Academic Unit of General Practice
ACT Health Directorate | Australian National University Medical School
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Series 13 – Quick COVID Clinician Survey Summary (Australia)

Series 13 of the Quick COVID-19 Clinician Survey was fielded from the 11th to the 18th of February 2021 and received 33 responses. Confirmed cases of COVID-19 in Australia increased by 41 over this period to 28,912. At the close of the survey period, there were just 41 active cases of COVID-19, with 11 people in hospital, and no people in an intensive care unit. Australia has continued to successfully contain small clusters of COVID-19 cases. Since the previous survey was conducted, NSW, Qld, WA and Victoria have all had lockdowns in response to cases in the community.

The first COVID-19 vaccinations were administered on 21 February 2021, with the immunisation program for those in the highest priority group (1a) commencing on 22 February. This survey asks participants about preparing for the rollout of the next priority group (1b). Accredited General Practices were invited by the federal government to submit expressions of interest for providing vaccines to the community

Demographics All participants were general practitioners (of whom 11 were practice owners). Eight participants (24%) worked in a rural practice. Responses were received from: NSW 30%; Vic 27%; Qld 12%; SA 12%; WA 6%; Tas 3%; ACT 9%. There were no participants from the Northern Territory in this survey.

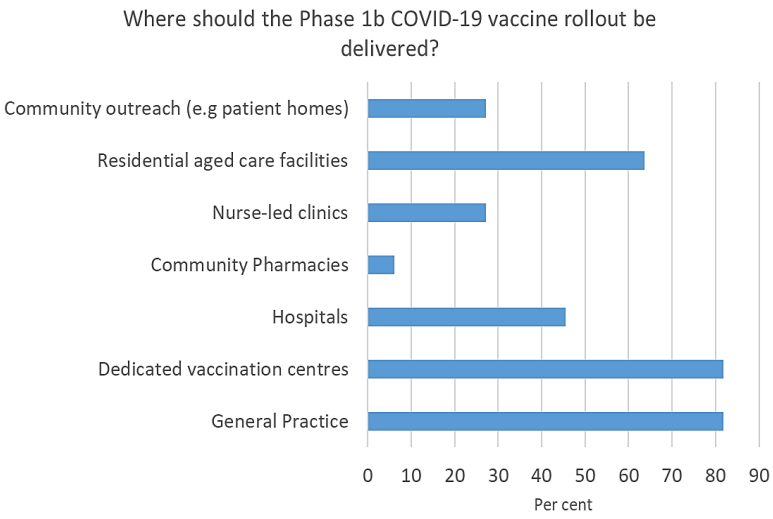
Consultations Almost all respondents (94%) reported the majority of their consultations being conducted face-to-face during the survey period, corresponding to the very low numbers of community COVID-19 cases.

Phase 1b vaccination program Eighty-two per cent of participants indicated that their practice had submitted an expression of interest to be part of the phase 1b COVID-19 vaccination rollout. They were not aware of whether their applications were successful at the time of the survey. While uncertain of the outcome of vaccination EOI's, several participants expressed concern around their practices' eligibility based on: current practice software, low capacity to take new patients, and inadequate space to ensure physical distancing during post vaccine observation.

- *"Risk government booking system would crash our software and destroy our business"*
- *"Taking unknown patients and not being able to telehealth for past medical history is not something I am really prepared to do"*
- *"Our staff are already pretty burnt out and we couldn't ask them to do more than they have been and for a long term."*
- *"Our main limitation will be the need for social distancing during the post vaccine observation period."*

Participants were asked where vaccines should be delivered and who should administer them. There was strong support for vaccines to be delivered in general practices, dedicated vaccination centres, and residential aged care facilities. Participants expressed concern over vaccine delivery outside of general practice due to limited access to patient records, medical history, and vaccine eligibility information:

- *"Community pharmacies are not trained/set up to do this e.g., no comprehensive patient history/database e.g., NOK, past medical history and no training to manage severe anaphylactic shock in pharmacies. Furthermore, no ongoing follow-up"*



For questions, comments, or to pose a "Flash question" please contact Professor Kirsty Douglas at Kirsty.a.douglas@anu.edu.au

