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# Phase 1B COVID-19 vaccine roll-out – General Practice EOI process

## Frequently asked questions version 2

Please note:

**The Expression of Interest has been extended to  
11:59 (AWST) Wednesday 3 February 2021.**

### 1. COVID-19 - EOI Applications

- 1.1. I made an error on my EOI form, can the form be edited after submission?  
I no longer wish to participate in Phase 1b, can I retract my EOI form?

Please contact your PHN directly to discuss.

- 1.2. **What is a *Notice Representative*? What does the role of a *Contact Person* entail?**

The notice representative is the person who will be contacted regarding the outcome of your application. The contact person will be the key contact at your practice for all logistical roll-out activities. The Notice Representative and Contact person can be the same person if you chose.



**1.3. Can one staff member provide for more than one role in the EOI? (for example, do I need to have a separate first aid officer or can an RN/Doctor fill this role).**

Yes, the practice should be able to fill all the roles using appropriately trained staff as identified within 4.1 of the site requirements (Attachment A of the EOI Package), they do not need to be individual staff members.

**1.4. Will my application be valid for subsequent phases of the roll-out? Can I submit this application to participate from phase 2 if I'm unable to participate in phase 1b?**

The EOI specifically asks about whether practices are able to commence in March or would prefer to start at a later date. Practices that express an interest through this EOI will be considered for commencement at later stages of the roll-out as the involvement of general practice continues and expands.

The plan is to bring practices on line in tranches, commencing with those that are the most ready and able to deliver the vaccine, as the roll-out progresses, eventually all practices willing and able to deliver the vaccine will be given the option to do so.

## **2. COVID-19 Vaccine – EOI eligibility**

**2.1. How will practices be advised of their eligibility?**

Your Notice representative will be contacted as soon as possible regarding the outcome of the EOI. This is likely to initially take place in the form of an email.

**2.2. Can After Hours GP Clinics or Specialist Clinics submit an EOI for delivery of the COVID-19 vaccinations?**

All accredited General Practices are eligible to submit an application to participate in Phase 1b if they meet all the criteria. If you are unsure of your eligibility, please contact your PHN to discuss.

**2.3. Can GPs that practice within a practice that is owned by a state/territory health department submit an EOI as they do claim PIP and MBS items?**

No, state/territory owned practices are not eligible to apply through this EOI. States and territories will be establishing their own vaccine clinics under Phase 1b.

**2.4. Is there information of the catchment area each clinic is required to service with the COVID-19 vaccine?**

The Phase 1b vaccine clinics should accept bookings from any individual from a priority population. There is no specific catchment area or service area.

**2.5. Is there a limit on the number of practices in an area or town who are able to provide vaccines?**

The Department is stringently managing available vaccine stocks to ensure equitable access to the vaccine across Australia. EOIs will be assessed and prioritised initially based on throughput and readiness, with additional consideration on broad geographical spread. There are no specific targets or limits to practices participating in phase 1b beyond the availability of stock and priority population access to vaccination sites. As more stock become available, more delivery sites will be rolled out, and all general practices will have the opportunity to participate.

**2.6. Are there any opportunities for expenses to be reimbursed by the Government (for example extra staff brought on for the administration of the COVID-19 vaccine)?**

Vaccine clinic operations are to be funded under the MBS and PIP arrangements. No additional financial support is available to undertake this role.

### **3. COVID-19 Vaccine – General Questions**

**3.1. What is the record-keeping requirements for a new patient not associated with the practice?**

Practices must meet all existing standards for patient assessment, vaccine administration, and record keeping that are reasonable to ensure appropriate administration of the vaccine.

**3.2. Can patients be observed external to the practice, for example under a marquee or within their cars?**

There is no specific requirement that patients must be observed within the practice building. Clinical judgement should be used when determining what a safe observation space is.

**3.3. Can we prioritise our patients first for the COVID-19 vaccine rollout?**

All priority populations will be vaccinated under Phase 1b. Participating practices should provide access to all eligible individuals equally.

**3.4. Alongside the dedicated vaccine clinics, during Phase 1b can we also integrate COVID-19 vaccination with routine clinical care?**

Initial doses are being managed to ensure availability for priority populations, as such, best endeavours should be made to limit vaccine wastage. Routine patients can be incorporated into the vaccination stream if they meet the priority population guidelines and it does not lead to vaccine wastage.

**3.5. Will there be prohibition on people not in phase 1b target populations receiving the vaccine, (say for example – the partner of a health care worker)?**

During phase 1b, only priority populations are eligible to receive the vaccine. Special considerations may be made within rural/remote areas to manage service delivery and minimise wastage.

