

# 2021

A year in review



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# 2021: Year in review

**2021 was another year of living with COVID-19, and saw the rollout of vaccines around the world. It was an eventful year for the medical profession, with key changes to regulation and healthcare provision.**



We take a look at the main issues that have impacted members this year, both professionally and personally.

Avant continues to work with medical colleges, societies and healthcare organisations to support members in understanding their obligations and managing their risks. We have also been advocating on many of these concerns, including campaigning for a fair healthcare environment and issues relating to the COVID-19 pandemic and vaccine rollout.

## COVID-19 vaccine rollout

As waves of COVID-19 cases surged and subsided over the past year, there have been constant changes in clinical guidelines and a stream of state-based public health orders.

There were regular updates to the guidance on which vaccines to use for which patient cohorts, as medical professionals gained experience with them around the world. There was also confusion and uncertainty, with a barrage of questions being asked by doctors and of doctors, by patients.

From February to May 2021, Avant rolled out a series of COVID-19 vaccine Q&A session webinars, attracting 5,880 attendees. We regularly updated our COVID-19 FAQs and resources web page to provide information to members during these turbulent times.

Through the year, we were able to clarify questions about the rollout, exemptions and MBS changes, which we communicated to our members.

## No-fault COVID-19 indemnity scheme

Avant has been in discussions with the Department of Health and medical groups since late 2020 about the need for an indemnity scheme. In June 2021, the government announced a new no-fault indemnity scheme which came into effect on 6 September 2021 and is backdated to February 2021. It stated that the scheme will cover the costs of injuries above \$5,000 due to a proven adverse reaction of a COVID-19 vaccination.

In November, another announcement further reduced the claim threshold to \$1,000 for COVID-19 claims. It will cover the costs of injuries above \$1,000 due to a proven adverse reaction, and claims will be assessed by independent experts, with compensation paid based on their recommendations.

Instead of lodging a claim against an individual doctor, patients can lodge through a Commonwealth Government approved program. This means if you are administering COVID-19 vaccines, you are unlikely to be burdened with a related claim. However, Avant has always covered you for healthcare you provide, including the administration of COVID-19 vaccines (provided you have cover in an appropriate category of practice<sup>o</sup>), and continues to do so.

## Changes to rules on COVID-19 vaccine advertising

Since COVID-19 vaccines became available in February 2021, doctors and practices have been frustrated by the strict rules on vaccine advertising enforced by the Therapeutic Goods Administration (TGA). Avant successfully lobbied the Australian Department of Health and the TGA for changes to the rules around advertising COVID-19 vaccines. The rules were amended to allow health professionals and practices to effectively communicate information publicly about the vaccines. The information must be consistent with current Commonwealth health messaging.



Avant COVID-19 FAQs  
[avant.org.au/covid19](https://avant.org.au/covid19)

## Legislation updates

### Managing telehealth

In July 2020, the federal government restricted general practitioner use of the Medicare Benefits Schedule (MBS) COVID-19 telehealth item numbers to existing patients who have been seen face-to-face in the practice in the last 12 months (with some limited exceptions). This change aimed to reduce the number of pop-up clinics offering telehealth, where there is no pre-existing doctor-patient relationship and no face-to-face option.

Avant met with the Department of Health on several occasions to urge a lenient approach to checking compliance regarding this rule. Doctors have had to keep abreast of continuously changing MBS services and rules over the last 18 months, on top of all the other changes to practice. Avant sought clarification about the details of exceptions to this rule and have communicated this back to our members.

In July 2021, the majority of GP telephone items were replaced with a smaller number of telephone items. However, new items were introduced for patients seeking advice on blood-borne viruses, sexual or reproductive health.

The list of exemptions to the 'usual medical practitioner' rule have also been changed. The current test for exempting patients who have their movement restricted by a state and territory public health order has been replaced with new criteria:

- if the patient is in COVID-19 isolation or quarantine because of a state or territory public health order; and
- if the patient is located in a COVID-19 hotspot as declared by the Commonwealth Chief Medical Officer.

In September 2021, 40 new temporary telehealth items were also made available if the admitting doctor is unable to attend their patient in hospital due to COVID-19 restrictions.

Earlier in the year, it was announced that telehealth will be extended until the end of 2021. In December 2021, the federal government confirmed they will commit \$106 million to make telehealth a permanent feature of primary health care. The service has been transformational to health care delivery and connected millions of people to their doctors, while being kept safely at home throughout the pandemic.

