



SHINE SA

DEVELOPMENT OF A STI WORKFORCE DEVELOPMENT STRATEGY

WORKFORCE DEVELOPMENT STRATEGY

2015 - 2020

FINAL

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HEALTH OUTCOMES INTERNATIONAL

5A Glynburn Road, Glynde, SA 5070 | P: 08 8363 3699 | F: 08 8365 3560
E: info@hoi.com.au | www.hoi.com.au





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LIST OF ABBREVIATIONS

ACCHS	Aboriginal Community Controlled Health Services
STI Action Plan	Sexually Transmissible Infections Action Plan 2012-2015
AHCSA	Aboriginal Health Council of South Australia
AHW	Aboriginal Health Workers
ASHM	Australasian Society for HIV Medicine
CALD	Culturally and Linguistically Diverse
CSHP	Consultant Sexual Health Physician
GPs	General Practitioners
MSM	Men who have sex with men
NGO	Non-government organisation
RASA	Relationships Australia South Australia
SHine SA	Sexual Health information, networking and education South Australia
STI	Sexually transmissible infections
STI WDS	Sexually Transmissible Infections Workforce Development Strategy 2015-2020



FOREWORD

In 2012, the South Australian Department of Health issued its Sexually Transmissible Infections (STI) Action Plan 2012-2015 (the STI Action Plan), presenting an approach to address the public health challenges resulting from the rising rates of STI in the community supported by reoriented resource allocation.

The Action Plan supported a state-wide approach to workforce development to ensure that the health workforce possesses the necessary skills and competencies to support a coordinated response to STIs. In particular Strategy 3.3: *'Ensure GPs, nurses and Aboriginal Health Workers have access to ongoing training to assist them to deliver quality STI services to the priority populations'* has been a key driver for the development of this STI Workforce Development Strategy 2015-2020 (STI WDS).

The South Australian STI sector has track record of working in partnership to develop and deliver workforce education and development activities in the areas relevant to STIs. This STI WDS continues that partnership approach, recognising a coordinated approach, with clear responsibilities, ensures the most effective use of resources.

The STI WDS has been informed by a review of relevant literature and documents, consultation across the STI sector and beyond (specifically with organisations, service providers, GPs, nurses and Aboriginal Health Workers) under the guidance of a time-limited steering group with broad representation from the sector. We are grateful to all those who have contributed to its development.

Developing the STI WDS, however, is just the start to improving workforce training and education and ultimately delivering high quality STI services. A coordinated effort will be required from all partners to develop associated implementation plans and actions that translate the strategies into tangible, achievable and sustained action at all levels within the STI sector.

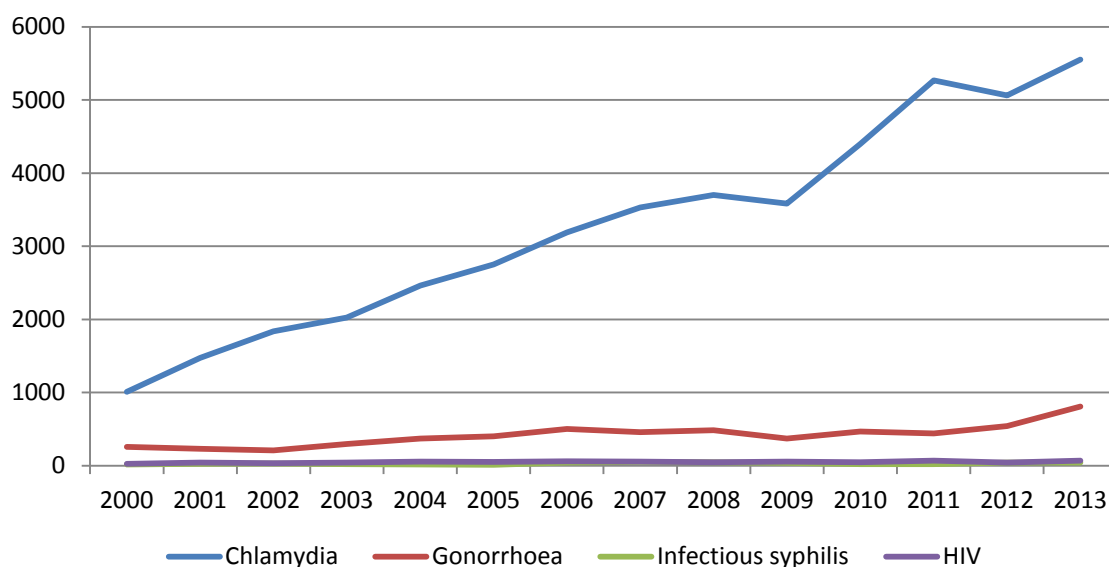
BACKGROUND

The STI Workforce Development Strategy 2015-2020 (STI WDS) sets out the SA STI sector's strategy in relation to the necessary **workforce education and development activities** to ensure that the South Australian health workforce possesses the necessary skills and competencies to support a coordinated and state-wide response to STIs and the rising rates thereof. The STI WDS is not an implementation plan. The planning required to implement the strategies (including funding and administrative arrangements) should be an immediate focus of the SA Department of Health and relevant sector partners.

