

# Understanding the views of Australian HIV experts on non-specialist prescription of PrEP

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**“There’s nothing special about PrEP that means that it needs to be restricted to specialist clinics or specialist prescribers ... It’s not complex medicine. There are certain things that GPs need to do in prescribing it and then in monitoring it but it just isn’t complex.”**

[P3 government/policy & advocacy]

## INTRODUCTION

The broadening of access to HIV pre-exposure prophylaxis (PrEP) in Australia has sparked a return to debates about which types of prescribing clinicians are best suited to deliver HIV prevention innovations, such as dedicated and specialist providers (including s100 prescribers) or primary care physicians and general practitioners (GPs). We conducted qualitative interviews to explore key informant perspectives on how to achieve equitable access to PrEP in Australia, and this analysis focuses on the particular issue of PrEP access being supported through the mainstreaming of delivery sites through non-specialist GPs, right across the Australian community.

## METHOD

Professionals working in the HIV prevention sector were identified across all Australian jurisdictions and invited via email to participate in an interview to explore the rollout of PrEP in Australia. Interviews were conducted between May and August 2017 over the phone, through Skype or in person. Of 29 participants invited to participate, 21 were interviewed. A thematic analysis was conducted by AS to explore the views of participants regarding non-specialist GPs prescribing PrEP.

## RESULTS

Participants were diverse in terms of gender, sexuality, and Australian jurisdictions, but were majority Anglo-Australian. We developed three themes, and participants expressed views that fit across multiple themes. Overall, non-specialist GPs were constructed by participants as either well-suited to prescribing PrEP or as posing a risk of perpetrating discrimination towards (gay) patients. For most participants, GPs were imagined as a homogenous group of practitioners, although some participants reflected that GPs are diverse and have competing workload demands beyond HIV prevention.

## CONCLUSION

Workforce development targeted at PrEP prescribing for GPs needs to ensure their attitudes to sexuality and sexual practice are explored.

Future studies on Australian PrEP prescribing should seek to understand the diversity of GP attitudes/beliefs regarding sexuality and sexual practice, as well as gay men’s experiences of attending a GP for PrEP.

The HIV sector has much to learn from documenting the experiences of non-specialist (non-s100) GPs in providing PrEP for the first time.

### Theme 1: Non-specialist GPs are well prepared for the demands of PrEP prescribing

“... what I’m observing in [this city] is that general practice is just stepping up and saying, ‘We can do this’. And they can, and they’ve got flexible business models. So I think general practice is the answer for a lot of this.”

[P2 government/policy]

### Theme 2: Non-specialist GPs present a potential risk to people seeking PrEP

“Cause until you find actually as a gay man, either a gay-friendly doctor, and they’re, you know, they’re relatively few and far between, or a publicly-funded, sexual health service, you will go to doctors who will go, “Huh?” Or worse, be homophobic. So, you know.”

[P19 university/research]

### Theme 3: Non-specialist GPs are a threat to our known ways of doing HIV prevention

“You know, trying to move it [PrEP] away from specialised centres has a lot of benefits for people in terms of access but it can also I think in some ways be a barrier. If your local GP that you go to, that you’ve been going to since you were a kid, doesn’t really know a lot about PrEP and doesn’t want to talk to you about sexual health, generally, then what kind of barrier is that putting up, compared to someone who has really spent their careers being an expert in that?”

[P8 university/research]