

Series 17 – Quick COVID-19 Clinician Survey Summary (Australia)

Series 17 of the Australian arm of the Quick COVID-19 Clinician Survey was fielded from the 9th to the 16th of December 2021 and received 38 responses. At the time of fielding the survey, a new SARS-CoV-2 variant of concern, Omicron, had started to spread around the world. The new wave of Omicron has seen case numbers start to increase again. There was a total of 20,185 active cases of COVID-19 in Australia at the close of the survey period, with 672 people in hospital, and 114 in an intensive care unit. Encouragingly, the hospitalisation rate has declined significantly with high population-level vaccination rates. As at 16 December, 90.1% of Australians aged 16 years or more had received two doses of a COVID-19 vaccine (88.8% of those 12 years and over).

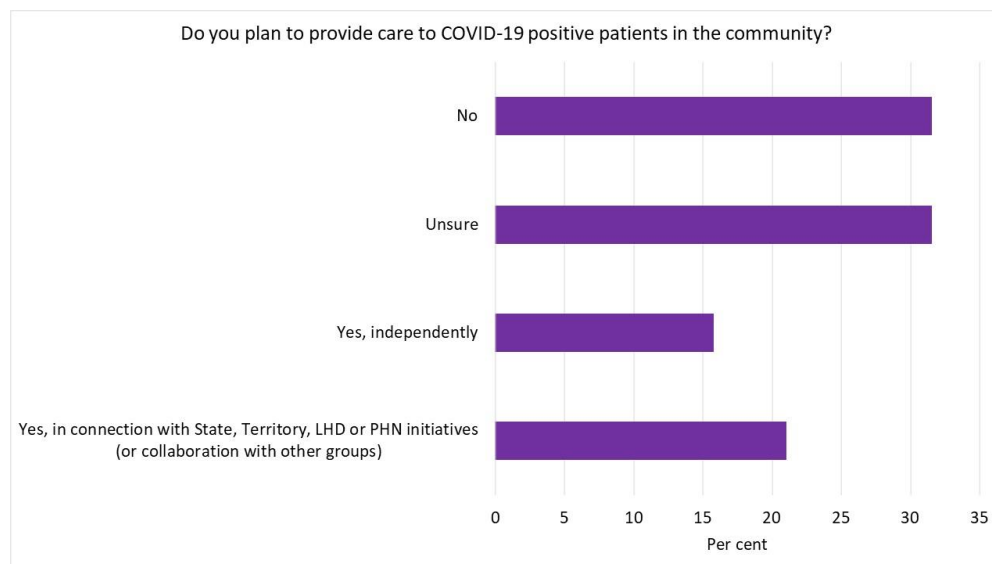
Demographics Survey participants included 38 GPs, 25 of whom were practice owners. 8/38 (21%) respondents reported working in a rural practice. Responses were received from: NSW 40%, Vic 21%, Qld 16%, SA 11%, and ACT 13%.

Strain on practice remained significant, being rated high to severe for 28/38 (74%) of respondents, and moderate for a further 7/38 (18%).

Consultations returned to a higher proportion of face-to-face care, with 35/38 reporting that more than half of their consultations were conducted in person.

Care of patients with COVID-19

We asked respondents about their awareness of government and health network proposals for living alongside and managing COVID-19 positive patients in the community. Around two-thirds (26/38) were aware of the federal government's national plan, and 31/38 (82%) of local initiatives. We also asked about practitioners' intentions to be involved in community care; just over a third indicated they were planning to, with the rest being unsure or not intending to participate.



Open Text Questions: We asked respondents to describe the models of care they were aware of for COVID-19 care in the community. Most indicated general understandings that state/territory health departments would triage patients and notify General Practice of low-risk patients requiring home management (with the exception of SA where usual GP will not be involved). Following notification, respondents mentioned they would follow practitioner specific patient care guidelines. Many expressed their scepticism at implementation of management plans.

- SA Health are doing it all in SA. No role for the GP in managing COVID-19
- Health direct triage, GP manages low risk, LHD manages high risk. Who knows who manages medium risk the meetings are continuing...
- The NSW and ACT models are mostly based on criteria for vaccinated and unvaccinated population and taking in consideration Risk factors in the background + Clinical features of aggravation. They are well edited as documents, sometimes hard to implement in real life / in GP clinical practice

Participants expressed concern specifically over how COVID care at home management guidelines would be enacted in reality due to low workforce capacity in General Practice, poor communication between state health, PHNs and General practice, lack of PPE, risk of COVID-19 infection, and poor financial recompense.

- *We don't have capacity - staffing or the financial capacity - to survive caring for all our COVID positive patients that are likely to come.*
- *I believe gp are being asked to look after patients-the f2f payment is not worth the risk to myself or the business and telehealth without easy access to pulse oximeters is dangerous*
- *No appropriate space within the practice; concerns regarding appropriate PPE donning & doffing if home visiting*
- *No PPE... Reimbursement of \$25 is inadequate*
- *PHU will not communicate with General Practice and directs us to PHN, who are useless*
- *Lack of funding for nursing time, lack of adequate remuneration for additional admin time, difficulty booking pts in for daily or second daily reviews due to already being fully booked, we don't provide weekend services, everyone is burnt out, Many GPS work part-time making continuity of care difficult*
- *Business risk: closure due to staff becoming at higher risk of self infection and team infection, practice closure*

We asked participants what they needed to provide COVID-19 care safely and effectively for community cases. Participants commented the need for more specific resources (e.g., PPE, oximeters, donning/doffing space), increased access for patients to information (e.g., 24 hr hotline, after hours support), more funding for staff (e.g., to employ more staff, to appropriately compensate existing staff, paid sick leave for practitioners at risk of contracting COVID-19), and being included in communications to and from state health and/or testing centres.

- *Doubling the medicare rebate for consultations [and] Government to provide PPE (currently we receive none, we have contacted local PHN and told they have none to give us).*
- *Appropriate PPE. The covid positive f2f bonus payment is insulting and not worth the risk when balanced against potential loss of income due to having to stop consulting and isolate if positive.*
- *We need notification of a positive result so we can follow up, and a funded mechanism for the patient to receive a pulse oximeter for monitoring if needed*
- *Being able to bill privately. After hours cover for any after hours issues.*
- *Donning/doffing specific space in practice*
- *Funding for nursing staff and additional admin time. LHD to commit to supporting GPS with easy to access escalation of care, 24hour help line for patients to call if not sure what to do. Government to stop drip feeding us information. Surety of funding not this bullshit of extending Telehealth for 3-6 months at a time*
- *Workcover for self-employed GPs and paid sick leave*

Overall, participants continue to express feelings of exhaustion and being devalued by government and patients.

- *The government both State and Federal think GPs are just an unvalued, unrestricted and completely shafted work force that they can keep ramming with more and more responsibility and we are so uncoiled that we just keep doing it! Well enough is enough, I'm done!!!!*
- *working 7 days a week has been exhausting as we have been vaccinating out of hours. Patients are angry-anxious-rude and unrealistic*
- *Patients not uncommonly deceitful and put us and our families at risk frequently.*

**For questions, comments, or to pose a "Flash question" please contact Professor Kirsty Douglas at
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