1.1 STI NOTIFICATION RATES IN SA

The STI notification rate in SA is growing, having increased by 41% since 2009 with a total of 7,385 new notifications in 2013. Chlamydia remains the most frequently reported STI in the state (5,550 reported cases in 2013).^{1 2} Figure 1.1 presents the trend in reported STIs from 2000 to 2013 for key STI types and Figure 1.2 overleaf presents the trend in total notifications across all STIs from 2009-2013.

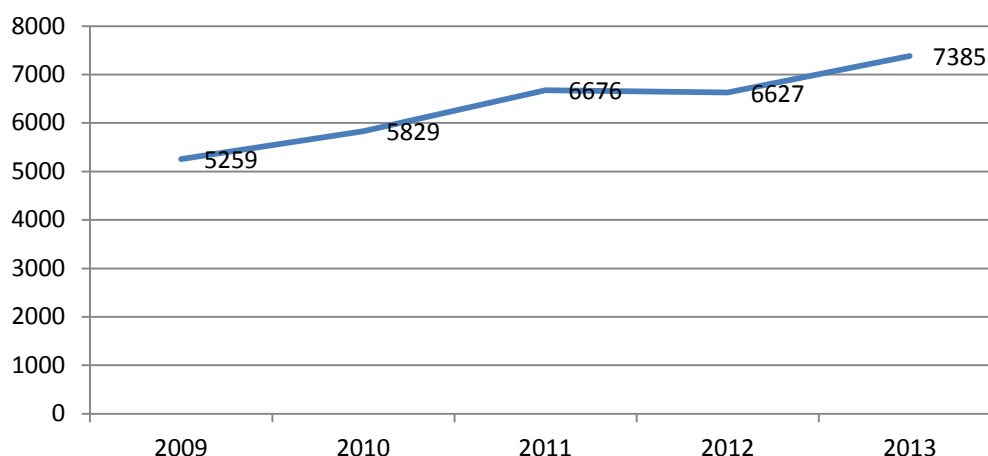
Figure 1.1: No. of chlamydia, gonorrhoea, syphilis and HIV notifications in SA 2000-2013



¹ South Australian Department for Health and Ageing (2013) Surveillance of sexually transmitted infections and blood-borne viruses in South Australia 2013. Epidemiological Report No. 27, available at <https://www.sahealth.sa.gov.au/wps/wcm/connect/0af5c38045b10b2b8248ebac725693cd/Annual+report+2013.pdf?MOD=AJPERES&CACHEID=0af5c38045b10b2b8248ebac725693cd>

² South Australian Department for Health and Ageing (2011) Sexually Transmitted Diseases in South Australia 2010. Epidemiological Report No. 24, available at <http://www.sahealth.sa.gov.au/wps/wcm/connect/d083fd80485651b98933fd7675638bd8/STIEpidemiologicReport-PHCC-CDCB-24v2.pdf?MOD=AJPERES&CACHEID=d083fd80485651b98933fd7675638bd8>

Figure 1.2: Total number of STI notifications (all STIs) in SA from 2009 to 2013



Key SA prevalence and population statistics are presented in Table 1.1 with respect to key STIs.³

Table 1.1: Key population and prevalence statistics by STI

Chlamydia	<ul style="list-style-type: none"> Increasing rates predominantly in young people aged 15 to 24 years Chlamydia is reported in 40% more females than males Aboriginal peoples are 3.8 times more likely to be diagnosed with chlamydia than non-Aboriginal people
Gonorrhoea	<ul style="list-style-type: none"> Highest number of annual notifications (806) across the 5 year period reported in 2013, with a 48% increase from 2012 to 2013 More males are affected than females although an increase in female notifications in ages 15-24 was seen in 2013. Overall, rates of gonorrhoea are highest in those aged 15 to 24 years Aboriginal peoples are 30.5 times more likely to be diagnosed with gonorrhoea than non-Aboriginal people Reduction in the number of notifications in men who have sex with men (MSM) were seen from 2012 (31% of reported cases) to 2013 (17% of reported cases)
Infectious syphilis	<ul style="list-style-type: none"> 93% of reported infectious syphilis cases were in males The highest rate was in the 25 to 34 year age group, 4.6 cases per 100,000 population. The rate of diagnosis in Aboriginal people was 8.6 times that of non-Aboriginal people. 29% of male cases in 2013 were in MSM, a reduction from 67% in 2012.
Human Immunodeficiency Virus (HIV)	<ul style="list-style-type: none"> Males were greater than 3 times more likely to be diagnosed. People aged 25 to 34 years and 35 to 44 years recorded the highest rates (9.4 and 9.6 cases per 100 000 population respectively) 29% of cases reported they acquired the infection overseas 48% of male notifications were reported to be amongst MSM

³ Ibid.

