NZS 4187 - Sterilization of Medical Devices
  - AS 4011.1&2 / AS 4179 - Medical Gloves
  - ISO 14155:2011 - Clinical investigation of medical devices for human subjects
- Supply Chain Reference Group (NEHTA): **Warren Mitchell**
- Therapeutic Goods (Codes of Conduct) Implementation Advisory Group: **Alina Hughes**
- Therapeutic Goods Advertising Code Council: **Alina Hughes**
- TGA-Industry Consultative Committee: **SamTham/Gary Burgess**
- TGA/Industry Regulatory & Technical Consultative Forum: **SamTham/Gary Burgess**
- Trusted Information Sharing Network (Health Sector Group): **Warren Mitchell**
- Urogenital and Vascular CAGs: **Nick Shalley** (industry adviser)



## Committee Membership

All committee members and forum participants help shape the industry's policy through their hard work, dedication and support throughout the year. The following lists membership of the three strategic committees reporting to the Board and is representative of all individual members of all MTAA committees, forums and working groups.

### Access Committee

**Gavin Fox-Smith (Chair)**, Managing Director, Johnson & Johnson Medical

**Robyn Chu**, Health Outcomes Director, Johnson & Johnson Medical

**Hilary Crilly**, Director of Health Economics, ANZ, BD

**George Faithfull**, Vice-President Regulatory Affairs & Quality Assurance, Stryker Pacific

**Sarah Griffin (2013)**, Director Corporate Affairs ANZ, St. Jude Medical Australia

**Ruth Shennan**, Regulatory Affairs Manager, Device Technologies Australia

**Falko Thiele (12/2013)**, Director Clinical & Regulatory Affairs, Biotronik Australia Pty Ltd

**Andrew Wiltshire**, Senior Director, Government Affairs, Medtronic Australasia

### Code of Practice Committee

**George Walck (Independent Chair)**, Director, George Walck & Associates

**Paul Braico**, Managing Director, Boston Scientific

**Camilla Chan**, Legal Counsel, Medtronic Australasia

**John Cooper**, VP Australia, New Zealand & India, Zimmer

**Michael Goldberg**, Financial Controller, St. Jude Medical Australia

**Patricia Greenway**, Consumer Representative, Consumers' Health Forum

**Michelle Wagner**, Compliance Director, Johnson & Johnson Medical

### Government Affairs and Policy Committee

**Jamie Stanistreet (Chair 2013)**, Managing Director, Medtronic Australasia

**Andrew Wiltshire (Chair 2014)**, Senior Director, Government Affairs, Medtronic Australasia

**David Cain**, Corporate Affairs & Market Access Adviser, Johnson & Johnson Medical

**Sarah Griffin (2013)**, Reimbursement & Government Affairs Manager, St. Jude Medical Australia

**Jodie Jansen**, Government Relations Manager ANZ, Baxter Healthcare

**Kristin King (2013)**, Manager, Government Affairs & Public Policy ANZ, Covance

**Susan Martland**, Manager, Government Relations and Public Policy, BD

**Michael Simmonds**, Health Economics and Government Affairs Manager, Boston Scientific



# Professional Development

Medical technology professionals require up-to-date knowledge, skills and understanding to deliver positive outcomes in the ever complex and changing healthcare environment. Professional development is central to achieving this outcome.

During the 2013-14 financial year, the professional development program continued to consolidate across the areas of education, training, information sharing and career support as a means of further supporting the professional growth of the medical technology industry.

## Training

The MTAA training program is based on future national and global directions of the medical technology industry, and feedback gained from its workforce. A blended learning approach continued to be implemented throughout the year.

Existing face-to-face training was reviewed with modules added or removed, pending take-up from industry. Course *4.0 Reimbursement of Medical Technology* was renamed *4.0 Healthcare Access* and expanded to include additional modules on activity based funding. Courses *6.0 Customer Acquisition, Retention and Development* and *7.0 Commercialising and Manufacturing Medical Technology in Australia* were added to the program following feedback from members. Several face-to-face modules were redeveloped as online learning.

