Genea
WORLD LEADING FERTILITY

The Senate
Standing Committee on Community Affairs
Legislation Committee
PO BOX 6100
Canberra ACT 2600

via email: community.affairs.sen@aph.gov.au

Attention: Jeanette Radcliffe

5 September 2019

Dear Ms Radcliffe,

**Submissions on the Bill cited as the Australian Institute of Health and Welfare Amendment (Assisted Reproductive Treatment Statistics) Act 2019**

## Introduction and Context of this Submission

The aim of this Bill is to provide consumers with information about the performance of each fertility clinic, to allow them to make an informed choice about their prospective treatment facility. Genea shares the view that consumers who are, or who are contemplating, using IVF services are particularly vulnerable. We encourage appropriate comparison of the reporting data and Genea is committed to provide as much information as possible to our patients and prospective patients because we believe that they are entitled to this information.

## Existing reporting regime - ANZARD

There is an existing reporting regime. Fertility clinics report annually to the Australian and New Zealand Assisted Reproduction Database (**ANZARD**), resulting in an annual “Assisted reproductive technology in Australia and New Zealand” report. This report is publicly available and contains audited information.

## Proposed reporting regime - AIHW

Genea submits that it would be in the best interests of patients if reporting was both standardised and mandatory on a clinic by clinic basis. We also believe that rather than developing a new reporting system under AIHW, more informative and appropriate results can be achieved by improving the current reporting requirement to ANZARD. This will provide Australian consumers with more transparent and consistent information. We also submit that a second reporting system increases the compliance burden (and cost to patients) whilst not improving transparency to prospective patients.

Further, Genea is more than willing to engage more broadly and actively participate in processes to achieve more comprehensive reporting using ANZARD. Senior medical and scientific members of Genea already contribute to ANZARD processes and continue to work with the Fertility Society of Australia in proactively developing and expanding the ANZARD process, with the aim of assisting the patients’ rights to accurate, transparent and consistent information when choosing a clinic. We are also happy to explain further any technical aspects of the industry, or the data provided so the ANZARD data collection will have the ability to achieve its full potential. A more detailed dataset could be used by patients as part of their fertility journey. Genea has a long being an advocate for increased transparency and we welcome a similar approach across the entire industry.

## The challenges

We submit that due to the complexity of analysis of these data, there would be challenges for patients in obtaining a clear understanding of clinical information. The IVF process might be perceived as a ubiquitous one however, differences in live birth pregnancy rates from IVF are influenced by number of variables. One variable is patient age and aetiology of infertility. Infertility has a variety of aetiologies, some of which have better prognoses than others. However, it cannot be accepted that the IVF process in itself is uniform and unchanging from unit to unit. Issues such as different approaches to drug dosing, timing of oocyte collection and methods of culturing and incubating embryos, collectively we argue also influence the chance of any particular patient achieving success.

Additionally, units such as Genea have a high proportion of second opinion couples (potentially "harder to treat") who had failed in other centres and their journey will also have an influence upon our success rates. Therefore, the woman's life time cycle number would also have to be factored in any data analysis. In short, we submit that process variables from unit to unit are having an influence upon pregnancy rates in different centres, independent of patient variables. We accept however that different pregnancy rates from unit to unit could also in part be related to statistical variance, for example some units see only small numbers of patients or of a particular type.

## Summary

In summary, despite data complexities, we do believe that it is in the interests of current and potential ART patients, and in the public interest, to have access to improved information about IVF outcomes. This is particularly so because of the significant financial and personal investment patients make in each round of treatment they receive. A consequence of choosing a clinic with a demonstrated higher success is not only the potential to increase a couple's overall chance of success, it is also likely that they will achieve a pregnancy in less cycles. In turn this reduces the burden on the public purse via fewer claims on Medicare.

Yours Sincerely,

A/Prof Mark Bowman
Medical Director, Genea