1.2 DRIVERS OF THIS STRATEGY

In response to the rising rates of STI in the state, the South Australian Department of Health issued its Sexually Transmissible Infections (STI) Action Plan 2012-2015,⁴ presenting an approach to address the public health challenges resulting from the rising rates of STI in the community supported by reoriented resource allocation. As the first Action Plan developed to address STIs in SA, this policy sets six overarching objectives:

- 1. Coordinate STI action:** implement a coordinated and systematic plan to reduce STI transmission in South Australia.
- 2. Promote STI awareness, prevention and testing:** facilitate effective and integrated community engagement and education in SA that increases knowledge of STIs and their prevention, and that promotes testing programs to affected communities.
- 3. Support providers of primary health care to routinely test sexually active young people:** Embed STI testing in primary health care across SA.
- 4. Improve access to STI services and clinics for priority populations:** establish a network of identified primary health care services that provide accessible and free STI services to priority populations.
- 5. Increase patient and provider initiated testing and treatment:** ensure regular and opportunistic STI (particularly chlamydia) testing of sexually active young people in SA.
- 6. Maximise the use of surveillance, testing and clinic data, and research and evaluation:** Ensure that data and research inform initiatives undertaken as part of this Action Plan, and initiatives are monitored and evaluated to add to the body of evidence that supports the Plan.

Whilst the Action Plan presents a number strategies and underlying actions, underpinning the development of the WDS is Strategy 3.3:

‘Ensure GPs, nurses and Aboriginal Health Workers have access to ongoing training to assist them to deliver quality STI services to the priority populations’.

In order to ensure that STI testing is embedded in primary health care across the State, action 3.3.1 within strategy 3.3 directs the sector to:

‘Establish and implement a STI Workforce Development strategy, including an analysis of training providers and potential funding sources, which expands the training opportunities available to health workers with a focus on GPs, Nurses and Aboriginal Health Workers’.

1.2.1 MID-TERM ASSESSMENT OF WORKFORCE DEVELOPMENT ACTIVITY

In accordance with the priorities stated around the review and evaluation of the SA Action Plan, a Mid Term Review of the Action Plan was conducted to inform the next steps to be taken with respect to implementing this policy. Whilst the final version of the Review is not yet published, the Consultation Report is publically available. The consultation findings relevant to workforce development in the STI sector included the following:⁵

⁴ South Australian Department for Health and Ageing (2012) Sexually Transmissible Infections Action Plan 2012-2015, available at http://www.sahealth.sa.gov.au/wps/wcm/connect/535381004c974616b366b3a496684d9f/STI+Action+Plan_WEB.pdf?MOD=AJPERES&CACHEID=535381004c974616b366b3a496684d9f

⁵ RPR Consulting (2014) South Australian Sexually Transmissible Infections Action Plan 2012-2015 Mid Term Review Consultation Report.

- A gap was identified with respect to current workforce development programs designed to improve the capacity of the general and health workforce to address STIs with their clients
- The following approach should be considered over the coming 18 months:
 - A planned and coordinated approach to workforce development
 - Improve the practices of front line workers who come in contact with priority populations to ensure they are able to be proactive and effective in working with their clients around STI prevention, testing and treatment
 - Develop a short-term workforce development plan which (a) identifies any STI workforce development initiatives currently taking place and their reach; (b) leverages from the already successful workforce development efforts; and, (c) identifies the priority workforce areas to be reached.
 - Implement a targeted GP workforce development strategy (including intensive GP and Practice Nurse STI education sessions) and identify clinical leaders to support an STI clinical network to facilitate GPs in implementing effective practices around STI testing and management.
 - Commence work on a longer-term STI workforce strategy which leverages from the learnings obtained from current Action Plan activities. This strategy could include the delivery of STI modules through relevant university/TAFE course to aspiring clinicians, youth workers, Aboriginal health workers and the like. Of particular importance would be to train future GPs so that they are able to embed routine testing into their practices. This might include increasing STI education in medical schools, the creation of pre-registration STI training placements and the introduction of Continuing Medical Education points for GP courses relevant to STI/BBV.