In summary eleven new self-paced online learning modules were developed and delivered. Twenty-four of the 77 modules were VET accredited, with over 75% delivered online. Similar to 2012, module *3.6 Operating Theatre Protocols Update* (online) had the highest registration rate with 513 registrations, followed by module *2.1 Introduction to the Code of Practice Edition 8* (online) with 286 registrations, then *3.5 Introduction to Operating Theatre Protocols* (face-to-face) with 60 participants.

With the introduction of a new database in 2012, all past participants have had their online profile updated with completed face-to-face training records back to 2008. This enables past participants to view their MTAA *Certificate of Participation* online via their *My MTAA Account*. This portal can travel with the user between companies while they remain in the industry simply by updating their profile should they need to access their past training records. The MTAA *Training Catalogue* is constantly updated enabling users to register online for any training event.

Despite the ever expanding online offerings member training fees remained the same. However, there was a 5% increase to non-member training fees from the commencement of the 2013-14 financial year.

## Education

Industry entry points are mainly facilitated through education and training pathways.

This includes:

1. VET institutions
2. universities (undergraduate and post-graduate courses)
3. ongoing professional development.

During 2013-14 MTAA continued to offer web-based resources that support the education of future, newly qualified and current medical technology industry personnel. The MTAA *Workplace Learning Directory* assists secondary and tertiary students to be exposed to the work of the medical technology industry. The *MyUniversities* website link provides an opportunity for undergraduate and post-graduate students to identify relevant education courses available through tertiary providers.

MTAA continues to offer the *Emerging Leaders Development Program* through McCarthy Mentoring. This initiative aims to connect MTAA member company high potential aspiring leaders with the expertise, insights and networks of leaders from business, government and non-for-profit sectors.

## Information Sharing

To further support the MTAA professional development program MTAA offered a number of information sharing events. These included three MedTech Seminars attended by 97 participants, two MedTech Forums attended by 114 registrants, five member and non-member webinars with 105 registrants, one e-Briefing with nine member registrants, and five Webytes with 50 members engaged in free online presentations.

## Career Support

This section of the MTAA website was further expanded to support the career choices available to the medical technology industry. MTAA career support opportunities are designed to foster industry progression at varying stages of a career.



# Industry Profile

## Annual Conference

The annual conference MedTech 2013 – *the role of medtech in patient centred care* was held on Thursday, 7 November 2013, at Dockside, Darling Harbour, Sydney.

It brought together many senior industry representatives and healthcare opinion leaders for a lively debate about key issues and opportunities for the medical technology industry. The program included international and Australian speakers who presented their perspectives on patient centred care and what role medtech can play.

Speakers and sessions included:

- *Business innovation in healthcare delivery in Asia:*  
**Dr Jeremy Lim**, Principal Consultant, Insights Health Associates, Singapore
- *Best practice in delivering patient centred care:*  
**Dr Su-Lin Chong**, CEO Prince Court Medical Center, Kuala Lumpur (Malaysia) [via videolink]
- *Is health reform moving us closer to patient centred care:*  
**Dr Stephen Duckett**, Director, Health Program, Grattan Institute
- *What consumers want from a patient centred care model and from the regulation of medical devices:*  
**Carol Bennett**, CEO, Consumers Health Forum of Australia
- *The Australian regulator's update: balancing pre- and post-market regulation of medical devices:*  
**Professor John Skerriitt**, National Manager, TGA
- *Changes to the regulatory environment – an international perspective, panel discussion:*
  - **George Faithfull**, Clinical Research & Regulatory Affair, Stryker
  - **Faye Sumner**, CEO, MTANZ
  - **Kerri-Ann Arnott**, Senior Director Regulatory Affairs, MD&D, Asia Pacific, Johnson & Johnson Medical

A presentation about the work of Australian Doctors International was included in the conference dinner. The dinner also provided the backdrop to award membership certificates for long term members, and to announce the winner of the Kerrin Rennie and Outstanding Achievement Awards.



