

Series 2 – Quick COVID Clinician Survey Summary (Australia)

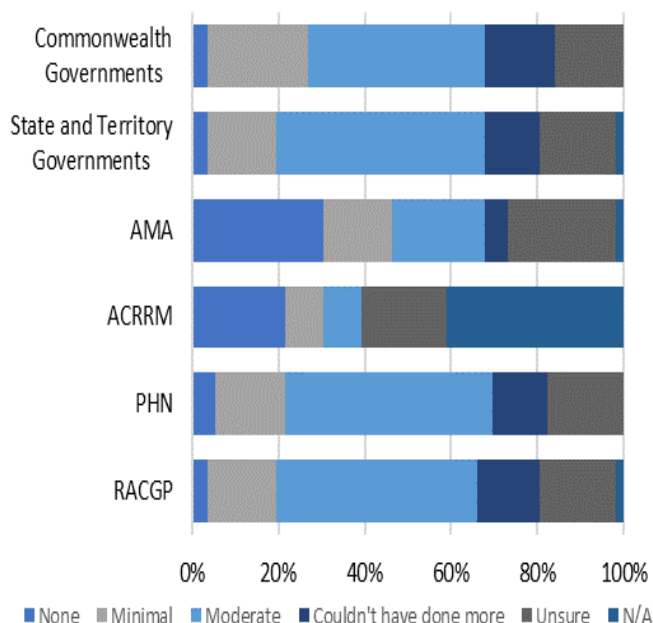
Series 2 of the Quick COVID-19 Clinician Survey received 56 responses. This survey was fielded from 29th May to 12th of June, 2020. Total Australian COVID-19 cases increased by 156 in this 2-week period to 7,290 on June 12. Australian international, as well as some state and territory borders remain closed. Children began returning to school from May 24. From June 1, gatherings of up to 20 people were allowed. Outdoor play areas re-opened and restaurants, cafes and bars were open for sit down customers subject to restrictions which vary by state jurisdiction.

Demographics all 56 participants were general practitioners with 32% (n=18) also identifying as a practice owner. 25% (n=14) identified as being from a rural practice, 7% (n=4) from fully bulk billing practices, and 9% (n=5) from afterhours or urgent care practices. No participants responded from WA or NT. Most participants responded from NSW and ACT (42%). Other states and territories represented included QLD (20%), VIC (18%), WA (9%), SA (9%) and TAS (2%). All 56 participants completed the series 1 survey.

Strain on practice remains with 71% of participants claiming moderate to major impact of COVID-19.

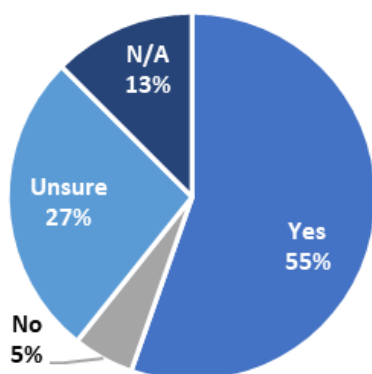
Support from Key Organisations 98% of Participants felt at least moderate support from at least one organisation.

- While GPs often claim lack of support from commonwealth government, 16% reported they couldn't have done more, and 41% reported moderate support.
- Similarly, 12% reported that state and territory governments couldn't have done more, and 48% reported moderate support.
- 60% reported at least moderate support from RACGP;
- 60% reported at least moderate support from PHNs;
- 46% reported minimal to no support from AMA;
- Excluding those that reported ACRRM as not applicable for them (n=22; 39%), most reported no to minimal support (n=17; 77%). Of those that identified as a rural practice (n=14), most reported unsure, no or minimal support (n=9; 64%)



Practice Model Changes in response to COVID-19 were

reported by more than half of participants (55%). The two most common changes provided in the 25 free text comments were:



- **Telehealth.** Many GPs recognised the ability of telehealth to be incorporated into permanent practice model change is dependent on MBS funding.

"If telephone consultations continue to be a Medicare-billable option, I will continue to use them as per patient preference. COVID is not the only infection vulnerable patients can pick up in our waiting room."