1.3 DEFINING WORKFORCE DEVELOPMENT

Over time, the definition of 'workforce development' has developed to reflect the ever-changing scope of work. Until fairly recently workforce development was often equated with professional development and focused on the needs and development of the individual worker. Increasingly, contemporary research and policies also recognise the need to focus at the organisational and strategic systems levels as well. As such, the term 'workforce development' has come to encompass more than simply the provision of education and training activities for staff. In addition, a broader understanding of the term includes:

- demographic and skills profile of a workforce
- job design and redesign options
- support for job sharing and redeployment
- knowledge management and mentoring
- career progression and succession plans
- working conditions and performance management
- recruitment, induction and retention of workers.

Contemporary workforce development must also take into consideration the planning and projections of current and future workforce requirements and ultimately the STI WDS in SA will aspire to lead sector culture in relation to workforce development. As a sector-based model, it will focus on and define the shared values and principles of the sector, leading to a shared understanding of need and a

common and sector-focussed approach to workforce development practices. A partnership-based and collaborative approach to developing the WDS will be a critical factor in ensuring its success.

1.4 THE SA STI WORKFORCE DEVELOPMENT STRATEGY

This Strategy has been developed to respond to the STI Action Plan (Strategy 3.3.3, action 3.3.1) and the findings of the Mid Term Review and guide the direction of workforce development activities to ensure that the health workforce possesses the necessary skills and competencies to support a coordinated and state-wide response to STIs and the rising rates thereof.

The Strategy has been informed by a review of relevant literature and documentation, consultation across the STI sector and beyond (specifically with organisations, service providers, GPs, nurses and Aboriginal Health Workers) under the guidance of a time-limited steering group with broad representation from the sector.

The Strategy is structured as follows:

Chapter 2	Presents the profile, capacity and training needs of the SA STI workforce and sector.
Chapter 3	Presents the overarching principles which guide the workforce development strategies identified.
Chapter 4	Presents the identified workforce development strategies.
Chapter 5	Presents the enabling factors which will support implementation and adherence to the Workforce Development Strategy.

STI SECTOR AND WORKFORCE IN SA

The following information is provided to give context around the STI sector and workforce as it currently stands. To inform the development of the Strategy a literature review and targeted stakeholder consultations were completed, which included the administration of a Workforce Survey and an Organisational Survey within the STI sector. Analysis of these surveys indicates the following with respect to the profile, capacity and training needs of the STI workforce.

2.1 WORKFORCE PROFILE

In terms of the profile of the SA health workforce providing STI support, analysis indicates that it is currently:

- Predominantly female and of Anglo-Saxon background with limited representation from people from Indigenous or Culturally and Linguistically Diverse (CALD) backgrounds
- Comprised predominantly of GPs, nurses and other practitioner types, with a smaller proportion of Aboriginal Health Workers involved in sexual health care
- Comprised of clinicians with a postgraduate qualification as a minimum, but with little specialist sexual health qualifications
- Fairly evenly distributed in terms of level of experience from less than a year to more than 10 years
- Delivering services principally in metropolitan areas
- Employed principally by GP clinics and private practice, followed by Aboriginal health services, public health services and non-government organisations (NGOs)
- Delivering sexual health services amongst a variety of other services/disciplines
- Delivering services or has access to a number of key risk cohorts.

2.2 CURRENT WORKFORCE DEVELOPMENT ACTIVITY IN SA

A range of training and education opportunities are currently delivered by a number of providers to a range of clinicians is summarised in [Appendix A](#).

With respect to the uptake of training and education in STIs, survey analysis supports the following findings:

- To some extent, training in sexual health is being accessed by the workforce but much of this is not being promoted or paid for by employers. As such, staff are engaging in training of their own motivation, and sometimes own cost.
- Where training is offered or accessed, employers tend to support their staff by allowing them to leave their clinical role for a time to attend the training or provide in-house training and education with only a small proportion paying for training.

