RACGP

Healthy Profession.
Healthy Australia.

RACGP response to the Australian Government's COVID-19 Response Inquiry Panel

December 2023

Introduction

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a submission to the Australian Government's COVID-19 Response Inquiry Panel (the Panel), which aims to identify lessons learned to prepare Australia's preparedness for future pandemics.

The RACGP has provided submissions to a number of consultations and inquiries relating to the impact of COVID and the Governments response to it, which we believe will be relevant to the Panel's inquiry. These RACGP submissions can be found below:

- the Senate Select Committee on COVID-19's Inquiry into the Australian Government's response to the COVID-19 pandemic (June 2020)
- the Royal Commission into Aged Care Quality and Safety on the Impact of COVID-19 on Aged Care Services (August 2020)
- the Australian National Audit Office's Audit of the COVID'19 Vaccination Program (November 2021)
- the Australian National Audit Office: Expansion of telehealth services audit (June 2022)
- House Standing Committee on Health, Aged Care and Sport's Inquiry into Long-COVID and repeated COVID infections (November 2022)

About the RACGP

The RACGP is the voice of GPs in our growing cities and throughout rural and remote Australia. For more than 60 years, we have supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

As a national peak body representing over 46,000 members working in or towards a career in general practice, our core commitment is to support GPs from across the entirety of general practice address the primary healthcare needs of the Australian population.

We cultivate a stronger profession by helping the GPs of today and tomorrow continue their professional development throughout their careers, from medical students and GPs in training to experienced GPs. We develop resources and guidelines to support GPs in providing their patients with world-class healthcare and help with the unique issues that affect their practices. We are a point of connection for GPs serving communities in every corner of the country.

Australia's GPs see more than two million patients each week, and support Australians through every stage of life. The scope of general practice is unmatched among medical professionals.

Summary of RACGP Recommendations

- The role of GPs as frontline health providers must be formally recognised in pandemic preparation, response and recovery
- Processes need to be implemented to ensure consistency across federal, state and territory governments to ensure GPs are included as part of any health crisis response
- GPs need to be prioritised as frontline healthcare workers to have priority access to equipment and resources, including protective personal equipment (PPE) and vaccines

- Where Medicare Benefits Schedule (MBS) rules are subject to ongoing and constant changes, as was the case with telehealth and the vaccine rollout, the Department of Health should provide GPs with reassurance these adjustments will not result in compliance investigations once a pandemic or other emergency eases
- Messaging campaigns need to provide access to evidence based information and utilise different communication styles to disseminate important health information to different population groups.

The RACGPs Response

The RACGP provides the following response to the COVID-19 Inquiry Panel's Terms of Reference to support the RACGPs recommendations.

1. Governance including the role of the Commonwealth Government, responsibilities of state and territory governments, national governance mechanisms (such as National Cabinet, the National Coordination Mechanism and the Australian Health Protection Principal Committee) and advisory bodies supporting responses to COVID-19.

The role of GPs as frontline health providers must be formally recognised in pandemic preparation, response and recovery. Whilst we recognise different levels of government have different roles and responsibilities relating to pandemic response, this hampered efforts to embed GPs in planning processes and support them in their work.

As private businesses that don't fall under the responsibility of state governments, state governments and agencies failed to incorporate and consider GPs. Hospital staff and emergency services were prioritised, and GPs were not considered frontline workers, which was insulting and affected the morale of the profession.

GPs have continuous relationships with their communities before and during health emergencies and should be firmly embedded in national and state/territory planning. Cross-jurisdictional and inter-agency collaboration must also be strengthened.

2. Key health response measures (for example across COVID-19 vaccinations and treatments, key medical supplies such as personal protective equipment (PPE), quarantine facilities, and public health messaging).

2.1 PPE and other medical equipment
Access and supply of PPE was an on-going issue throughout the pandemic response. Provisions should have been made to recognise GPs as frontline healthcare workers to ensure they were protected with supplies of appropriate PPE. GPs were expected to source private supplies of PPE often at unreasonable prices. Our GP members reported feeling unsafe at work due to lack of PPE and frustrated at the lack of communication regarding supply and distribution from national stockpiles.

Planning for future pandemics should include the establishment of distribution channels for PPE that are able to respond to local requirements.

2.2 Supply of vaccines
Timely and adequate supply of National Immunisation Program (NIP) influenza vaccinations for practices is a recurring issue each year. This issue was exacerbated during the pandemic when official advice issued to the public stated it was imperative to get vaccinated early in the year. Patients were being encouraged by the government to get their influenza vaccination before stock was available, which lead to patient frustration at not being able to access the vaccine.

Ensuring adequate supply of influenza vaccinations – NIP and private – for general practice should be prioritised. Additionally, provision of NIP vaccinations should be contingent on the ability to upload relevant information to the Australian Immunisation Register, which is a critical piece of health care planning and information infrastructure.

2.3 The expansion of telehealth
Temporary MBS item numbers were introduced during the pandemic to fund telehealth appointments. The eligibility criteria for the use of these temporary item numbers changed constantly and resulted in widespread confusion and

additional administrative work for GPs and practice teams. This confusion led to inadvertent compliance issues for some GPs (see *3.1 Medicare compliance for GPs – telehealth*).