MedTech 2013 - Regulatory Panel

## Kerrin Rennie Award

The 2013 Kerrin Rennie Award for Excellence in Medical Technology – *Improving Quality of Life* recognised the innovative and extraordinary contribution of medical technology in improving health outcomes of Australian patients.

Medical technology saves and improves lives by detecting diseases earlier and by providing more effective treatment options for patients and the healthcare system. A company can enter a product used in the diagnosis, prevention, treatment or management of disease and disability. The product must demonstrate the following criteria:

- evidence of significant contribution to improving patient outcomes by enhancing quality of life
- evidence of technical excellence
- evidence of innovation.

The winner of the 2013 Kerrin Rennie Award was the Sherlock 3CG Tip Confirmation System by Bard Australia Pty Ltd.

The Sherlock 3CG Tip Confirmation System (TCS) is a minimally invasive technology that, for indicated patients, eliminates the need for chest x-rays following placement of Peripherally Inserted Central Catheters (PICCs). It utilizes real-time magnetic navigation and electrocardiogram (ECG) information to provide accurate visualisation of the PICC as it passes through the patient's vasculature, as well as providing confirmation regarding the final location of the catheter tip.

By eliminating the need for a confirmatory chest x-ray, this technology reduces radiation exposure for patients and shortens the overall procedure time, allowing immediate delivery of therapy or enabling the patient to leave hospital earlier. This reduction in procedure time and the ability to insert a PICC at a patient's bedside, whilst still ensuring accurate placement of the catheter tip, may in turn allow more patients the option of receiving this type of catheter in place of surgically implanted ports or tunneled catheters.

The other finalists were:

- UroLift System by NeoTract Australian Pty Ltd
- Bonebridge by MED-EL Implants Systems Australasia

*This award is endowed by the family of the late Kerrin Rennie, who was a long standing member of the Australian medical technology community.*



Sherlock 3CG Tip Confirmation System

## Outstanding Achievement Award

For the first time in 2013 MTAA acknowledged an individual's outstanding achievement to the Australian medical technology industry.

Nominations are open to individuals who have contributed in a significant and outstanding way to the development of the medical technology industry. Nominations are accepted regardless of membership of the association.

**Jamie Stanistreet, Managing Director, Medtronic Australasia Pty Ltd** is the recipient of the inaugural Outstanding Achievement Award 2013 announced at the conference dinner on 7 November.

With almost four decades of experience in the Australian and New Zealand healthcare sectors, Jamie Stanistreet has dedicated his career to the Australian medical devices industry. Jamie joined Medtronic in 1999 following their acquisition of AVE Inc and was appointed to the Managing Director role in 2001. Prior to joining Medtronic he worked in senior sales and marketing roles with Bard Australia, 3M and Biospectrum.

He has been Vice Chair of the Board for the Medical Technology Association of Australia – Australia's leading industry association for medical devices – since 2008, and has been an AmCham (American Chamber of Commerce) Governor since 2010.

Jamie was instrumental in Medtronic's recognition as one of Australia's Best Employers in the 2005, 2006/07 and 2008 Hewitt Best Employers Australia and New Zealand Awards, and again in 2010 when the company received a Highly Commended award. He has also been deeply committed to promoting Medtronic as an Employer of Choice for Women by the Australian Government's Equal Opportunity for Women in the Workplace agency since 2006.

From the nomination:

"Jamie Stanistreet has committed more than 40 years, to improving access to medical technology for all Australians. Over those four decades, not only has he viewed and adapted to the significant expansion of the medical technology industry, but has played a critical role in its growth and development on the local and international stage."

