

13 November 2020

immunisation.registers@health.gov.au

RACGP Submission on proposed changes to the *Australian Immunisation Register Act 2015*

To whom it may concern,

Thank you for providing the Royal Australian College of General Practitioners (RACGP) with the opportunity to comment on [proposed changes](#) to the *Australian Immunisation Register Act 2015* (AIR Act).

The proposal is to require all vaccination providers to report vaccines administered to patients to the Australian Immunisation Register (AIR). The change will not make it mandatory for patients to receive any vaccine.

We note that the proposed mandatory reporting requirement would apply initially to influenza vaccinations, vaccinations provided under the National Immunisation Program (NIP), and COVID-19 vaccinations, once available. At present, the reporting of vaccinations provided to patients is encouraged, but not mandatory under the AIR Act. This has resulted in vast under-reporting from some sectors.^{1 2} This under-reporting is of great concern to the RACGP, as general practitioners (GPs) need to be able to access information about what vaccines their patients have received and when they are next due.

As such, we support the proposal for mandatory upload of COVID-19, influenza and National Immunisation Program vaccinations, with the below recommendations.

Recommendations

1. The Australian government to provide a full and detailed privacy disclosure statement and consent form, with adequate guidance for GPs to provide to their patients.
2. Patients should be able to opt out of reporting their personal information to AIR. A second line option should be available for general practices to report completely de-identified information where a patient does not provide their consent.
3. The Australian government to provide additional funding, such as an Immunisation Practice Incentive Payment, to support the increased time spent obtaining consent and uploading information to the AIR, as well as increased infrastructure costs associated with storing larger numbers of vaccines.
4. The Australian government to provide a patient communication plan and resources, with an implementation plan and provider education strategy, to support the changes.
5. The Australian government to support seamless integration of AIR reporting functions with commonly used general practice software.
6. The Australian government to introduce technology to support seamless upload of vaccinations administered outside of the general practice – for example in Residential Aged Care Facilities.
7. Compliance measures must focus on educative and supportive strategies, both during and after the initial implementation of changes. Compliance measures must not negatively impact patient access to immunisations.

Rationale

Patients should be encouraged to receive vaccinations at their general practice

In 2019, around 80% of all vaccine encounters on AIR were reported by GPs, showing already existing high uptake of the reporting function by GPs. ³

GPs and general practice nurses are best placed to administer vaccines. This will be particularly important once COVID-19 vaccines become available. The COVID-19 vaccination will have no post-marketing safety data and will need to be administered with full medical supervision to protect the Australian public. It is vitally important with any new vaccine that record keeping is of the highest order, and patients are closely monitored by a qualified medical practitioner for potential adverse events, in the short and longer term.

When a patient visits their GP for vaccination, the GP takes the opportunity to provide other important health services, such as health screening, and discuss broader health needs using their existing therapeutic relationship and knowledge of the patient's history and circumstances. Patients receiving vaccines from other providers fragments care, and is a missed opportunity for the provision of whole-of-patient healthcare.

Privacy consent and the potential barrier to vaccination

It is important that this requirement does not create a barrier to patient access to vaccinations. Patients must not be excluded from receiving a vaccine if they are not comfortable sharing their personal health information with the Australian Government. Any additional barrier may impact on the important public health measure of ensuring adequate population vaccination rates to achieve herd immunity.

As the proposal applies to influenza vaccinations which could be privately provided, patients should be able to opt out of providing personal information, much like the current ability to opt out of the My Health Record, without being excluded from accessing the vaccine. Many patients will be concerned that their data will be used to determine their access to other services such as welfare payments and childcare.

With the introduction of a new vaccine for COVID-19, it will be vitally important health authorities have access to adequate records to enable active surveillance and identify any adverse events. However, it is equally important that patients are made aware of how their personal information will be recorded, reported, and used, and to whom their information will be disclosed.

GPs will need time to discuss these issues with their patients, and obtain consent, prior to uploading any information to AIR. This presents an additional cost that will need to be supported by government. It cannot be absorbed by general practice.

Communication plan

The RACGP expects that the government will provide a patient communication plan and resources, with an implementation plan and provider education strategy, to support the changes. The patient communication plan must be designed with the diversity of general practice patients in mind and outline the rationale and benefits for patients and the community.

Implementation challenges for general practices

While general practices have high rates of reporting to AIR voluntarily, assistance should be provided by the government to make the process as easy as possible. Seamless software integration with commonly used practice software (such as Best Practice, Medical Director) is needed to make uploading at the time of vaccination as easy as possible.

A solution needs to be in place to support GPs or general practice nurses to upload to AIR when they are providing vaccinations outside of the practice (for example in Residential Aged Care Facilities). Vaccination is critically important to residents of aged care facilities who are vulnerable to COVID-19 and influenza. Therefore, a solution to facilitate upload of information from this setting is a priority.

Additional administrative time must be reimbursed, such as through a Practice Incentive Payment.

Compliance

The RACGP does not support punitive compliance measures such as those described in the consultation paper. The only compliance measure proposed in the consultation paper that is acceptable to the RACGP is the first – “education and support”.

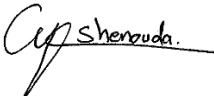
There are many reasons which may impact on a GP’s ability to report a vaccine to AIR; temporary technological failure or limitations, lack of consent from the patient, or workforce shortages. GPs and general practices must not be penalised or prevented from providing future vaccines under these circumstances. Instead, the focus should be on identifying the reason for under-reporting and finding solutions to improve reporting levels.

Punitive compliance measures would have a negative impact on patient access to immunisations.

Thank you for taking the time to consider the feedback provided by our GP members. The RACGP would like to work with you to ensure that appropriate safeguards are in place to support these changes without affecting patient access to immunisation services.

If you would like to discuss the recommendations made in our submission, please contact Ms Leonie Scott, National Manager, Policy and Advocacy (03) 8699 0031 or via leonie.scott@racgp.org.au.

Yours sincerely



A/Professor Ayman Shenouda
Acting President

References:

¹ National Centre for Immunisation Research and Surveillance. Review of pharmacist vaccination reporting to the Australian: Final Report Parts A and B. Sydney: NCIRS, 2020.

² Health Consult, Evaluation of the Victorian Pharmacist-Administered Vaccination Program: final evaluation report for the Department of Health and Human Services, 14 March 2018.

³ Australian Immunisation Register, data as at 31 December 2019.