

Managing HIV in general practice

Christy Newman, Michael Kidd, Susan Kippax, Robert Reynolds, Peter Canavan and John de Wit

Overview

In the 30 years since HIV was first identified, effective combination antiretroviral treatment has transformed HIV from a fatal acute infection to a manageable chronic disease. HIV medical care is accessed in a range of settings in Australia, but a particular feature is the HIV s100 prescriber GP: a skilled and accredited medical practitioner working in private general practice.

The Australian response to HIV is driven by a cross-sectoral partnership between members of affected communities, clinicians, researchers, and governments. At this point in history, treatment-as-prevention is inspiring a reinvigorated global response.

Yet concerns have been noted in both Australia and comparable overseas settings about the challenges of recruiting a new generation of clinicians to HIV medicine. One of the major challenges in Australia will be to ensure that there is a general practice workforce willing and able to contribute to the strengthening of HIV prevention, diagnosis, management and treatment.

With funding from the NHMRC, we conducted the first national study of the HIV general practice workforce, comprising in-depth interviews with key informants and clinicians, cataloguing opinions about and experiences of providing general practice-based HIV care in different caseload and geographical settings across Australia.

The clinicians interviewed included GPs actively prescribing HIV medications, GPs providing other non-medication forms of HIV care, GPs who had stopped maintaining their prescriber status and general practice nurses involved in HIV care. While these sub-groups make different contributions, their combined perspectives offered a unique way to think about how the general practice workforce becomes engaged with HIV care.

Raising the profile of HIV medicine among medical students and doctors in training will increase awareness of prevention and treatment priorities among the future medical workforce. However, there needs to be greater clarity in the messages communicated to the existing general practice workforce about the contributions they can make to HIV medicine, whether in direct care and treatment, sharing HIV care with specialist clinicians or increasing HIV testing and reinforcing prevention in their daily practice.



Research summary

Never Stand Still

Faculty of Arts and Social Sciences

National Centre in HIV Social Research

What did we do?

First we interviewed key informants ...

Semi-structured interviews were conducted with 24 individuals holding senior positions in government, non-government and professional/educational organisations that shape HIV care policy and practice in Australia. These interviews aimed to scope the key issues relating to this topic and to inform our approach to interviewing clinicians.

Participants included 17 men and seven women and, although not asked of participants, five self-disclosed as HIV-positive. Their professional backgrounds included medicine ($n = 10$), allied health ($n = 3$), community ($n = 3$), public sector ($n = 3$) and 'other' ($n = 5$). The policy setting with which they were most engaged at the time of interview was non-government ($n = 10$), government ($n = 7$), professional/educational ($n = 7$), the scope of their particular area/level of interest was state ($n = 12$), national ($n = 9$) and particular affected populations ($n = 3$).

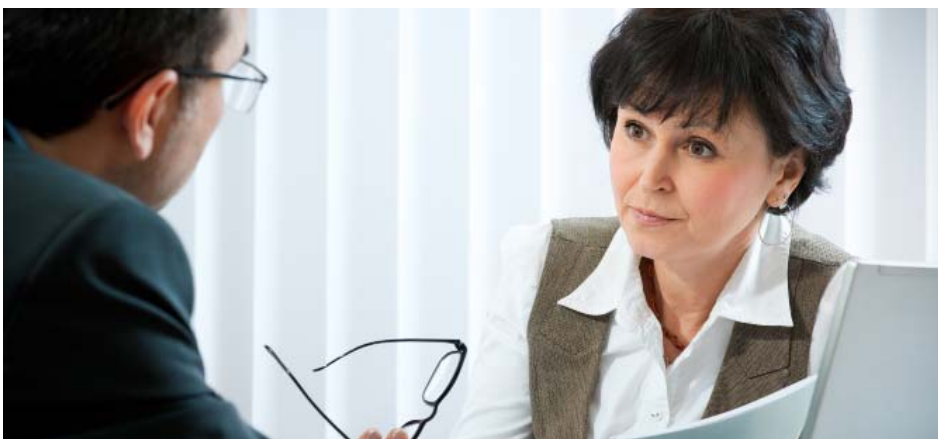
Then we interviewed clinicians ...