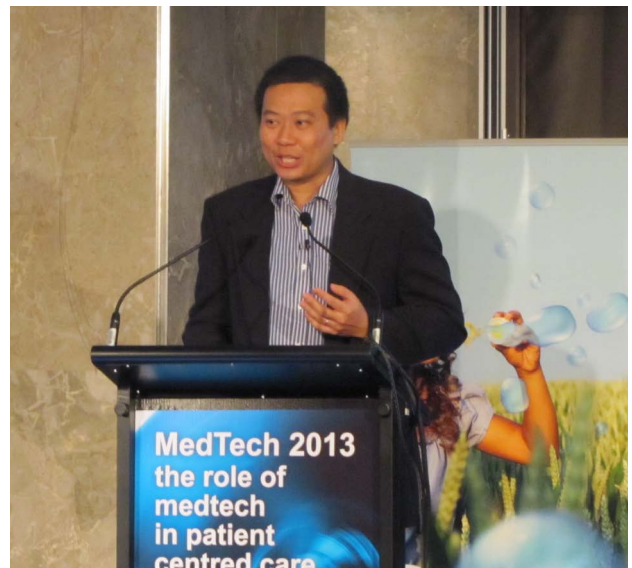
"Jamie is a stalwart of the Medical Technology Industry in Australia. He is one of the longest serving members of the Association Board, and has given many years of service in this capacity."

The other finalists for the Outstanding Achievement Award 2013 were:

- Peter Ord, Chief Executive Officer, Device Technologies Australia
- Professor Karen Reynolds Director, Medical Device Partnering Program, Flinders University



*Bard Australia Pty Ltd receiving 2013 Kerrin Rennie Award*



*Speaker MedTech 2013*



*MedTech Dinner*

## Value of Technology Project

The Value of Technology (VOT) project was established to improve the understanding of the impact of advances in medical technology on healthcare expenditure in Australia, and the associated benefits for the Australian healthcare system and community.

The VOT project focuses on the clinical and economic burden of various disease areas, and the cost and benefit impact relevant medical technologies have on these diseases. The outcome of the VOT research will support advocacy for funding in, and support for, a range of technologies that might not have strong Australian evidence to date and/or lack funding.

As at June 2014 the VOT project includes eight disease and technology areas:

- Obesity
- Hearing
- Diabetes
- Remote Monitoring
- Wound Care
- Chronic Pain
- Sharps Safety
- Home Dialysis.

In 2013 the VOT project was presented and made available online as an online E-briefing.

### **Chronic kidney disease (end-stage kidney disease) and home dialysis**

In 2013-14 MTAA worked in partnership with Kidney Health Australia on the VOT research on home dialysis and chronic kidney disease. The main objectives of the project include:

- review the clinical and economic burden of chronic kidney disease, particularly end-stage kidney disease and kidney transplantation in Australia
- review current evidence on the costs and benefits of home dialysis
- review current federal and states/territories funding models for home dialysis
- recommend a funding model that is feasible, cost effective, and provides equitable access to clinical care for patients that require home dialysis.



The research outcome supports advocacy for funding of and support for home dialysis.

MTAA recommends that:

- government funding models should prioritise treatments that are cost-effective and provide best outcomes for all patients with chronic kidney disease (particularly end-stage kidney disease)
- government strategies should ensure there is equitable patient access to dialysis services that includes access new and emerging renal technologies that are cost-effective and provide better patient outcome
- accessibility to home dialysis service delivery for Australians with renal disease living in remote and rural regions needs to be improved, particularly for Indigenous Australians, for whom the prevalence of end-stage kidney disease is substantially higher compared to non-Indigenous Australians. Increasing home dialysis service for Indigenous Australians would provide better health outcomes with minimal social disruption, i.e. receiving dialysis treatment at hospitals or satellite centres is associated with relocation away from family and community
- government funding cost models need to consider the benefits and economic savings to the healthcare system that can be gained by increasing the uptake of home dialysis.

