



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

The Role of GPs in HIV Infection

Adopted 39/9 Council Meeting 13 July 1997 - Appendix 2 - 39/9 Council Minutes 13 July 1997

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Aim

To provide guidance about the roles of GPs in relation to HIV infection.

Principles

- A collaborative public health approach to the HIV epidemic in Australia is critical to the continuing containment of the disease and care of those affected.
- People with HIV infection/ AIDS are entitled to receive appropriate treatment and care without discrimination.

Background

AIDS was first reported in the USA in 1981. The first cases of AIDS in Australia were diagnosed in 1982/3.¹ There were 15,900 diagnoses of HIV infection; 7,033 diagnoses of AIDS and 5,116 deaths reported by 31st December 1996.¹ 1984 was the peak infection period.²

Globally the virus is predominantly transmitted by sex between men and women. In Australia the main mode of the infection has been sexual transmission between men. Homosexually active men, particularly those who identify with the "gay community", have been severely affected. By comparison, infection associated with heterosexual contact, medical procedures, sex work and injecting drug use remains low at present. The risk of transmission in Aboriginal and Torres Strait Islander populations is a cause for serious concern given the high prevalence of STDs in these communities.²

HIV affects many body systems in addition to the immune system. Chronologically, HIV disease progresses from the initial primary infection with high viral replication through immune activation and a fall in viral load, through an intermediate phase with variable clinical

manifestations, an increasing viral load and decreasing CD4 count to an advanced stage. In the advanced stage there is a significant decrease in CD4 cells, high viral load and the onset of AIDS defining illnesses associated with immune deficiency.

There are reports of missed and late diagnosis of HIV infection. A 1992 Western Australian study reported that more than 30% of people with AIDS learned of their HIV status only when they developed an AIDS related illness.³

While there is no cure for HIV infection, the development of new antiretroviral drug regimens, prophylaxis for opportunistic infections and new technologies to measure viral load, people with HIV can now remain well for longer. There is currently more optimism for the management of this infection.

Two national HIV/AIDS strategies have guided Australia's response to the epidemic and a third has recently been released which locates HIV strategies in the broader context of sexual health and communicable diseases.² The strategies have identified partnerships between governments, medical, scientific and research professionals and affected communities as the key to success.

In 1993 a key initiative by the Australasian Society for HIV Medicine (ASHM) was the production and distribution to all doctors and senior medical students of the monograph *Could it be HIV?*⁴

In 1993-94, the then Federal Department of Human Services and Health funded the National HIV/AIDS Health Maintenance and Monitoring Education project to promote health maintenance and monitoring for people with HIV infection and for those at risk. The RACGP and ASHM were funded to develop the medical component of the program - the National HIV Education Program for Australian Doctors. The Australian Federation of AIDS Organisations (AFAO) carried out the community education stream.

A National Needs Assessment was carried out by ASHM for the National Program in 1994-5.⁵ This highlighted the need for up-to-date, accessible HIV/AIDS information. In a number of areas, the skills and knowledge of GPs were identified as requiring strengthening. These include:

- overall confidence about managing HIV/AIDS
- compliance with legal requirements in relation to HIV/AIDS
- history taking to identify risk behaviours eg sexual and injecting drug practices
- communication skills particularly in relation to sensitive issues involved in pre and post test counselling, sexuality, death and dying
- understanding the role of the GP in health education about HIV/AIDS
- knowledge and participation in models of shared care with an HIV specialist
- appropriate referral to local resources for patient education and support
- understanding the role of complementary therapies and discussion of patient use.

As part of the National HIV Education Program for Australian Doctors, the RACGP focused on the educational and support needs of GPs. Key strategies include:

- a survey of the RACGP Training Program directors to determine coverage of HIV issues and the subsequent development of HIV core curriculum content
- examination of coverage of continuing medical education (CME) HIV/AIDS activities in the RACGP QA and CE Program and the development of a resource kit to assist CME providers
- *provision of additional* HIV resources for the RACGP Resource Centre and, with ASHM, the development of a resource catalogue
- review of RACGP policy on HIV
- collaboration with ASHM in the development of further resource materials and their distribution through the RACGP networks.

Among its activities, the ASHM component of the project has produced a number of resources including the monograph *Managing HIV*,⁶ a directory of HIV medical services and contacts⁷ and two videos^{8,9} to inform GPs.