Semi-structured interviews were also conducted with 47 clinicians who were at the time, or had previously been, involved in providing HIV care in general practice settings in Australia. These interviews aimed to gather first-person accounts of the diverse career trajectories, motivations, aspirations and experiences of the HIV general practice workforce around the country.

Participants included 25 men and 22 women, and although not asked of participants, one self-disclosed as HIV-positive. More than half (26) offered a description of their sexual identity as gay (16) or heterosexual (10), although this was not asked of them. Other demographics included age range (32–69 years, with almost half aged in their 50s), and ethnicity (39 identified as Caucasian, with the other eight participants describing an Asian, European or Middle Eastern heritage).

As a group, participants had worked across all of the Australian states and territories, but mainly in New South Wales, Victoria, Queensland and South Australia. A large majority were based at the time of interview in urban metropolitan settings ($n = 37$), with the other 10 providing the quite different perspective of working in regional and remote Australia. The most common professional role was 'active prescriber' ($n = 31$), but we also interviewed several 'ex-prescribers' ($n = 8$), i.e. GPs who had let their HIV prescribing rights lapse, as well as some 'non-prescribers' ($n = 5$), i.e. clinicians who provided care to people with HIV but did not prescribe medications. Three 'other' clinicians also took part, all of them nurses working in high HIV-caseload general practice clinics.

Participants spanned a range of HIV 'caseload' settings, with around the same number describing a high ($n = 20$) or low-medium ($n = 19$) caseload of HIV-positive patients, and the remaining 8 not providing HIV care at the time of interview. Participants were also evenly distributed across the time periods in which they first became involved in HIV care: 1981–1987 ($n = 8$); 1988–1993 ($n = 11$); 1994–1999 ($n = 8$); 2000–2005 ($n = 13$); 2006–2011 ($n = 7$). Almost all were trained in Australia, with only four being trained overseas in English-speaking developed countries comparable to Australia.



Who provides HIV care in general practice?

- **High caseload GP prescriber:** usually based in urban centres; sees large numbers of people living with HIV, many of whom are gay men; very much involved with HIV medicine on a daily basis
- **Low caseload urban GP prescriber:** often based in outer metropolitan areas; sees a small but consistent number of people living with HIV; issues related to HIV represent only a small part of daily work
- **Low caseload regional or rural GP prescriber:** based in regional, rural or remote areas; usually sees a small number of people living with HIV (although there are exceptions); often the only prescriber in a large geographical region; HIV medicine usually makes up only a small part of their work
- **Shared care GP:** based in either urban or regional, rural or remote areas; involved in providing general health care and may be involved in sharing the care of HIV-related issues with an s100 prescriber GP or other specialist colleague
- **Other GPs:** based in general practices that have little or no involvement in HIV care but who order HIV tests and are central to increasing testing rates across the community
- **Other members of the general practice team:** practice nurses and other health professionals also make a valuable contribution to HIV care, with particular roles and responsibilities defined within each practice

What did we find?

Patient needs

Participants viewed general practice as making an essential contribution to HIV care because of its accessibility, continuity over time, whole-person philosophy, and connections across care disciplines. Challenges in responding to patient needs included changing epidemiology, particularly in migrant communities, and engaging non-specialist GPs with HIV today.^{2, 4, 7}

[In] the Australian context ... being an HIV doctor's really managing the whole sort of continuum of needs of people living with HIV and their families and carers and loved ones, as they kind of face a now chronic illness ... as well as ... [on] the medical side of things ... keep[ing] the viral load undetectable, and their CD4 counts as high as possible. And really sort of being proactive about looking at long-term side effects and complications of therapy and things like that. And ... being an advocate for patients and making sure that they get all the services that they need [for] a healthy and high quality of life. (Ex-HIV-prescribing GP)

Pathways

Various pathways were reported to have guided these GPs into HIV medicine, often linked to broader interests in sexual health or infectious diseases. However, there was also a consistent political dimension, with many GPs seen to feel socially or personally connected to the communities affected by HIV, particularly the gay community.^{1, 3}