## Real-time prescription monitoring system expands to more states

Queensland's real-time prescription monitoring (RTPM) system, QScript, went live in September 2021. This makes Queensland the second state where it is mandatory for GPs and pharmacists to check when prescribing or dispensing drugs of dependence. Victoria was the first state to adopt a mandatory RTPM system, back in April 2020.

Based on Victoria's SafeScript system, New South Wales rolled out the first stage of the new RTPM in November 2021. This included government departments launching a pilot in the Hunter New England and Central Coast regions, inviting pharmacists and GPs to join.

SafeScript NSW will roll out to other regions in the state over the next six months, even though NSW does not plan to make the system mandatory at this point. However, SafeScript NSW is part of the National Data Exchange (NDE) project, with Queensland, Victoria and South Australia's RTPM systems all using the same back-end platforms. The other states and territories have indicated they intend to integrate the NDE in the future.

The Australian Capital Territory and Tasmania both currently have a non-mandatory local prescription monitoring system in place, a clinical support tool called DORA.

## Voluntary assisted dying update

Western Australia's voluntary assisted dying legislation, passed in 2019, came into effect on 1 July 2021. A key difference between the laws in Western Australia and in Victoria, is that in Western Australia a doctor can, during a discussion about their end-of-life choices, initiate the conversation with their patient about voluntary assisted dying as one option. They must also discuss treatment and palliative care options and the likely outcomes of that treatment and care with the patient at the same time.

This year, Tasmania, South Australia and Queensland also passed legislation to legalise voluntary assisted dying. It is expected to come into effect in these states in 2022. NSW is the final state to consider voluntary assisted dying. Legislation has passed the lower house and will be considered in the upper house early in 2022. The Northern Territory and the ACT are unable to pass voluntary assisted dying laws due to Commonwealth legislation that prohibits Australian territories from enacting such laws.

Avant has advocated to ensure the legal framework protects doctors, whether or not they choose to participate, and to provide resources to support doctors.

## Prescription required for nicotine vaping products

As of 1 October 2021, the TGA made all nicotine vaping products prescription-only. The reclassification of all nicotine vaping products to Schedule 4 medicines included nicotine e-cigarettes, nicotine pods and liquid nicotine. This applies to products purchased in Australia and from online overseas suppliers. Nicotine replacement therapies such as sprays, patches, lozenges, chews and gums continued to be available without a prescription.

To coincide with this change, 18 temporary MBS item numbers for nicotine and smoking cessation counselling provided by GPs were introduced. These include face-to-face and telehealth and are in effect until 30 June 2022.

## Travel during the pandemic

As of 1 November 2021, fully vaccinated Australian citizens and permanent residents are able to depart Australia without seeking an exemption. Avant Travel Cover is available to medical practitioners and doctors in training. It covers medical expenses, emergency assistance, trip cancellation and lost or stolen baggage, with unlimited trips over a 12-month period (up to six months' duration per trip), however there is no cover for any claim caused by, or resulting from, COVID-19.

To decide if the product is right for you, please read the PDS, which is available at [avant.org.au/travel](https://avant.org.au/travel). Terms, conditions, limits and exclusions apply.

## Changes made to income protection

The Australian Prudential Regulation Authority (APRA) made a number of key changes to income protection policies that came into effect in October 2021.

These changes are a result of life insurance providers having collectively recorded a loss of \$3.4 billion over five years, up to December 2019. To address pricing issues, improve product design features and safeguard the sustainability of the insurance industry, APRA mandated new guidelines.

From 1 October 2021, in the event of disability, sickness or injury, income protection policyholders with a 'stable income' will now receive a disability income based on annual earnings at the time of the claim, not more than 12 months prior to a claim.

However, those with a 'variable or unstable income' will receive a disability income based on their average annual earnings over a period of time (can be longer than 12 months). This will take into account the nature of their occupation and future earnings lost because of their disability.

Another change is the income replacement ratio. This means compensation to policyholders will be capped to a maximum of 90% of earnings in the first six months of the claim, and at 70% thereafter.

At Avant, we can help navigate these changes when looking for income protection. For more information or to enquire, please visit [avant.org.au/life](https://avant.org.au/life).



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**Dr Rebecca James**  
2020 Foundation grant recipient

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