NEW PARTNERSHIP FOR TRAINING AND SUPPORT FOR VICTORIAN GENERAL PRACTICE IN BBV/STI MEDICINE.

Since 1999 the rate of HIV diagnoses in Victoria has increased by 140% and the rate of sexually transmissible infections (STIs) continues to climb with a 207% increase in chlamydia trachomatis notifications in the six years to 2006.

'STIs are one of the major preventable health problems affecting the Australian population, are often asymptomatic and, if undetected, can cause sub-fertility, infertility and chronic morbidity. In addition to these significant consequences, STIs increase the risk of transmission of HIV. Given that 80% of Australian patients attend their General Practitioner (GP) each year, GPs are well placed to have a significant impact on STI transmission by diagnosing and treating both asymptomatic and symptomatic disease.' [1]

A new partnership has been formed in Victoria to deliver a comprehensive training and support program for GPs and other healthcare workers in relation to blood borne viruses and sexually transmissible infections. General Practice Divisions Victoria (GPDV), together with the Alfred Hospital Infectious Diseases Unit and the Australasian Society for HIV Medicine are working together, with funding from the Victorian Department of Human Services (DHS) to develop and implement the Sexual Health, HIV, Hepatitis Education (Sh^{3}ed) program.

DHS provides funding for Sh^{3}ed as part of the state-wide BBV/STI Program which is responsible for the public health management of blood-borne viruses and STIs throughout Victoria to improve the health of all Victorians.

[1] Temple-Smith M J. The General Practitioner and the Control of Sexually Transmissible Infections. Thesis submitted for degree of Doctor of Health Science, Deakin University, June 2001

THE OBJECTIVES OF THE BBV/STI PROGRAM INCLUDE:

- Reducing the incidence of BBV/STI transmission in Victoria
- Improving access to appropriate health services
- Reducing the prevalence of undiagnosed BBV/STIs
- Providing care and support to those infected or affected with a BBV/STI
- Reducing the stigma and discrimination associated with BBV/STIs

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SHED NEWSLETTER
Spring 2007

TRAINING PROGRAMS FOR 2008

SHORT COURSES OFFERED THROUGH SH³ED CATER FOR PRACTITIONERS WITH VARYING LEVELS OF INVOLVEMENT AND INTEREST AND ARE PRESENTED BY EXPERTS IN EACH FIELD.

Introductory, 2 hour sessions about HIV, STIs and viral hepatitis are offered on an ongoing basis to meet workforce demands. These sessions are provided at no cost and can be delivered in rural and metropolitan locations to suit interested practitioners. On line options are also being developed. Introductory courses cover current issues including epidemiology and the key roles of primary care in the detection and management of these disease entities. Secondary and tertiary service options to which patients can be referred are also explored. While these sessions are designed for general practitioners, nurses and allied health providers will also find them of interest.

General Practice nurses will benefit from a specific introductory course in viral hepatitis designed around their roles in the practice.

Intermediate level courses will be available in 2008 on HIV, Viral Hepatitis and STIs. These are tailored for general practitioners with an interest in these areas of medicine who may manage a small or growing number of cases each year. Virology, transmission of disease and regional incidence are included as well as skill development in history taking, risk assessment, serology, diagnosis and treatment. Case studies are discussed and practical care management issues including effective use of the Medicare Benefits Schedule are addressed.

SUPPORTING GENERAL PRACTITIONERS WITH AUTHORITY TO PRESCRIBE RESTRICTED MEDICINES FOR HIV/AIDS.

Sh³ed offers an advanced level short course for General Practitioners wishing to pursue a special interest in HIV medicine or become accredited to prescribe s100 drugs. This short course can be completed as a 3 day intensive in Melbourne or by distance education. GPs are welcome to enrol in any or all of the modules within the course as part of their continuing professional development. This course was formerly provided in Victoria by the Alfred Infectious Diseases Unit and the Australasian Society for HIV Medicine who have kindly provided course materials and advice to enable the content to be updated.

THE COURSE INCLUDES:

- science of HIV and the principles and practice of testing
- use of antiretroviral drugs in HIV medicine
- care and ongoing management of a newly diagnosed patient with HIV
- clinical management of HIV toxicities and infections
- management of complex needs of patients in long term care

An opportunity is also offered to attend a supervised Clinical Attachment with a specialist facility or with a high case load GP HIV prescriber.

A comprehensive calendar of courses will be available in 2008. Details and registration forms can be obtained from www.gpdv.com.au after 1 December 2007.