**3.6. When does Phase 1b end?**

There is not specific 'end' date for Phase 1b. Each of the phases are designed to be ongoing and in some instances overlapping, based on vaccine approvals and supplies. Priority populations will continue to be able to access the vaccine through 2021. Phase 2a is expected to commence from May 2021.

## 4. COVID-19 Vaccine – Delivery, Storage and Logistics

### 4.1. Can a practice have dedicated hours for administering the COVID-19 vaccine?

Yes. Practices should describe their proposed model of delivery within the EOI, which may include the vaccine clinic operating alongside the general practice or at alternate hours.

### 4.2. Are there any special refrigeration requirements for the Oxford/Astra Zeneca vaccine? Are extra fridges provided/reimbursed by the government for proper storage of the vaccine? Will I need to purchase a separate fridge for storage of the COVID-19 vaccine?

Practices should use existing fridge space or source their own vaccine fridges.

### 4.3. What is the anticipated shelf life of drawn up doses? Do the vaccines need to be drawn up in particular lighting conditions?

Specific details in regards to the Oxford/Astra Zeneca vaccine administration will be available upon registration by the TGA. Any special requirements will be included in the mandatory online COVID-19 training (more detail on the Training is provided at section 10 below).

### 4.4. Who will be responsible for lost/broken vaccines in the event of uncontrollable circumstances?

Practices will be responsible for the appropriate storage and handling of the vaccines upon receipt of the vaccine from the Commonwealth's contracted logistics providers. If breakages or cold chain integrity issues occur the Practice Manager will be required to report these incidences to the Vaccine Operations Centre (the VOC). The VOC will investigate the issue and advise the practice of the way forward.

More details on the process for reporting incidences and investigation process will be provided as part of future training modules.

## 5. COVID-19 Vaccine – Administration

### 5.1. Will patients be required to be tested COVID negative prior to undergoing a vaccination for obvious reasons?

No, routine testing of asymptomatic people for COVID-19 will not be recommended prior to vaccination.

### 5.2. Are we able to use clinical judgement for eligibility?

Priority 1b populations have been identified to ensure that limited supplies of vaccine are available to people at greatest risk first. Clinical judgement, within these guidelines, should be exercised in all aspects of the patient encounter.

### 5.3. Is written consent required for administration of the vaccine? Are consent forms available in simplified or other language versions?

The Australian Technical Advisory Group on Immunisation (ATAGI) is currently developing advice and forms for use by those administering the vaccine. Providers will be supplied with access to these forms when they are available.

#### 5.4. Who will answer clinical questions?

Health providers should use the current services provided by their local state/territory Public Health Units for clinical advice related to vaccination.

The Commonwealth will have phone and online support channels available for healthcare providers in relation to supply and storage and handling issues. Details for accessing these will be provided ahead of Oxford/Astra Zeneca vaccine rollout.

## 6. COVID-19 Vaccine – Australian Immunisation Register

### 6.1. How will the upload to AIR work in practice?

There are a number of ways a vaccination can be recorded in AIR at the site of administration. For a healthcare provider to record a vaccination in [AIR](#) they must first register with [PRODA](#) and [HPOS](#). We recommend any healthcare providers who wish to administer the COVID-19 vaccine do this well in advance of the vaccine rollout.

The ways to record a vaccination in AIR include:

- Direct upload from patient software: The Commonwealth is working closely with the Medical Software Industry Association (MSIA) and the medical software industry to accelerate the enhancements required of clinical information systems and practice software to support healthcare providers to meet their new mandatory reporting requirements to AIR.
- Clinician Vaccine Integrated Platform: The Australian Digital Health Agency (the Agency) is building a Clinician Vaccine Integrated Platform (CVIP) to support direct upload into AIR of a person's vaccination at the site of administration. This may be used by any vaccine administrator nationally.
- Direct upload through AIR portal (traditional way): Registered Healthcare providers can upload directly into AIR via the AIR portal. Further information available on [the Services Australia website](#).

### 6.2. Will there be a delay in viewing patient information?

If the vaccination is accurately recorded and validated in the AIR, then the Immunisation History Statement (IHS) with the updated vaccination information can be viewed within 24-48 hours by the clinician through the AIR portal or by the consumer via Medicare online, Express Plus Medicare mobile app or via the My Health Record (including where integrated with clinical information systems).

### 6.3. How can we confirm if/when a patient received the first dose?

There are several ways a GP or vaccine administrator can confirm if the patient has received the first dose. This includes, but is not limited to:

- directly via the AIR portal;
- once authorised, through accessing a patient's My Health Record which will display the healthcare consumer's Immunisation History Statement (IHS);
- via the Clinician Vaccine Integrated Platform (CVIP) in development by the Australian Digital Health Agency; and,
- through certain practice management software (where integrated with My Health Record and/or the AIR).