From my experience, a lot of the HIV GPs are ... gay men who are interested in it because ... it affects them or their loved ones directly, or the people that they have some affinity with. But also it tends to be people who've just fallen into it by accident, by being in the right place at the right time. So we've just been lucky that we've been able to get some new GPs here. And we're trying to get them interested in HIV and so then go and do the course, and then maybe they will take it on. Because it is rewarding and I think that once you get to learn about it you, you want to keep doing it. (HIV-prescribing GP)

Pressures

Persistent workforce pressures related to satisfying the educational requirements of HIV prescriber accreditation alongside those of general practice medicine, achieving a manageable caseload balance between HIV medicine and other kinds of general practice, and responding to the shortage of GPs willing to fill roles in both high and low caseload practices.^{1, 6, 7}

If you're in the workforce ... you're probably aging and getting ready to retire or get out yourself. Or you're trying to maintain a practice and still deliver care but have had to broaden beyond an HIV specific focus. Or ... you're new and getting into [the] area, and HIV is just one of what is a broader blood-borne virus or sexual health or infectious diseases discipline that you're pursuing, and it's not sexy to just do HIV anymore. And you'd probably not want to make it the be-all and end-all of your life, which is what you actually were required to do if you were doing this fifteen, twenty years ago. (Key-informant)

Passions

The factors which had inspired and sustained GPs in providing HIV care over time ranged from intellectual rewards associated with the rapidly changing science of HIV medicine, to achieving satisfaction in contributing to positive health and social outcomes for their patients. Professional benefits were also highlighted, including career development, peer support and travel.^{2, 6, 7}

The antiretrovirals have made an enormous difference to peoples' lives, and that's very exciting and fascinating to see medicine make that contribution, in a very practical way, to peoples' lives. And it's also rewarding to be involved with other health professionals that are highly motivated to engage in an area of challenge. (HIV-prescribing GP)

HIV has been fantastic for my career in that it's been an area ... where I've been able to develop opportunities in teaching, in research, in professional representation, in engagement with the wider community, in work with government, in opportunities to travel. So, you know, there's been extraordinary opportunities which have come from the clinical interest. (Ex-HIV-prescribing GP)



Where can I find out more about ...

The study

National Centre in HIV Social Research
w <http://nchsr.arts.unsw.edu.au>
e c.newman@unsw.edu.au

The HIV prescriber program

Australasian Society for HIV Medicine
w <http://ashm.org.au/>
e education@ashm.org.au

Living with and treating HIV

National Association of People With HIV
Australia
w <http://www.napwha.org.au>

Careers in general practice

Australian General Practice Training
Web: <http://www.agpt.com.au/>
Royal Australian College of General
Practitioners
w <http://www.racgp.org.au>

HIV policy and community services

Australian Federation of AIDS Organisations
w <http://www.afao.org.au>
e mail@afao.org.au

References

1. Newman, C. E., Kidd, M. R., de Wit, J. B., Reynolds, R. H., Canavan, P. G., & Kippax, S. C. (2011). What moves a family doctor to specialise in HIV? Interviews with Australian policy key informants. *Culture, Health and Sexuality*, 13(10), 1151–1164. <http://dx.doi.org/10.1080/13691058.2011.607904>
2. Newman, C. E., de Wit, J. B., Kippax, S. C., Reynolds, R. H., Canavan, P. G., & Kidd, M. R. (2012). The role of the general practitioner in the Australian approach to HIV care: interviews with 'key informants' from government, non-government and professional organisations. *Sexually Transmitted Infections*, 88(2), 132–135. <http://dx.doi.org/10.1136/sextrans-2011-050130>
3. Newman, C. E., Persson, A., de Wit, J. B., Reynolds, R. H., Canavan, P. G., Kippax, S. C., & Kidd, M. R. (2013). At the coalface and the cutting edge: general practitioners' accounts of the rewards of engaging with HIV medicine. *BMC Family Practice*, 14, 39. <http://dx.doi.org/10.1186/1471-2296-14-39>
4. Newman, C. E., Kidd, M. R., Kippax, S. C., Reynolds, R. H., Canavan, P. G., & de Wit, J. B. (2013). Engaging non-HIV specialist general practitioners with new priorities in HIV prevention and treatment: qualitative insights from those currently working in the field. *Sexual Health*. Advance online publication. <http://dx.doi.org/10.1071/SH12157>
5. Newman, C. E., Persson, A., Paquette, D., & Kidd, M. R. (2013). The new cultural politics of the waiting room: straight men, gay-friendly clinics and 'inclusive' HIV care. *Sexuality Research and Social Policy*, 10(2), 87–96. <http://dx.doi.org/10.1007/s13178-013-0111-z>
6. Hopwood, M., Newman, C., Persson, A., Watts, I., de Wit, J., Reynolds, R., Canavan, P., Kippax, S., & Kidd, M. (2013). Expert perspectives on the contribution of HIV general practice nursing to the 'extraordinary story' of HIV medicine in Australia. *Primary Health Care Research and Development*. Advance online publication. <http://dx.doi.org/10.1017/S1463423613000108>
7. Persson, A., Newman, C. E., Hopwood, M., Kidd, M. R., Canavan, P. G., Kippax, S. C., Reynolds, R. H., & de Wit, J. B. (in press). No ordinary mainstream illness: how HIV doctors perceive the virus today. *Qualitative Health Research*.