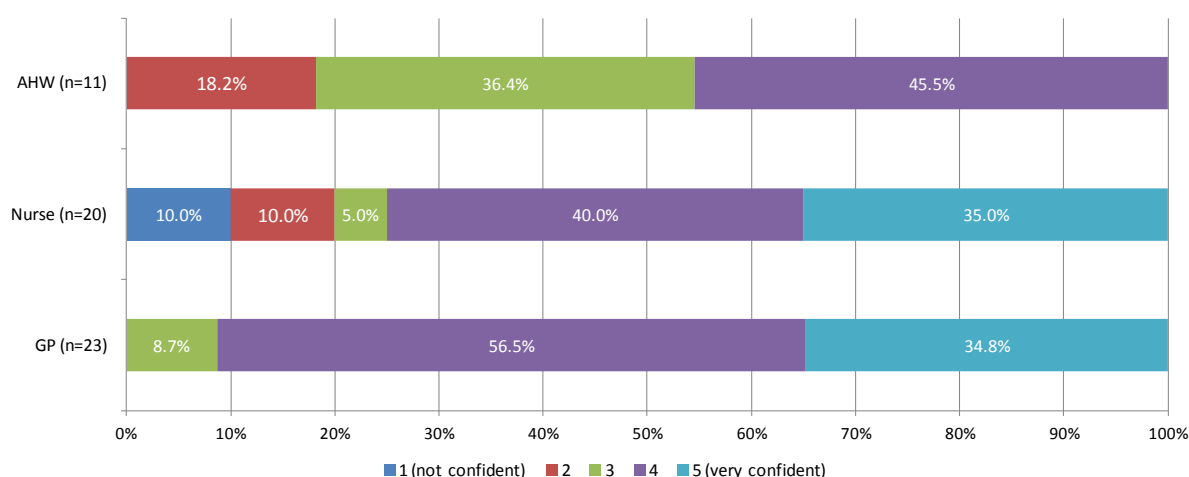
- There are gaps in the current training being provided particularly around culturally appropriate care and in terms of the accessibility of training (i.e. location, times).

2.3 CURRENT WORKFORCE CAPACITY

With respect to the current capacity of the workforce to deliver sexual health services:

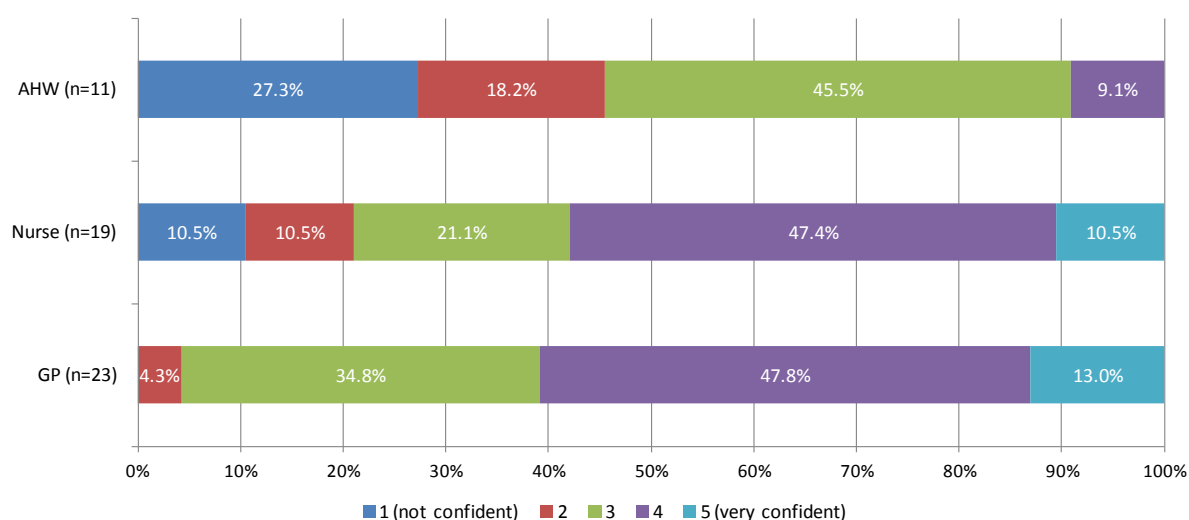
- The workforce has a good understanding of key population groups at risk of STIs and are more likely to raise the issue with people belonging to a high risk group or in particular circumstances rather than to raise the issue with all people seen.
- The survey of the sector workforce (refer Figure 2.1) identified that Aboriginal Health Workers are lacking in confidence to raise the issue of STIs with their clients compared to GPs and Nurses.

Figure 2.1: Clinician confidence to discuss STIs with patients by clinician type (n = 54)



- The survey of the sector workforce (refer Figure 2.2) identified that Aboriginal Health Workers are also less confident than GPs and nurses that they have obtained the necessary skills and knowledge to be able to competently deliver sexual health services.

Figure 2.2: Workforce confidence in sexual health skills by clinician type (n = 53)



- There are gaps in the workforce and within organisations which are currently impacting on the ability of staff and services to deliver sexual health services, specifically in respect to gender, inexperienced staff and availability of Indigenous workers to deliver culturally appropriate care and nurses skilled specifically in STI care). Overall, the sector is considered to be in need of further training, is understaffed or missing key staff (such as males, Indigenous and CALD workers).