KEY APPROACHES IN GENERAL PRACTICE

The DHS Victorian Sexually Transmissible Infections Strategy 2006-2009 identifies a number of priority population groups who are at increased risk of STIs or carry a higher burden relating to STIs. There are key approaches recommended with each of these groups that are highly relevant to general practice

1. **YOUNG PEOPLE**
   - screen sexually active people under 25 years of age for Chlamydia

2. **MEN WHO HAVE SEX WITH MEN**
   - test annually for Chlamydia, gonorrhoea, syphilis and HIV
   - implement evidence based clinical guidelines for STI testing, treatment and vaccination

3. **ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE**
   - Support broad primary care initiatives that reduce barriers to ATSI people accessing health services
   - Offer sexual history taking STI screening

4. **SEX WORKERS**
   - Support programs to deliver STI education and treatment to sex workers from culturally and linguistically diverse backgrounds

5. **PEOPLE LIVING WITH HIV/AIDS**
   - improve access to treatment services by becoming involved in shared care or by becoming an accredited community s100 prescriber

The Strategy can be downloaded from www.health.vic.gov.au/ideas

Satisfactory completion of the advanced short course in HIV Medicine offered through the Sh3ed program and of the required assessment activities enables GPs to apply for the right to prescribe s100 drugs for HIV in Victoria. A Certificate of Attainment from the course is recognised by a number of states in Australia.

Sh³ed program professional development options 2008

Primary	Intermediate	Advanced
These sessions provide an up to date overview for GPs, nurses and allied health professionals working in primary care *2 hour sessions offered throughout the year to meet demand*	A more comprehensive overview for GPs, nurses and allied health professional working in general practice, alcohol and drug services and occupational health settings *1-2 day courses offered throughout the year to meet demand.*	Advanced education and training courses for GPs, nurses and allied health professionals with a special interest in shared care or in s100 certification or continuing certification as a prescriber for HIV or hepatitis
1.1 HIV in primary health care	2.1.1 HIV, Hepatitis and STI epidemiology and the principles and practice of testing *Flexible modules offered commencing February 2008*	3.1 Advanced - short course in HIV *Short course by distance education commences 6 February 2008* *3 day intensive short course 20th – 22nd June 2008*
	2.1.2 HIV management in primary care	3.1.2 Advanced- updates in HIV medicine *Updates for prescribers and GPs with a special interest.* *Updates will be offered both face to face and via distance education commencing October 2007*
1.2.1 Viral Hepatitis in primary health care.	2.2 Viral Hepatitis management in primary care	3.2 Advanced - short course in viral hepatitis *Offered in February 2008*
1.2.2 Viral Hepatitis for General Practice Nurses- Initial and ongoing management in primary care		3.3 Advanced- updates in hepatitis *Updates for prescribers and GPs with a special interest. Updates will be offered both face to face and via distance education commencing March 2008*
1.3 Sexually transmitted infections in primary health care	2.3 Management of viral and bacterial STIs in primary health care	

COURSE ACCREDITATION

All Sh³ed education activities are submitted for accreditation by RACGP, ACRRM and the Royal College of Nursing Australia.

The advanced course in HIV modules are accredited as Active Learning Modules with the Royal Australian College of General Practitioners.

FINANCIAL ASSISTANCE

Financial assistance may be available from the Rural Workforce Agency Victoria (RWAV) for general practitioners from rural Victoria to attend Sh³ed activities. For more information ring RWAV on 03 93349 7800 or go to www.rwav.com.au/support/support_grants.asp

Financial assistance may be available for General Practice Nurses to attend Sh³ed activities. Interested nurses should contact their local division of general practice or

Lesley Czulowski, Consultant, Nursing in General Practice, GPDV email l.czulowski@gpdv.com.au

The Australian Practice Nurse Association may also be able to assist financially

NEW GRADUATES TO BECOME ACCREDITED S100 COMMUNITY PRESCRIBERS

Five Victorian GPs are currently completing requirements to become accredited prescribers having completed the short course in HIV in 2007 through the Sh³ed program.

Participants rated the course highly and reported that it helped to:

- update, refine and consolidate clinical knowledge,
- improve their ability to explain issues to patients
- increase their awareness of available community resources.

People from backgrounds other than General Practice have also found the advanced HIV course of benefit, including research bodies and community organisations

SH3ED EXPERT REFERENCE GROUP

An Expert Reference Group, convened by GPDV, is providing valuable input to ensure that all courses offered through the program are evidence- based and promote currently accepted good practice for primary care. The Reference Group, which meets several times each year, includes representatives from the partner organizations, DHS, the Victorian Infectious Diseases Service, medical specialists and general practice.