#### 6.4. Will my practice software be integrated with AIR?

Many practice software products are already integrated with AIR. There are modest updates required to record COVID-19 vaccinations. The Commonwealth is working closely with the Medical Software Industry Association (MSIA) and the medical software industry to accelerate the enhancements required of clinical information systems to support clinicians to upload through their practice software. We encourage healthcare providers to talk to their software providers to discuss further when updates might be made available in their software.

### 7. COVID-19 Vaccine - Funding Arrangements

The Australian Government is still determining the final details of its funding support for services resulting in COVID-19 immunisation. However, it should be noted that **all aspects of COVID-19 vaccine assessment and administration should be free to the patient** and must be bulk billed.

#### 7.1. What is an 'Other Medical Practitioner'?

Other Medical Practitioners (OMPs) are doctors who have not undertaken Fellowship with either the Royal Australian College of General Practitioners, or the Australian College of Rural and Remote Medicine. Typically, OMPs are qualified doctors of a non-GP specialty, or have not completed their training and examination for Fellowship. OMPs who have a provider number can consequently claim for the relevant MBS item(s).

#### 7.2. How does the billing of these special item numbers submit to Medicare? Do we submit separately for individual doctors periodically or do we submit along with other Medicare billings on regular basis?

Billing for these item numbers should occur consistently to any other Medicare claims. Practices should continue to submit their Medicare claims in the same manner as they currently do.

#### 7.3. Will non-participating practices have the Standard Whole Patient Equivalent (SWPE) count reduced by their regular patients being required to attend another practice for the vaccination?

No. The COVID-19 vaccine MBS items are not counted for the purposes of SWPE calculations.

#### 7.4. If a patient has the vaccination at two practices because of ease of access at the time, the practice would not receive the PIP incentive. Why?

The COVID-19 Vaccine Practice Incentive Payment is designed to encourage continuity of care and recall/follow-up by the same practice for the completion of both doses. People will be able to choose whether to receive the second dose at the same or a different location (to ensure chances of completing a course are maximised), but booking both appointments at the same time, and returning to the same practice will be encouraged, and incentivised through the PIP.

#### 7.5. What impacts does accreditation have on funding arrangements? If I do not have a practice number, can I still receive the PIP?

Only accredited practices are eligible to apply to this EOI. PIP registered practices will be automatically registered to the COVID-19 Vaccine PIP.



### **7.6. A patient without Medicare but on other eligible visa category, can the doctor claim those specific MBS item numbers?**

No. Valid payment of a Medicare rebate requires both the patient and the provider to be Medicare eligible. However, this does not mean that the patient is unable to receive the COVID-19 immunisation services. Alternative arrangements, outside of the Medicare are available for people who are Medicare ineligible. These services are available through State and Territory vaccination clinics and GP Respiratory Clinics. No fees will apply to the administration of the COVID-19 vaccine service.

### **7.7. Is the item descriptor available?**

We are continuing to develop the item descriptors and will have them available for review as soon as possible. The descriptor will include further details on what the MBS fees and services is for, as well as further guidance on the role of the GP.

The COVID-19 vaccination-related services will not have time limits.

## **8. COVID-19 Vaccine - Liability**

### **8.1. Is the practice or doctor liable if there is a problem with the vaccination or its administration?**

The Australian Government announced in the 2020-21 Budget that it will provide indemnity to the manufacturers of the AstraZeneca vaccine, covering certain liabilities that could result from the use of the vaccine.

Liabilities resulting from a problem with the administration of the vaccination would be treated on the same basis as liabilities arising from the administration of any other vaccines.

### **8.2. What indemnity will DoH provide to the general practitioner in providing COVID-19 vaccination?**

There are already medical indemnity insurance arrangements in place for health practitioners to cover vaccine delivery. The Commonwealth also provides financial support under its medical indemnity schemes. If a claim is made against a health practitioner about some medical negligence on their part in administering a COVID-19 vaccination (or any other vaccine), it is expected that the Commonwealth's existing medical indemnity schemes would apply.

### **8.3. Who is liable in the event of patients who experience an adverse reaction?**

The Australian Government announced in the 2020-21 Budget that it will provide indemnity to the manufacturers of the AstraZeneca vaccine, covering certain liabilities that could result from the use of the vaccine.

It is expected that usual liability and indemnity arrangements will apply for medical practitioners, including through their own insurance and the Commonwealth's medical indemnity support schemes.

## 9. COVID-19 - National Booking System (NBS)

### 9.1. What is the National Booking System?

The National Booking System will provide one front door where people can check their eligibility and find out where to get a vaccine, with links to call clinics or book online (this includes GPs, pharmacists, state-run clinics etc.). The NBS will include:

- **An eligibility checker** that the public, clinicians and others can use to determine whether a patient is in a priority population group.
- **A listing of authorised vaccination clinics** along with their opening hours, contact details, and if they have one, a link to their online booking system. This list will be the mandatory minimum for clinics to provide. It will be based on the National Health Services Directory, that is already integrated with HotDocs and Healthengine.