2.4 WORKFORCE DEVELOPMENT NEEDS AND PRIORITISED AREAS FOR DEVELOPMENT

With respect to workforce development needs and prioritisation of workforce development activities:

- The survey of the sector workforce (refer Table 2.1) identified that the following skill and knowledge areas are considered essential in the delivery of sexual health services (ranked from highest to lowest importance):

Table 2.1: Ranking of essential skills (from most important (1) to least important (17))

Identified skill	Ranking from workforce survey				Ranking from Employer survey
	Overall ⁽¹⁾	AHW	Nurses	GPs	
Confidentiality, privacy and ethical care	1	3	1	1	1
Communication	2	15	2	2	2
Transmission prevention education & sexual health promotion	3	11	6	11	4
Knowledge of groups at increased risk of STI	4	8	4	8	5
Treatment and management of STIs	5	10	9	7	6
Opportunistic testing	6	12	3	9	14
Cultural competence and understanding	7	6	11	13	3
Interpreting test results	8	2	14	5	15
Screening	9	9	7	12	7
Physical examinations & specimen collection techniques	10	1	10	6	17
Obtaining a patient and sexual history	11	4	8	3	13
Post-test counselling	12	17	13	10	10
Diagnosis of STIs	13	7	15	4	8
Mandatory notifications	14	16	5	16	11
Re-testing timeframes	15	13	12	14	12
Referral coordination	16	14	16	17	9
Contact tracing requirements and processes	17	5	17	15	16

(1) Overall ranking is based on the average 'importance' scores provided by survey respondents across all clinician groups

Differences in ranking between organisational and workforce responses occurred with respect to opportunistic testing, interpreting test results and physical examinations and specimen collection techniques.

- The survey of the employing organisations in the sector (GP practices, ACCHOs and specialist services) identified that the following workforce development activities should be prioritised:
 - Sexual health training for Aboriginal Health Workers, GPs, remote-based clinicians
 - training in cultural competence (CALD and Aboriginal populations) and sensitivity training regarding priority populations
 - training in the social and cultural determinants of health
- A number of barriers to workforce development are currently present and are impacting on the ability of clinicians and organisations to deliver sexual health services:
 - Barriers to accessing and providing sexual health training
 - Inability to leave clinical work to attend training (lack of capacity to leave clinical role for a specific time and meet the demand of direct service delivery)
 - Cost of the training and insufficient resources to pay for training
 - Location of the training or remoteness of place of employment (requires travel and therefore longer time away from work and increased costs of travel)
 - Gender balance of training groups/participants is not culturally appropriate for some clinician types (e.g. Aboriginal Health Workers)
 - Barriers to attracting, recruiting and retaining a skilled and qualified workforce
 - Regional/remote location of services provided/workplace
 - Lack of interest amongst clinicians in sexual health generally and in a field which has been stigmatised
 - Low remuneration for staff
 - Not seen as a specialist area amongst clinicians generally
 - Lack of funding to recruit and retain a qualified workforce or funding cuts.

2.5 CLINICIAN TRAINING PREFERENCES

With respect to training preferences, it is evident that:

- Across all modes of training, formal training (including short courses, accredited training, tertiary studies) is the training mode of choice across clinicians, followed by structured training modes such as conferences or CPD modules (as opposed to informal training modes such as reading/research, life/work experience). The top three ranked survey responses by clinician type are provided in the table below:

Table 2.2: Workforce training mode preferences (n = 53)

Rank	GPs (n = 23)	Nurses (n = 19)	Aboriginal Health Workers (n = 11)
1	Formal training (including short courses, accredited training, tertiary studies)	Formal training (including short courses, accredited training, tertiary studies)	Formal training (including short courses, accredited training, tertiary studies)
2	Conferences or workshops	CPD modules	On the job training
3	CPD modules	On the job training	Conferences or workshops

Organisations on the other hand differed somewhat with respect to their preference to providing training to their workforce, with nearly all (93.3%) preferring to provide on the job training, although this was followed by more formal training modes at 73.3%.

- Within formal training, GPs and Aboriginal Health Workers prefer workshops but GPs prefer 1 day whereas Aboriginal Health Workers prefer multiple day modes and Nurses prefer online self-learning with an assessment component. The top three ranked survey responses by clinician type are provided in the table below:

Table 2.3: Workforce formal training mode preferences

Rank	GPs (n = 23)	Nurses (n = 19)	Aboriginal Health Workers (n = 11)
1	Workshops or conferences (1 day)	Online self-learning with assessment	Workshops (across multiple days)
2	Online self-learning with assessment	Blended learning (e-learning & instructor led)	Classroom, instructor led learning
3	Blended learning (e-learning & instructor led)	Classroom, instructor led learning	Online self-learning with assessment

- In terms of receiving training from training providers, the following differences in results were obtained according to clinician type:
 - GPs prefer to receive their sexual health training through SHine, followed by Clinic 275
 - Nurses prefer to receive their sexual health training through SHine SA followed by Clinic 275
 - Aboriginal Health Workers prefer to receive their sexual health training (equally) through SHine SA or AHCSA
- When receiving training, workforce respondents indicated a preference for this training to be delivered by a particular clinician-type:
 - GPs prefer to receive training from a Consultant Sexual Health Physician (CSHP), followed by a GP.
 - Nurses prefer to receive training from a Sexual Health Nurse followed by a CSHP.
 - Aboriginal Health Workers prefer to receive training from an Aboriginal Health Worker.