Position of the RACGP

The RACGP considers that:

- GPs have a crucial contribution to make as part of an appropriate public health response to the HIV epidemic
- GPs should undertake core HIV education as an integral part of the RACGP Training Program
- GPs should have the opportunity to participate in HIV/AIDS CME activities. Such training is necessary to ensure GPs have the skills to respond appropriately to HIV and to choose the degree of involvement they will have in the treatment and care of those living with HIV
- GPs with HIV/AIDS should ensure that they receive appropriate medical care and practise in a manner that ensures safe care for their patients and themselves.

Recommended Role for Individual GPs

The RACGP recommends that:

- GPs take steps to ensure that they have the necessary skills to respond appropriately to the HIV epidemic. All GPs should have the skills to:
 - take appropriate preventive and public health measures to minimise the impact of HIV infection on the population
 - consider HIV in the differential diagnosis of all relevant conditions; initiate an appropriate management strategy for any HIV associated health problems - this may entail initial treatment, monitoring or referral in an appropriate and timely way
 - adopt a non-discriminatory approach to those with HIV
 - undertake an advocacy role for their patients.

- **Those GPs who choose to take on a management role** will treat conditions of varying complexity as part of their care of patients with HIV infection, with access to an HIV specialist available, as necessary, on a "shared care" basis
- **GPs with more advanced skills in HIV medicine** are able to undertake more complex management, providing treatment and care throughout the course of HIV infection. Such GPs may need to consult with an HIV specialist or a specialised unit in relation to specific HIV complications but will retain ongoing case management.

Strategies

The RACGP will:

- ensure appropriate implementation of HIV content in the RACGP Training Program
- promote awareness of the HIV/AIDS resource base in the RACGP Resource Centre and publicise the resource kit for CME providers
- assess the need for HIV advanced skills posts for the RACGP Training Program and support the post that has been developed in NSW
- further develop RACGP policies concerning HIV and other communicable diseases;
- collaborate with key stakeholders in relation to educational and broader public health initiatives in the area of HIV and other communicable diseases
- review GP access to appropriate training concerning new HIV treatments including antiretrovirals
- foster the development of a special interest group within General Practice for GPs with a high HIV case load.

References

1. National Centre in HIV Epidemiology and Clinical Research, (Jan 1997), Australian HIV Surveillance Update, vol 13, no. 1
2. Commonwealth of Australia (Dec 1996), Partnerships in Practice National HIV/AIDS Strategy 1996-97 to 1998-99, Australian Government Publishing Service
3. Stewart G. ed.. (1994), 2nd ed., The challenge: clinical diagnosis of HIV in Could it be HIV?, AMPCO, Sydney.
4. Stewart G. ed., (1994), 2nd ed., Could it be HIV?, AMPCO, Sydney.
5. Scott M. (Oct 1995), Situational Analysis: Report of National Needs Assessment, National HIV Education Program for Australian Doctors (unpublished).
6. Stewart G. ed., (1997), Managing HIV, AMPCO, Sydney.
7. Australasian Society for HIV Medicine, 1997 ASHM Directory of Australasian HIV Medical Services.
8. Australasian Society for HIV Medicine. (1996), Managing HIV Out of the Epicentre, National Rural Health Foundation (video).
9. Australian Society for HIV Medicine. (1997), Managing HIV, Audiovisual Department of Westmead Hospital (video).

Further References and Reading

- Australian National Council on AIDS, National Health and Medical Research Council, (April 1996), Infection Control in the Health Care Setting, Guidelines for the Prevention of Transmission of Infectious Diseases, Australian Government Publishing Service
- Feachem Richard G A (1995) Valuing the past...investing in the future Evaluation of the National HIV/AIDS Strategy 1993-4 to 1995-96. Commonwealth Department of Human Services and Health
- The Royal Australian College of General Practitioners, Practice Management Committee of Council, (1994) Sterilisation/Disinfection Guidelines for General Practice.
- Commonwealth of Australia, (Oct 1993), National HIV/AIDS Strategy 1993-94 to 1995-96, Australian Government Publishing Service
- AMA Position Statement, Blood Borne and Sexually Transmitted Viral Infections, (Feb 1996), AMA Ltd. Barton. ACT 1999

Publication Date: 13 July 1997

Authorised By: Office of the CEO