



RACP Foundation Research Awards

FINAL REPORT

Project / Program Title	Clinical attachment in complex HIV medicine and clinic management, UK	
Name	Dr Alison Rutherford	
Award Received	2019 Richard Kemp Memorial Fellowship	
Report Date	November 2019	
Funding Period	Start Date:	14 October 2019
	Finish Date:	25 October 2019

PROJECT SUMMARY

The majority of people with HIV infection in Australia will have good outcomes. Antiretroviral therapy is highly effective and well managed patients now have a near normal life expectancy. However, patients who are diagnosed late, who are non-adherent to their medications, who have a history of extensive treatment/drug resistance or who have co-morbidities still experience significant HIV related complications- particularly opportunistic infections and malignancies. As an HIV specialist working in a regional setting, it is necessary to be able to identify and manage conditions that present uncommonly or rarely.

I was lucky to be the recipient of the 2019 RACP Richard Kemp Memorial Fellowship, allowing me to travel to London for a placement at the Chelsea Westminster hospital. This hospital has a large cohort of HIV positive patients and a range of HIV related services within one health district, including a rapid review clinic, day treatment centre, in-patient beds, a number of outpatient clinics in inner and outer London and sub-speciality clinics. <https://www.chelwest.nhs.uk/services/hiv-sexual-health>.

In two weeks, I saw more HIV related pathology than I had seen in my career to date, and I was able to watch my peers working in sub-specialty capacities, demonstrating detailed and up to date knowledge. Being part of a large NHS service with a very varied caseload of patients was informative. Comparing the limitations of treatment rationing within the NHS and the advantages of close pharmacy involvement in prescribing was instructive. A key take home message was the overall management of the HIV caseload in a busy urban centre, with nurse-led models of care and streamlined, structured care delivered in an efficient but culturally competent framework.

PROJECT AIMS / OBJECTIVES

The aims of my placement were to increase my experience in seeing acutely ill and complex patients with HIV; and to be exposed to management of a large, complex service.

Outcomes:

1. Exposure to a range of HIV related pathology, including several cases of non-Hodgkin

lymphoma, Kaposi's sarcoma at different sites, HIV related neurocognitive disorder and progressive multifocal leukoencephalopathy

2. Experience in differentiating acute HIV related presentations in the rapid review clinic
3. Experience in sub-speciality clinics (oncology, menopause, sexual dysfunction, HPV management)
4. Understanding ARV rationing in the NHS and limitations on treatment decisions
5. Exposure to the advantages of a dedicated HIV pharmacy service
6. Experience in an HIV infected cohort with different demographics, in particular a large cohort of black African women

SIGNIFICANCE AND OUTCOMES

The key things I took from the placement to consider implementing in my clinic in regional NSW were:

1. The opportunity to streamline chronic HIV care, with structured annual nurse and doctor visits and a tiered system for simple vs complex patients
2. The advantages of working closely with our pharmacy team. Whilst we don't have funding or the need for a dedicated pharmacy service, we could invest in 1-2 pharmacists to increase their HIV expertise, and consider pharmacy consults for patients commencing or switching medications in collaboration with this team
3. To expect to see classic opportunistic infections and malignancies in untreated and undiagnosed patients
4. To improve our focus on the specific needs and different presentations of women with HIV

ACKNOWLEDGEMENTS

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