Overall, the training preferences identified by the workforce illustrate that GPs, Nurses and Aboriginal Health Workers prefer formalised training to be delivered by highly skilled practitioners in their area.

2.6 GOVERNANCE

In implementing workforce development activities it is necessary to specify the roles and responsibilities of key partners to ensure a coordinated approach that meets the needs and preferences of clinicians and key sector participants.

While SHine SA is the lead sexual health agency in the state, the '*STI and HIV Health Promotion and Workforce Development Sub Committee*' of '*SA Sexually Transmissible Infection and Blood Borne Virus Advisory Committee (SASBAC)*' will provide leadership, governance and facilitate sector collaboration in respect to STI workforce development planning.

STRATEGIC PRINCIPLES

The Workforce Development Strategy adopts the strategic principles outlined in the STI Action Plan:

1. **Healthy public policy** – for instance, the development and implementation of this Action Plan, including the embedding of STI management in primary health care and the recognition that everyone has a right to good sexual health care delivered in a non-biased way.
2. **Partnerships and shared responsibilities** – for instance, recognising that a coordinated approach to the reorientation of services, with clear responsibilities, ensures the most effective use of resources.
3. **Recognition of the needs of priority populations** – for instance, ensuring that service delivery is equitable and non-stigmatising, and that the social determinants of health, including the cultural and social context of people's health care needs are recognised in service planning and delivery.
4. **Individual and community participation** – for instance, ensuring that individuals and communities are involved in the planning of programs that involve them or their communities.

In addition the Workforce Development Strategy adopts the following supplementary principles:

5. **Sustainable enhancement of workforce capacity to drive long term outcomes** – for instance workforce development should ensure that skills and competencies are developed in a sustainable and coordinated manner to drive longer term client, workforce and system outcomes.
6. **Appropriate and effective training and knowledge development** – for instance, training should be delivered in a range of formats which meets the differing needs of clinician types.
7. **Accessible training and knowledge development** – for instance, training should be easily accessible by interested recipients across a range of services, settings, sectors, geographical locations and clinician types.
8. **Evidence based training and knowledge development** – for instance, whilst workforce and organisational training preferences should be considered, the approach taken should be evidence based and in accordance with what is known to generate the best results in terms of learning outcomes and long term changes to practice.

STI WORKFORCE DEVELOPMENT STRATEGIES

1

Define the key roles and responsibilities of sector participants with respect to workforce development.

Role definition and the recognition of the roles of sector participants who will be involved in the implementation of the STI WDS will be critical to its success. The definition of sector roles should be informed by recognising the existing expertise and experience that resides in each sector participant and how they can best contribute to the implementation of the Strategy.

Actions

- 1.1. Consider and define the workforce development roles, responsibilities and function of key sector participants.
- 1.2. Ensure that all participants are aware of their roles and function and that these are reflected in contractual arrangements and service agreements.
- 1.3. Communicate the agreed workforce development roles to the sector
- 1.4. Ensure that participants are supported to meet their identified objectives, including through the appropriate allocation of funding and resources.

Outcomes

- Improved coordination of workforce development activity
- Improved workforce training outcomes.

2

Adopt a partnership approach to the development of actions to implement this strategy.

Partnerships and shared responsibilities will underpin the success of this Strategy and will be particularly important in developing actions to implement the Strategy. The '*STI and HIV Health Promotion and Workforce Development Sub Committee*' of SASBAC should oversee the allocation of actions and govern the implementation thereof. Sector participants will work in partnership to provide timely reporting back to the *STI and HIV Health Promotion and Workforce Development Sub Committee* on action taken, progress made and outcomes achieved. This will require a sustained partnership over the life of the STI WDS in order for the objectives to be met.

Actions

- 2.1. Include the development of a sector-wide STI Workforce Development Action and Implementation Plan as a standing agenda item of the '*STI and HIV Health Promotion and Workforce Development Sub Committee*' of SASBAC.
- 2.2. Assign responsibilities, through the '*STI and HIV Health Promotion and Workforce Development*

Sub Committee' for the development and project management of the STI Workforce Development Action Plan.

2.3. Implement appropriate progress reporting processes.

Outcomes

- Strategy is implemented promptly and with sector-wide support
- Coordinated implementation of the Strategy
- Improved workforce development and consumer outcomes

3

Ensure workforce education and training activities are prioritised to address skill and confidence gaps.