### 9.2. What systems, if any, will the National Booking System integrate with? How does the NBS integrate with existing practice software? Will there be an option to export the data if direct integration is not available?

The National Booking System will be based on the existing National Health Services Directory. It will be integrated with existing clinical software and booking systems that connect to the National Health Services Directory, or allow clicking through to a practice's existing online platform. The Commonwealth will work with software vendors and general practices/pharmacies to continue to integrate other systems quickly and as seamlessly as the sector allows.

### 9.3. Will the booking process include screening and consenting questions or will this be done within the clinic?

There will be an eligibility checker that the public, clinicians and others can use to determine whether a patient is in a priority population group.

The booking system is designed to help patients get an appointment for a vaccine as easily and safely as possible. Questions of consent, other medical conditions etc. will not be stored in the booking system.

### 9.4. Why do we need to use the NBS if we had not had to use it for any other vaccine, given that clinics will upload relevant information to the AIR like any other vaccine?

It is not mandatory to use the NBS to manage appointments, however each vaccination clinic will be mandated to appear in the NBS service finder. If clinics have an online booking system already, they will be able to operate without substantial changes to their existing systems and processes. Consumers will be directed to their service through the National Health Services Directory listing of vaccination clinics, making a booking online (where available) or by phone. This provides practices with the flexibility to manage walk-ins, to engage with their regular patients, and reduce the cost and risk of change that could detract from the success of the vaccination rollout.

Clinics without an online booking system are encouraged to use one, but this is not a mandatory requirement. The roll-out recognises the many ways different clinics interact with patient cohorts, particularly in regional, rural and remote areas, clinics that serve vulnerable populations and Aboriginal Community Controlled Health Services.



### 9.5. Does the booking system confirm patient eligibility for participation in Phase 1b?

There will be an eligibility checker that will be available when phase 1a commences. This eligibility checker will enable the public, clinicians and others to determine whether a patient is in a priority population group. As the online checker is a self-declaration, and not a prerequisite for making a booking, evidence would need to be observed by the clinic at the time the patient arrives.

## 10. COVID-19 Vaccine – Training

The Australian Government has partnered with the Australian College of Nursing to develop and deliver free and accredited training modules for individuals involved in the administration of COVID-19 vaccines.

In preparation for Australia's vaccine rollout, authorised immunisation providers must complete COVID-19 vaccination training to ensure competency standards are met to administer COVID-19 vaccines. An expert advisory group, comprising of key peak body representatives and professional colleges are assisting to develop, review and finalise the training materials.

COVID-19 vaccine training modules are categorised into two groups, core and additional. Core COVID-19 modules involve training for COVID-19 vaccination more broadly. Additional COVID-19 modules are specific to individual vaccine candidates.

Core COVID-19 training modules will cover:

- handling and storage
- multi-dose vial (MDV) training
- delivery mechanisms of the vaccine
- administrative reporting including eligibility checking
- safety and surveillance monitoring and reporting for adverse events following immunisation
- communication.

Additional COVID-19 training modules include specific training for:

- BioNTech/Pfizer
- Oxford University/AstraZeneca
- Novavax
- future vaccines (i.e as possible new vaccines emerge)

### 10.1. When will training be made available?

The training will be available in the coming weeks. When the training goes live a link to the training will be provided on the Department of Health website.

### 10.2. How long will training take to complete?

The training will take approximately 3-4 hours to complete.

### **10.3. Will training be recognised for Continuous Professional Development (CPD)?**

The training will be accredited by Health Education Services Australia (HESA). The Australian College of Nursing (ACN) has convened a Course Expert Advisory Group, comprising of key peak body representatives and professional colleges, to assist in the development, review and finalisation of the training modules.

ACN is working with the relevant professional colleges and organisations to accredit the training as a CPD activity for their members. Health professionals should check with their relevant professional organisation for further information.

### **10.4. Who will be able to access training? Do you need an AHPRA registration number to access it? Can clerical staff access the training?**

Training will also be available for non-clinical and administration staff, who will be able to access the non-clinical modules of the training such as handling, storage and administrative reporting.

To enrol in the course immunisation providers will be required to have already undertaken routine immunisation training specific to their profession and hold a current practising registration. Immunisation providers will be required to enrol through their Australian Health Practitioner Regulation Agency (AHPRA) number. Any professionals who are authorised to administer the vaccine in their state or territory but do not hold an AHPRA number will be able to access the training by registering manually on the training website.

Administrative or non-clinical staff can enrol without an AHPRA number to access non-clinical modules.