The role of the primary care workforce in HIV testing and treatment for Aboriginal and Torres Strait Islander people

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Based on reflections:

- In key policy advice roles
- In leading Aboriginal Health worker training
- In leading curriculum reform and embedding Indigenous perspectives in universities and professional colleges
- In undertaking national consultancies related to service models and workforce requirements
- As a Board member of a Primary Health Network (PHN)

A journey and shift over time:

- Program specific activity and funding
- Focus on the role of the Aboriginal/Torres Strait Islander sexual health worker and sexual health specialists
- Focus now needs to be on both service models for comprehensive primary health care and associated workforce requirements/implications.

Primary Health Networks PHN's:

- "..have been established with the key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving co-ordination of care to ensure patients receive the right care in the right place at the right time…."
- Implications for decision-makers, clinicians, service co-ordination and integration…..needs an available workforce and well-equipped workforce

PHN Areas of focus

- The PHN needs assessment should focus on:
  - the PHN objective of efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes;
  - the PHN objective of opportunities to improve coordination; and
  - the six key priorities for targeted work: mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, eHealth and aged care.
  - PHNs should ensure that attention is given to the health needs of Indigenous Australians, recognising the commitment of all parties to Closing the Gap.

Other initiatives

- RACP – Principles of good sexual health care relating to the high incidence of STI's and BBV's in Aboriginal and Torres Strait Islander communities:
  - Time limited sexual health programs and FIFO workforce have not been successful
  - Good sexual health clinical care requires long-term implementation of a primary care team-based program integrated into routine clinical business
  - It is important that there is access to locally relevant and accessible training and support of the workforce to ensure information, knowledge and skills are kept up to date

Good sexual health clinical care requires:

- Program of activity supported by a multi-disciplinary team, including GP's, nurses and midwives, AHW's and AHP's, sexual health physicians, infectious diseases physicians, health promotion officers, public health, educators and youth workers
  - To deliver comprehensive health education, promotion and clinical care
- Overcome barriers under the MBS for testing and treatment in remote areas
- Local staff must be able to independently access both individual pathology results and quality data regarding clinical indicators and clients with outstanding issues

Partnership between university and community controlled health sector

To coordinate student placements across the region and to develop/increase CCHS access to health services through student placements:

- Students learn about working in Indigenous context
- Service gets input they wouldn't otherwise have access to
- Initiated by, or meeting needs of, the Indigenous health service

IUIH institute for urban indigenous health

Good student placements require:

- Workforce Strategy tied to Comprehensive health care
- Addressing social determinants of health alongside health conditions
  - Education, Employment, housing etc
- Enabling non-Indigenous and Aboriginal and Torres Strait Islander workforce development

Clinical Placements: Key Features

- Sector Driven
- Students are centrally coordinated by IUIH
  - Universities have a central conduit
- All students receive common orientation with cultural orientation incorporated
- Different models of student placement to fit different needs
- Students are invited to complete research survey at completion of placement

Semester 2 2010

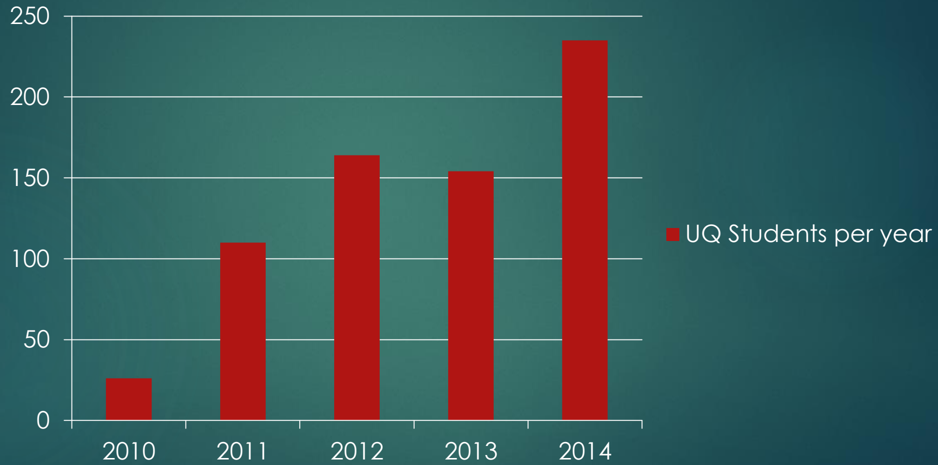
Medicine

Occupational Therapy

Dentistry

Students 2016

Medicine	Occupational Therapy	Dentistry and Oral health	Speech Pathology
Human Movement Studies	Psychology	Nursing and Midwifery	Pharmacy
Political Science	Social Work	Arts	Aboriginal and Torres Strait Islander studies
Podiatry	Optometry	Audiology	Physiotherapy



Graduate Placements 2016:

Field	Indigenous	Non-Indigenous
Exercise Physiology	1	1
Oral Health Therapy	1	0
Psychology	2	1
Nursing	1	0
Public Health	2	1
Medicine	1	0
Occupational Therapy	0	3
Speech Pathology	0	1
Music Therapy	0	1
Podiatry	0	1
Finance/Accounting	1	0
Total	9	9

GP Registrar training

GPR training 2013-16:

	No.	%
Number of individual GPRs	16	
Total time contributed	14 person-years	
No. of semesters contributed	28	
Ave duration of stay	12 months	
No. completing ≥12 months training time in ATSICCHS	8	50%
No. confirmed (6) or likely (2) to stay on post-training as permanent SEQ ATSICCHS VR GPs	8	50%

In Summary:

- Workforce is a key component of the IUIH model of care – workflow and assigned roles and responsibilities are embedded within the model
  - Multi-disciplinary team based approach is central to the model
- The sustainability of the model is dependent upon the entire team contributing to the care provided
- The partnership with a university is unique and critical to the workforce recruitment and development goals
- Clinical governance processes ensure workforce quality and contributions are monitored and evaluated