## Presentation of the VOT project during 2013-14

### Government submission

The VOT report on diabetes and insulin pumps provided evidence-based support for submissions:

- to the PBS on *Post-market Review of Products Used in the Management of Diabetes: Stage 2 on Insulin Pumps*. The submission addressed the terms of reference 8 to 10 - component of the review which aims to evaluate the clinical evidence of the benefits of ongoing use of insulin pumps in patients across all age groups, the uptake of insulin pumps for patients up to 18 years old under the insulin pump programme, and to support appropriate access arrangements. MTAA attended the Stakeholder Forum for Stage 2 (Insulin Pumps) in September 2013
- to the PBS on the National Diabetes Services Scheme (NDSS) reviews. MTAA represented the industry at the NDSS review stakeholder meeting.

### Abstracts and brief communications

The VOT report on obesity formed the basis for a letter to the Editor of the *Medical Journal of Australia*. MTAA highlighted the issue of inequalities in patient access to bariatric surgery despite the growing prevalence of obesity (including morbid obesity) in Australia. Improving access should be a priority health commitment especially for those living in areas of lower socioeconomic status (MJA. 2013. 199: 240-41).

The VOT report on *Value of technology: needlestick and sharps injuries and safety-engineered medical devices* was cited in a study by Guest et al. *Nurses' sharps, including needlestick, injuries in public and private healthcare facilities in New South Wales, Australia*. The study concluded that opportunities exist to improve safety practices across various nursing practice environments (Healthcare Infection 2014. 19: 65-75).

An abstract based on the VOT report on diabetes was accepted at the *Health Technology Assessment International (HTAi)* conference in Washington in 2014. MTAA recommended the use of insulin pumps for children and adolescents with type 1 diabetes remains funded, while some subsidy for the use of insulin pumps should be provided for adults with type 1 diabetes and those with type 2 diabetes and gestational diabetes, who would clinically benefit from insulin pump use.

### Conferences

The VOT on home dialysis was presented at the *2<sup>nd</sup> Biennial Australian and New Zealand Home Dialysis* conference in 2014 to an audience of more than 300 delegates mainly from Australia and New Zealand. Recommendations to improve access to funding of home dialysis were included in the presentation.

The VOT report on chronic wounds, which highlights the evidence for funding of treatment and management of chronic wounds, and the cost savings that can be gained in using modern wound care devices, was presented at:

- *Australian Wound Management Association (AWMA) National Conference 2014*. AWMA's wound care conference is held every two years and attended by approximately 3,000 members from the disciplines of nursing, medicine, pharmacy, podiatry, industry and science.
- *2014 ACORN Biennial Conference Melbourne* (poster presentation). ACORN is the peak professional organisation that represents nurses in a variety of roles in perioperative settings in Australia.

The VOT project was highlighted at the *2013 Emerging Health Policy Research Conference*. Conference delegates were mainly those who conduct research in the areas of health policy. MTAA presented on the objectives of the VOT project and how medical technologies can contribute to savings to the healthcare system.

# Submissions

MTAA contributed to a range of reviews and consultations in the financial year 2013-14.

## 2014

- Submission to the Entrepreneurs Infrastructure Programme - 30 June 2014
- Comment on the NSW Draft Rural Health Plan - 12 June 2014
- Submission to the Queensland Competition Authority Industry Assistance review - 30 May 2014
- Consultation submission to the review of the low value turnover exemption scheme - 22 May 2014
- Submission to Senate Community Affairs Committee on Out-of-pocket costs in Australian healthcare - 12 May 2014

## 2013

- Submission to Medicines Australia Code review - 19 September 2013
- Comments to IHPA on the draft impact of new health technology framework - 13 September 2013
- Comments on draft TGA approach to disclosure of commercially confidential information - 29 August 2013
- Comments on the NDSS review - 26 August 2013
- Comments on IHPA's draft pricing framework 2014-15 - 30 July 2013
- Comments on TGA's Consultation Regulation Impact Statement: Regulating the advertising of therapeutic goods to the general public - 18 July 2013
- Comments on IHPA's work program 2014-15 - 15 July 2013

All submissions and position papers can be accessed on the MTAA website at [www.mtaa.org.au](http://www.mtaa.org.au).