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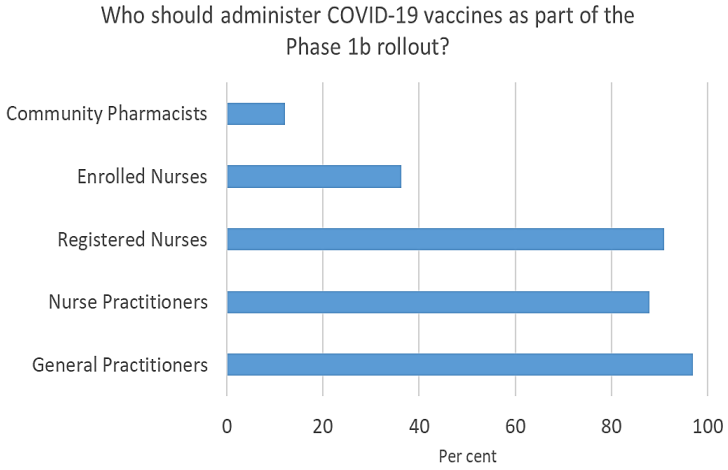
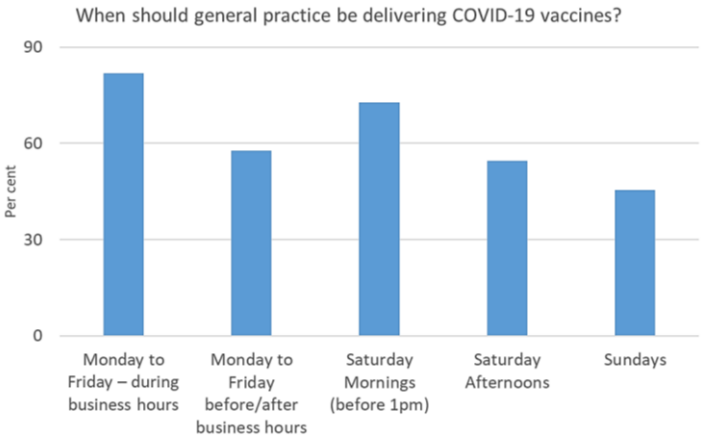
Respondents generally thought that GPs, NPs and RNs were best place to administer the vaccines. Open text 'other' responses included: medical specialists, practice nurses, and medical students (under supervision). Again, participants expressed hesitance over pharmacy vaccinations:

- *"Pharmacists should not be giving vaccines without a Dr standing by. What about anaphylaxis? And immunocompromised patients who may not be aware of it? Or a knowledge of medical history etc?"*





We also asked about what times of the day and week would be suitable for delivering the vaccines. Open text responses all advocated for practice level flexibility depending on staff capacity and usual opening hours of the practice.

Open Text Questions: We asked participants what information they need to safely and effectively deliver the vaccine. Of the responses (n=33), three key themes were identified.

1. Participants want to be prepared on what to expect in terms of adverse reactions, contraindications for vaccination, and management.
   - *Contraindications, side effects, anaphylaxis management*
   - *Clear recommendations of how long to observe patients following the vaccine and how they need to be monitored.*
   - *If we are going to rely on records about anaphylaxis or ask each patient separately and how we are going to record that. I'm very vague about the recording of adverse reactions.*
2. Participants are concerned about continuity of care for patients, how and where to access patient records.
   - *What to do about patients from other practices coming to our practice for a vaccine, where we do not know their medical history, with the risk they are claiming to be eligible when they are not.*
   - *how are we going to manage people who don't understand what immunisation they have had already - will we be accessing myhealthrecord?*
   - *Are immunisation records linked to the AIR automatically?*
3. Participants want to be prepared on the vaccine roll out logistics, including how many vaccines to prepare for, how to appropriately draw and store the vaccines (especially in the case of multidose vials), how to time vaccinations appropriately, and want information on appropriate renumeration.
   - *The drawing up and how to manage the remaining stock in the vial at the end of the day*
   - *When vaccines will be available for COVID relative to influenza in order to plan the delivery of both especially given that they need to be given two weeks apart.*
   - *Information and appropriate monetary compensation for time and effort expended. Not a level A consult.*
   - *Does the GP need to see every patient to bill MBS item and how independently can nurse vaccinators operate?*

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