See our response to the Australian National Audit Office: Expansion of telehealth services audit for detailed evidence of issues experienced during the expansion of telehealth services during the pandemic.

2.4 Public health messaging
Misinformation about COVID-19 and COVID-19 vaccines was rife during the pandemic and a mistrust of science, medicine and medical practitioners was a common element of much of the misinformation shared, particularly on social media. The Australian Government should fund a public awareness campaign to educate Australians about the importance of immunisations and heeding the advice of medical experts in general and promptly during future pandemics or major public health disasters.

3. Support for industry and businesses (for example responding to supply chain and transport issues, addressing labour shortages, and support for specific industries).

3.1 Medicare compliance for GPs – Telehealth
In February 2021, the Department wrote to the RACGP advising of an imminent compliance campaign related to COVID-19 telehealth items. The compliance activity was initiated in March 2021, examining billing between July 2020 and January 2021. While the Department initially identified close to 30,000 GPs engaged in potentially non-compliant activity, the scope of the compliance activity was scaled down and targeted approximately 500 GPs through letters and audits.

The compliance campaign was very disruptive and placed undue pressure on GPs, owing to the time involved in preparing the relevant documentation for the compliance activity. It also had effects for the broader profession, causing significant distress and potentially causing GPs to change their consultation offerings, impacting patient access to care. The Department continued its focus on telehealth and as compliance priorities in its Health Provider Compliance Strategy 2021–22, released in August 2021.

The additional fear these compliance activities generated, at a time when GPs are adapting their practice to continue to provide care to their patients during a pandemic or emergency, was unnecessary and unhelpful. In response to the pandemic, GPs were required to adjust the way they practice, and the Department of Health should provide reassurance that these adjustments (if reasonable) will not result in a compliance investigation once a pandemic or other emergency eases.

See section '5.4 – 2021 telehealth compliance campaign' in our submission to the Australian National Audit Office: Expansion of telehealth services audit for additional detail of the telehealth compliance campaign that is still affecting some GPs.

3.2 Medicare compliance for GPs – Vaccines
The Department of Health's *Health Provider Compliance Strategy 2021–22 also* identified vaccine administration as a compliance priority. As the cornerstone of Australia's COVID-19 vaccination rollout it was unacceptable that GPs were targeted with onerous compliance action because of their claiming of MBS vaccination items.

The claiming requirements for vaccinations were also complex. Like telehealth, changes in item numbers, descriptors and interpretation were a persistent feature of the pandemic. The complexities of these items cannot be overstated. For example, the fact sheet on the MBS COVID-19 vaccine items is 27 pages long – highlighting the complexity of the billing requirements at the time, particularly the rules around co-claiming. Case studies continue to demonstrate the myriad of situations that GPs can find themselves in when they are dealing with vaccine hesitancy and individual health concerns.[1]

A greater focus on education, including the development of easy-to-understand resources that are widely promoted, will enable GPs to better understand the complexities of the MBS and reduce the need for any compliance action in future mass vaccination rollouts.

4. Mechanisms to better target future responses to the needs of particular populations (including across genders, age groups, socio-economic status, geographic location, people with disability, First Nations peoples and communities and people from culturally and linguistically diverse communities).

4.1 Information around providing care to different population groups
Evidence-based advice should be provided on how to care for different population groups with varying needs as soon as possible during a pandemic, For example, members reported minimal accessible information had been issued on how to advise pregnant people about the risks if they or their baby contract COVID-19 until sometime into the pandemic. Examples of different population groups include:

- Aboriginal and Torres Strait Islander people
- people from culturally and linguistically diverse (CALD) backgrounds, refugees and asylum seekers
- people in rural and remote areas
- aged care residents
- pregnant people and children
- people with health issues putting them at higher risk during a pandemic, such as cancer.

4.2 Funding and support for Aboriginal and Torres Strait Islander people
To deliver culturally appropriate preventive health activities and address social determinants of health, additional funding should be provided to support Aboriginal and Torres Strait Islander communities to ensure preparedness for future pandemics.

4.3 Communicating with at risk communities
Strategies for distributing vaccines to CALD and Aboriginal and Torres Strait Islander Communities, which require additional /different communication styles to disseminate important health information, were not considered until it became apparent the existing strategies were not working. For example, vaccine uptake in these groups is still lower than national uptake more broadly. Engagement of appropriate local leadership should have been a strategy from the beginning and has since proven effective in these communities.

Conclusion

The RACGP thanks the Panel for the opportunity to provide this feedback. We are happy to discuss the issues raised in our submission and to work with the Panel on future inquiries. To arrange a time to discuss further, please contact Joanne Hereward, Program Manager – Practice Management and Technology via joanne.hereward@racgp.org.au.

References

1. RACGP submission Australian National Audit Office: Expansion of telehealth services June 2022 https://www.racgp.org.au/getmedia/e31df995-8b95-4d91-87bc-b10d5192318c/RACGP-submission-to-ANAO-Expansion-of-telehealth-services.pdf.aspx