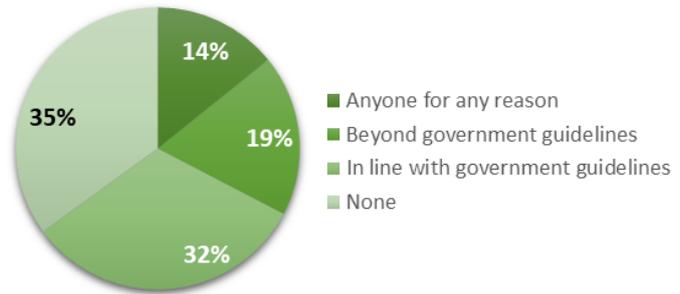




Series 1 – Quick COVID Clinician Survey Summary (Australia)

This summary contains responses from 254 general practice clinicians (252 GPs and 2 PNs) covering up to 8 weeks prior to survey closing on the 29th May, 2020.

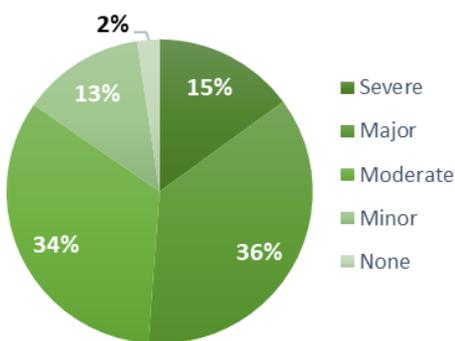
Capacity to test Over one third of practices report no capacity to test patients for COVID-19 (35%). Approximately one third has capacity to test within government guidelines (32%), and around one third have capacity to test more patients than government guidelines (33%), with some able to test any person for any reason (14%).



Testing and treatment While the number of COVID-19 cases in Australia are low, over the last 8 weeks general practice clinicians have significantly contributed to testing and treatment of COVID-19+ and suspected COVID-19+ cases.

- 92% triaged cases and referred for testing COVID-19;
- 55% tested patients for COVID-19 in their practice;
- 32% treated patients for COVID-19 in their practice;
- 68% have recommended that patients self-quarantine; and
- 43% have recommend patients monitor themselves at home for COVID-19 symptoms.

62% do not believe primary care should be preferred COVID-19 testing sites.



Strain on practice Half the clinicians (51%) report the current status of COVID-19 has caused moderate to major strain on their practice. **Specific stressors include:**

- Lack of PPE (65%);
- Reusing PPE (35%);
- Limited well visits and chronic disease visits (67%);
- Significant decreases in patient numbers (60%);
- Patients struggling with telehealth (56%); and
- GPs off work due to COVID concerns or illness (51%).

Practice viability: Despite strain, most clinicians report that it is viable for their practice to stay open for the next month in terms of staffing (97%), and patient volume (86%).

Delivery of care Clinicians report significant changes in care delivery due to the impact of COVID-19 and related safety measures.

- 74% of clinicians report less frequently addressing preventive care needs;
- 75% of clinicians report less frequently addressing chronic care needs; and
- 32% of clinicians report being unable to ask about advanced care planning, while a further 37% are asking less frequently than usual.

Method An online survey was emailed through RACGP state and territory newsletters, two Australian Capital Territory interest groups, and posted on a general practitioner social networking site. The survey was open for 22-29th May, 2020. Responses came from all over Australia: New South Wales (24%), Victoria (21%), Australian Capital Territory (19%), Queensland (17%), Western Australia (9%), South Australia (6.7%), Tasmania (1.5%). 18% of clinicians identified as being from a rural practice, exploration by rural, regional and urban distinctions (as indicated by postcode) will be completed at a later date.



We asked clinicians if the country should open... Slow and cautious easing of domestic travel restrictions was preferred. Few clinicians would support opening international borders at this stage, though a “trans-tasman bubble” is somewhat supported due to the low number of cases and similar public health measures (social distancing and hygiene) in New Zealand. Reasons for opening the country include economic stability, reasons for not opening the country include lack of knowledge on COVID, number of active cases and public complacency.

Answer	n (%)
Yes	45 (17.7)
No	88 (34.6)
It depends	107 (42.1)
Unsure	13 (5.1)
Total	254 (100)

- *I am concerned for small business owners and the economic impact on their mental health. Until the virus is past history everyone needs to practice social distancing and good hygiene, but we need to open up the country and NZ for internal travel. To help many industries.*
- *Until we can be sure that we are not spreading covid from one area to another we should not open up the country from overseas or interstate.*
- *Many key COVID safe Criteria are not yet there... treatment , vaccine, patho-physiological understanding of the virus, preventative treatment.*
- *COVID spread needs to be monitored closely within states and a measured and reasoned decision made to reopen state borders, based on risk modelling.*
- *Depends on public behaviour (social distancing, hygiene measures, not going to work or school when sick) and the ability to safely and quickly detect cases and contact trace so outbreaks can be isolated.*

We gave clinicians a free text comment regarding COVID-19... Three common sentiments arose.

Stress and anxiety in relation to patient health, personal health, income and business viability.

- *I have been doing more work for less money. It's been very challenging. Frequent changes have been stressful. Most people (doctors, nurses, admin, patients) are finding it all quite difficult.*
- *Early days stressful and chaotic with constantly changing advice needing to be integrated into clinical practice at once, often on the run with overwhelming demand. This quietened now.*

Insufficient Government support Clinicians felt underappreciated, undervalued and perceived an unfair distribution of workload and protective equipment across tertiary, secondary and primary care.

- *Government support of GP has been woeful during this pandemic. We still have insufficient PPE to allow onsite testing safely, or even protected assessment of unwell patients with possible COVID-19. Enforced bulk billing only in general practice (and not even for nurse practitioner) is unconstitutional and has led to doctors losing their jobs and practices closing at a time when they are sorely needed. There has been a lack of clear guidelines about what PPE is needed for which situations that had allowed doctors to be bullied by their employer into seeing patients without sufficient protection, purely because of lack of availability. It is disappointing and dangerous.*
- *The government has not supported general practice - singled us out as the only group forced to bulk bill and not supplied us with PPE.*
- *Disappointed that we are carrying Primary Care alone. MCHN not seeing patients, Obstetric hospitals not seeing antenatal patients and they're coming to us for reassurance and management...*

Telehealth is an effective tool in the right situations, but not for all appointments.

- *[Telehealth] kept me safe as a GP and kept my patients safe. The BbD incentive has enabled me to provide very thorough care and built rapport to all patients. My patients love it.*
- *The rapid implementation of Telehealth in primary care and the federal support of this through MBS items has made it possible to care for our patients who are vulnerable and has shown that Telehealth should in some way continue indefinitely.*
- *Telehealth is not very effective for most things.*
- *I think telehealth should be done for elderly and vulnerable only, not for convenient way of practice.*
- *Telehealth positive but need to stop expectation that it will be bulkbilled.*