These articles were published during the project; additional articles are in progress.



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Who conducted the research?

Our interdisciplinary research team represents HIV social research, general practice research, history, HIV advocacy and policy, medical education and policy, and the perspectives of practicing HIV GPs.

Chief Investigator team

Professor John de Wit, Director, National Centre in HIV Social Research, University of New South Wales

Professor Michael Kidd AM, General Practitioner and Executive Dean, Faculty of Health Sciences, Flinders University

Dr Christy Newman (study coordinator), Senior Research Fellow, National Centre in HIV Social Research, University of New South Wales

A/Professor Robert Reynolds, Discipline Head of Modern History, Politics and International Relations, Macquarie University

Mr Peter Canavan, independent consumer advocate for people living with HIV in Australia

Emeritus Professor Susan Kippax, Social Policy Research Centre, University of New South Wales

Expert Committee

Ms Levinia Crooks AM, Chief Executive Officer, Australasian Society for HIV Medicine

Dr Catherine Pell, General Practitioner, Taylor Square Private Clinic; Clinical Advisor, Australasian Society for HIV Medicine

Mr Ian Watts, former National Manager, GP Advocacy and Support, Royal Australian College of General Practitioners; Senior Lecturer, Discipline of General Practice, The University of Sydney

Dr Ronald McCoy, General Practitioner and Senior Medical Educator, Royal Australian College of General Practitioners; Lecturer, Discipline of General Practice, The University of Sydney

Mr Tim Stern, Manager, HIV/STI Clinical Program, Australasian Society for HIV Medicine

Ms Linda Forbes, Manager, Policy and Communications, Australian Federation of AIDS Organisations

Dr Asha Persson, Research Fellow, National Centre in HIV Social Research

Dr Jeanne Ellard, Research Fellow, National Centre in HIV Social Research (now at The Kirby Institute)

Dr Max Hopwood, Research Fellow, National Centre in HIV Social Research

Dr William Donohue, General Practitioner, O'Brien Street Practice (Adelaide)

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Dr Dana Paquette, Research Assistant, National Centre in HIV Social Research

Ms Jo Watson, Executive Director, National Association of People Living with HIV/AIDS

Associate Professor Jonathan Anderson, General Practitioner and Research Director, Carlton Clinic (Melbourne); Medical Director, ViiV Healthcare

Mr David McGuigan, former Manager, HIV/STI Clinical Program, Australasian Society for HIV Medicine

Mr Soenke Tremper, Team Manager, Prevention, Aboriginal Health and Chronic Disease, General Practice Victoria Ltd

Mr Steven Lambert, HIV & HCV Education Projects, School of Medicine, The University of Queensland

Adjunct Associate Professor Marilyn McMurchie OAM, General Practitioner, East Sydney Doctors; Discipline of General Practice, The University of Sydney

Dr Mark Bloch, General Practitioner, Holdsworth House Medical Practice (Sydney and regional NSW); Clinical Advisor, Australasian Society for HIV Medicine

Dr David Ellis, General Practitioner, Coffs Harbour (regional NSW)

Dr Dick Quan, General Practitioner, Holdsworth House Medical Practice (Sydney and regional NSW)