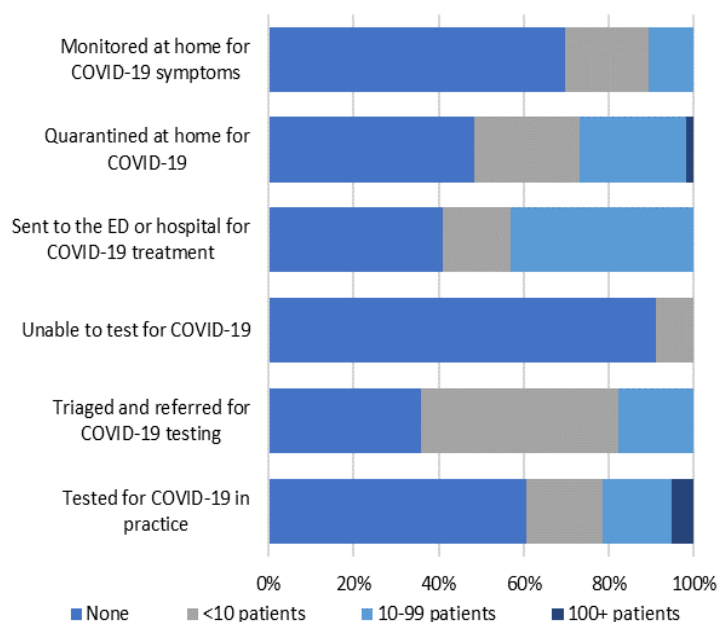
"triaging before letting patients in the waiting room to assess infectious risk."

- **Other infection control.** These included: screening and triaging infections to reduce contact in waiting rooms and protect GP clinicians; social distancing; increased hand hygiene; and PPE. Permanence of these changes is unclear.

Capacity to test One third of practices remain unable to test for COVID-19 due to restricted testing capacity (36%), one third are able to test within guidelines (32%), and one third have capacity to test more than is currently stipulated in government guidelines (32%).

COVID-19 testing and treatment for the last 2 weeks has not formed a major component of general practice care. Still, there are significant numbers of GPs managing COVID-19 symptoms, testing and referrals.

- 64% report triaging and referring suspected COVID-19 patients for testing
- 56% report sending patients to hospital for COVID-19 treatment
- 34% report testing for COVID-19 in their practice
- 52% report have recommended patients self-quarantine
- 30% have recommended patients self-monitor for symptoms



Open text Comments

We asked clinicians for any other comments on their situation regarding COVID-19...

36 participants provided an open text comment relating to their general experience of COVID to date. GPs continue to echo themes from series 1; overwhelming stress and fatigue, as well as lack of funding. Those two themes combined underpin a new sentiment that arose in series 2 regarding the sustainability of careers in general practice.

“The worst year of my general practice life - will definitely impact how long I remain in General practice/ medicine”

“...Billing changes [are now needed] because the financial COVID impact showed the fragility of private business and thin financial security of GPs”

“General practice in the country already pushed to the limits by years of cutbacks , there was no fat to trim prior to COVID-19 and this has pulled into question our financial viability . Young graduates not looking on general practice as a career, too hard and too poorly paid”

We asked GPs if they think the country should be opened...

Opinions on the safety of opening the country were diverse with approximately one third opting for “No”, one third opting for “yes, domestic”, and one third opting for “yes, trans-Tasman travel”.

Rationales for these results were provided by 36 the participants.

- Reasons for saying “No” most frequently related to the risk of community transmission causing a “2nd wave” of COVID-19 infections, with some GPs highlighting active (and growing) COVID-19 cases in VIC and NSW.
- Reasons for saying “yes, domestic” and “yes, trans-Tasman travel” were often supported by rationales of: the low number of cases and the similar health systems and COVID-19 responses from Australia and New Zealand. Some GPs highlighted that continued management is necessary through strict monitoring and control measures.

Answer	n (%)
No	18 (32)
Yes, domestic	19 (34)
Yes, trans-Tasman	18 (32)
Yes, international	1 (2)
Total	56 (100)