

28 October 2021

Mr Julian Simmonds MP
Chair
Parliamentary Joint Committee on Law Enforcement
PO Box 6100
Parliament House
Canberra ACT 2600

By email: le.committee@aph.gov.au

Dear Mr Simmonds

Vaccine related fraud and security risks

Thank you for the opportunity to provide a submission to the Parliamentary Joint Committee on Law Enforcement's inquiry into vaccine related fraud and security risks.

The Royal Australian College of General Practitioners (RACGP) is Australia's largest professional general practice organisation, representing over 41,000 members working in or toward a specialty career in general practice. In 2020–21, general practitioners (GPs) provided more than 171 million services to almost 22 million Australians (85% of the population).¹

The role of GPs during the COVID-19 pandemic

GPs responded decisively and proactively at the onset of the COVID-19 pandemic. General practices developed creative new ways of working to continue delivering safe and essential care to their communities. For example, GPs set up outdoor clinics to deliver influenza vaccinations, established respiratory clinics, rapidly embraced telehealth, and overcame many technical and system challenges in the process.

We believe there are lessons to be learned from this pandemic. The role of GPs as frontline health providers must be formally recognised as part of pandemic preparation, response, and recovery. As the cornerstone of Australia's health system, GPs and their teams can and should be central to national, state/territory and regional emergency planning and response. The RACGP hopes GPs' experiences in managing and responding to COVID-19 will highlight the longstanding need for increased funding to support general practice, which will enable ongoing patient access to high-quality, affordable care.

Australia's vaccine rollout

GPs across the country have shown their willingness to administer COVID-19 vaccines and are at the forefront of the vaccination rollout in Australia. They are a trusted source of information for patients, and the RACGP has supported the rollout at every stage.

GPs are currently administering vaccines in addition to providing routine care, which is more important than ever as patients may have delayed or missed appointments during the pandemic.

GPs have administered 17.8 million doses of the vaccine – over half the total number of doses.² A recent survey of more than 1000 patients revealed that 98% are satisfied or very satisfied with the process of receiving a

vaccine at a general practice, with the vast majority citing minimal wait times, easy booking process and appointment availability.³

Our comments in response to each of the Terms of Reference are provided below.

a) Telecommunications and internet fraud relating to COVID vaccinations

No comment.

b) Criminal activity around the supply of fake vaccines, black market vaccines and/or fake vaccine certifications and the acquisition of certificates

The RACGP supports the use of a proof of vaccination system such as a 'pass' or 'passport'. We perceive the risks posed by fake vaccine certificates in Australia as relatively small. There is unlikely to be significant financial benefit in producing fake certificates, unless done on a large scale by criminals selling these to people who do not wish to be vaccinated.

A relatively simple solution to fake certificates could be to have a unique QR code attached to the certificate that links back to the original document on the Australian Immunisation Register (AIR). The code could also be utilised on hard copy certificates. This would reduce the risk of people developing 'photoshopped' certificates or altering certificates using other means.

c) Risks to Australia regarding fraud and integrity of COVID vaccines in South Pacific nations and support for these nations to address issues relating to fraud and integrity risks

No comment.

d) Physical security in the production, transport, and supply of COVID vaccines in Australia

No comment.

e) Measures to prevent and protect against COVID vaccine-related fraud and security risks

Addressing vaccine misinformation

The COVID-19 pandemic has given rise to the spread of harmful misinformation via social media platforms such as Facebook, Twitter and Instagram. Advice regarding vaccinations from non-medical experts can jeopardise the health of people who read and accept this information as truth. Last year, the RACGP [welcomed news](#) that popular social media platforms were acting to limit the impact of misleading information concerning the COVID-19 pandemic. We have since continued to call out misinformation spread by those opposed to vaccinations.

Vaccine misinformation has contributed to unacceptable behaviour by some in the community, such as [encouraging people to book vaccine appointments and not attend](#).

There have been instances where a lack of restraint and critical and objective reflection in more traditional media has generated and circulated misinformation and invited reactions against necessary public health measures. This includes unwarranted and overexuberant promotion of 'cures' and progress in vaccine development, demonising populations and inflaming grievances against state and territory governments.

There have recently been [reports in the media](#) of doctors falsely issuing vaccination exemptions. The RACGP does not condone this practice under any circumstances. Only a very small number of people are unable to

receive a COVID-19 vaccine due to contraindications, and those who have a contraindication to one vaccine have other vaccine options available to them. It would be exceptionally rare for someone to not be able to receive any COVID-19 vaccine. The RACGP strongly encourages those who are hesitant about vaccines to speak to their GP.

The RACGP continues to support public health education around the importance of vaccinations and their role in combating the spread of disease. We encourage the federal government to continue to respond swiftly to limit the distribution of misleading information, particularly around vaccinations, on all media platforms. An appropriate balance must be found between removing harmful information and ensuring freedom of speech is maintained.

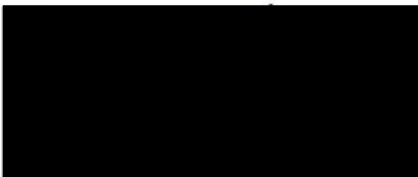
f) Any related matters

Opting out of sharing vaccine information with third parties

Controls need to be put in place to ensure AIR information is updated in line with mandatory requirements and to protect consumers' rights in relation to the sharing of information. This will ensure that only those who have chosen to opt out will no longer have their information shared with third parties.

The RACGP looks forward to contributing to further discussions on this topic. Please contact [REDACTED]
[REDACTED] Program Manager – Practice Technology and Management, on [REDACTED] at
[REDACTED] if you have any questions or comments regarding the RACGP's submission.

Yours sincerely



Dr Karen Price
RACGP President

¹ Department of Health. Annual Medicare statistics: Financial year 1984–85 to 2020–21. Canberra: DoH, 2021. Available at www1.health.gov.au/internet/main/publishing.nsf/Content/Medicare%20Statistics-1

² Department of Health. COVID-19 vaccine rollout update – 27 October 2021. Canberra: DoH, 2021. Available at www.health.gov.au/resources/publications/covid-19-vaccine-rollout-update-27-october-2021

³ Commonwealth Bank of Australia. CommBank GP Insights Report: August 2021. Sydney: CBA, 2021.