Recent Sh[3]ed Short course in HIV participants

LA TROBE STUDY FINDS RELATIONSHIP WITH DOCTOR AN EXTREMELY IMPORTANT ISSUE FOR PEOPLE WITH HEPATITIS

A team of researchers from the La Trobe University Australian Research Centre in Sex Health and Society studied 220 people living with hepatitis C to investigate the range of psychological and social factors associated with decisions to take up treatment. Less than 5% of people with Hepatitis C in Australia access clinical treatment and even fewer complete treatment.

'Both people who had had past treatment and those currently on treatment rated the effectiveness of treatment and their liver status as being more important than treatment side effects when they made a decision to commence treatment. The relationship with the doctor was also considered to be extremely important, more so than the support of the patient's partner.'[2]

Similarly, the relationship with the doctor sometimes represented a challenge. Of 65 people in the study who had past treatment the following factors were reported as among the list of greatest challenges to staying on treatment:

45% I kept seeing different doctors at the clinics
40% My doctor is not very helpful / supportive
34% There was never enough time with my doctor

[2] McNally S. Temple-Smith M. Now, later or never. Challenges of Hepatitis C treatment. Psychological and social factors associated with the uptake and maintenance of clinical treatment for Hepatitis C. Final report. Australian Research Centre in Sex, Health and Society. La Trobe University, Melbourne June 2004

ASSISTING GPS WITH THE DIAGNOSIS AND MANAGEMENT OF HEPATITIS

'As GPs we are more and more involved with the management of chronic diseases. It is obvious to think in the first instance about cardiovascular disease or diabetes. Hepatitis C is one disease that is not commonly thought of as part of the spectrum of chronic diseases. The effect of chronic hepatitis does fit the spectrum of a complex and protracted illness. As the data on the incidence and prevalence of hepatitis C demonstrates this is a problem that is increasing.

GPs have a pivotal role in hepatitis C diagnosis and management. The difficulty here is the recognition of hepatitis C. The symptoms are vague, the history is frequently incomplete and as a busy clinician it is not often considered as a diagnosis. Once detected the question is then "where to now?" From this point, those included in treatment programs require ongoing supportive care and monitoring. However there are a number of barriers to obtaining care which can relate to access to liver clinics, supply of medication through the s100 scheme and access to ongoing patient resources.

One of the important objectives of the Sh[3]ed Program is assisting GPs in the diagnosis and management of hepatitis.'

DR ROB GRENFELL, CHAIR GPDV, GP IN NATIMUK, WESTERN VICTORIA

MICHELLE WILLS
PROGRAM CONSULTANT

Michelle is a registered nurse with a postgraduate qualification in Community Health. Michelle worked for a number of years at the Royal Children's Hospital in various areas including outpatients and emergency. In 2000 she began working in the Divisions Network supporting practices and divisions to improve immunisation coverage in Victoria. In 2005 Michelle joined GPDV to develop and implement Hepatitis C education for general practice in Victoria. She was awarded a Primary Health Care Research and Evaluation Development (PHC RED) Fellowship at University of Melbourne in 2006 to research the education needs of General Practice Nurses about Hepatitis.

In January 2007 Michelle's work broadened to include the newly formed Sh[3]ed program.

KIRK AUSTIN
PROGRAM CONSULTANT

Kirk trained as a Primary Care Physician Assistant in the US where he practised for 28 years. He is also a Stanford University Medical School Primary Care Associate Program graduate, trained to diagnose, treat and prescribe medication for illnesses and disease states. For the last ten years he has specialized in Addictive Medicine, Pharmacotherapy, and BBV/STI with an emphasis on Hepatitis C. More recently Kirk has been a Senior AOD Clinician in the Healthy Liver Clinic (HLC) at Turning Point Alcohol & Drug Centre. He has recently joined the staff of GPDV to work in the Sh[3]ed program.

LINDA MCKENZIE
INTERNAL SUPPORT OFFICER

Linda has been a member of the administrative staff team at GPDV since 2002 where her role has involved being the first GPDV point of contact for members of the Divisions' network and key stakeholders. She moved to the General Practice Development team in March 2007 and now works predominantly in the Sh[3]ed program.

Enquiries regarding the program should be directed to Michelle Wills, m.wills@gpdv.com.au, Kirk Austin, k.austin@gpdv.com.au. Administrative enquiries can be made to Linda McKenzie,

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