## Members at 30 June 2014

3M Healthcare Pty Ltd  
Abbott Vascular  
Admedus Pty Ltd  
Alcon Laboratories (Australia) Pty Ltd  
Allergan Australia Pty Ltd  
Ambu Australia Pty Ltd  
American Medical Systems (AMS) Pty Ltd  
AMO Australia Pty Ltd  
Analytica Ltd  
ArthroCare (Australasia) Pty Ltd  
Australasian Medical & Scientific Ltd  
B Braun Australia Pty Ltd  
Bard Australia Pty Ltd  
Bausch & Lomb (Australia) Pty Ltd  
Baxter Healthcare Pty Ltd  
Becton Dickinson Pty Ltd  
Big Green Surgical Company Pty Ltd  
Biomet Australia Pty Ltd  
Biotronik Australia Pty Ltd  
Boston Scientific Pty Ltd  
Brainlab Australia Pty Ltd  
ConMed Linvatec Australia Pty Ltd  
Corin (Australia) Pty Ltd  
Covidien Pty Ltd  
Culpan Medical Pty Ltd  
Device Technologies Australia  
Edwards Lifesciences Pty Ltd  
Fresenius Kabi Australia Pty Ltd  
Gambro Pty Ltd  
Gelworks Pty Ltd  
Heraeus Kulzer Australia Pty Ltd  
Horten Medical  
Hospira Pty Ltd  
Johnson & Johnson Medical Pty Ltd  
Kimberly-Clark Australia Pty Ltd  
Laminar Air Flow Pty Ltd  
LifeHealthcare Pty Ltd  
Maquet Australia Pty Ltd  
Mayo Healthcare Pty Ltd  
Medical Specialties Australia Pty Ltd  
Medigroup Australia Pty Ltd  
Medtronic Australasia Pty Ltd  
Metacure Australia Pty Ltd  
N Stenning & Co Pty Ltd  
Oceania Orthopaedics Pty Ltd  
Olympus Australia Pty Ltd  
Paragon Therapeutic Technologies  
Paul Hartmann Pty Ltd

Prism Surgical Designs Pty Ltd  
REM Systems  
Safelens Australia  
Signostics Pty Ltd  
Simavita (Aust) Pty Ltd  
Sirtex Medical Limited  
Smith & Nephew Pty Ltd (Healthcare Division)  
Smith & Nephew Surgical Pty Ltd  
Smiths Medical Australasia Pty Ltd  
Sorin Group Australia Pty Ltd  
Spectrum Ophthalmics  
St. Jude Medical Australia Pty Ltd  
Stryker Australia Pty Ltd  
Surgical Specialties Pty Ltd  
Synthes Australia Pty Ltd  
Terumo Australia Pty Ltd  
Tornier Pty Ltd  
Tunstall Australasia Pty Ltd  
Varian Medical Systems Australasia Pty Ltd  
Wellspect HealthCare Australia  
W. L. Gore and Associates (Aust) Pty Ltd  
Wright Medical Australia  
Zimmer Pty Ltd

## Associate members at 30 June 2014

BSI Group  
Covance Pty Ltd  
Open Sesame Consulting  
Medtechnique  
Healthcare Placement Solutions  
IDE Group  
Brandwood Biomedical Pty Ltd  
Five Corners Pty Ltd  
Regulatory Concepts Pty Ltd  
Slate Hill Consulting Pty Ltd  
Pacific Clinical Research Group  
Sue Akeroyd & Associates  
The SPD Company Pty Ltd  
Dassault Systemes Australia Pty Ltd  
Intelog Business and Healthcare Performance Group  
PricewaterhouseCoopers  
The Bioadvisory Group Pty Ltd  
Bizcaps Software

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