Professional support and training is essential for all sectors of health care and the community sector. Improvements in prevention, testing and management rely on the various sectors of the workforce feeling confident and skilled in discussing sexual health and encouraging regular sexual health check-ups.

Actions

- 3.1. Develop and deliver workforce education and training activities that develop cultural competence and culturally appropriate care, sensitivity training regarding priority populations and understanding of the social and cultural determinants of health with respect to both Aboriginal and CALD peoples (target recipients: GPs, Nurses).
- 3.2. Develop and deliver workforce education and training activities develop skills and confidence in raising and discussing STIs with patients (target recipients: AWHs).
- 3.3. Develop and deliver workforce education and training activities develop the skills and confidence in providing STI care (target recipients: AWHs).
- 3.4. Develop an engagement and evaluation plan to ensure workforce development activities continue to meet the needs of key sectors services, for example: Aboriginal health services, GP practices, and other services that work with Aboriginal people and other priority populations.

Outcomes

- Skills and confidence of primary care workforce improved and existing gaps addressed
- Improved workforce development and consumer outcomes

4

Deliver training which meets workforce and organisational needs and preferences.

In order to achieve the objectives of workforce development in the STI sector, the training and education delivered should be designed and delivered in a mode which meets the needs and preferences of the workforce and their employing organisations.

Actions

- 4.1. Support the expansion of training opportunities available to staff to attend **formal training** (including short courses, accredited training, tertiary studies) offering a mix of workshops,

classroom, instructor led learning and online self-learning with assessment.

- 4.2. Support the provision of a range of workforce training and development opportunities to suit the differing needs of the workforce and employer organisations that minimise the impact on the capacity of the organisation when staff attend training and minimise the costs of workforce development (such as online training modules).
- 4.3. Promote and distribute highly regarded materials and training produced (such as those by ASHM)
- 4.4. Engage appropriate clinicians to in the delivery of STI training that meet the individual preferences of the primary health care workforce (noting that while not unanimous, the majority of GPs prefer to receive training from a Consultant Sexual Health Physician, the majority of Nurses prefer to receive training from a Sexual Health Nurse and the majority of Aboriginal Health Workers prefer to receive training from an Aboriginal Health Worker, refer Appendix B, Table 6.1).

Outcomes:

- Effective and appropriate training
- Accessible training
- Sustainable workforce development
- Development of the evidence base in STI workforce development

5

Widen access to STI training through better promotion, as well as providing training options for remotely-based clinicians

There are significant barriers to clinicians attending training including (but not limited to): the inability to leave clinical work to attend training (lack of capacity to leave clinical role for a specific time and meet the demand of direct service delivery); cost of the training and insufficient resources to pay for training; location of the training or remoteness of place of employment (requires travel and therefore longer time away from work and increased costs of travel); gender balance of training groups/participants is not culturally appropriate for some clinician types (i.e. Aboriginal Health Workers).

There is a need to provide increased access to and uptake of training across all clinician groups, sectors and regions, to ensure that STIs are prevented and addressed in the general population and in key priority population groups.

Actions

- 5.1. Continue to provide funding for a range of workforce training and development opportunities.
- 5.2. Develop a comprehensive calendar of training events (across training providers and settings) on an annual basis and promote workforce development opportunities and facilitate planning for attendance. Costs of events need to be minimised to encourage registration and attendance.
- 5.3. Developing training options for remotely-based clinicians, including those that use formally recognised online learning modules. This should include working with remote ACCHOs through cost effective means (such as videoconferencing).
- 5.4. Develop employer toolkits, approaches and opportunities for informal learning. Employers should be encouraged to embed workplace learning, e-learning and "shadowing" opportunities.

5.5. Communicate (through meetings, newsletters, noticeboards, e-mail, the intranet and, if appropriate, social media) to increase staff awareness of relevant resources, education and development activities available to staff within organisations but also nationally, regionally, and in other sectors.

5.6. Develop approaches that increase the accessibility and uptake of clinicians receiving training and education.

Outcomes:

- Accessible training
- Enhanced clinician understanding and interest in STI care across sectors
- Improved consumer outcomes
- Development of the evidence base in STI workforce development

6**Support the recruitment and retention of a motivated and valued workforce to provide STI care**

The strengthening of training programs, provision of continuing education in STIs and application of supporting mechanisms will strengthen the capability of primary healthcare providers to provide STI care and support. However, specific strategies are also required which support the recruitment and retention of staff in these settings so that workforce development efforts are not lost.

Actions

- 6.1. Develop strategies to promote STI health care and enhance interest in sexual health care, promote it is a specialist area in health care and address the stigma of working in sexual health.
- 6.2. Support the development of clinical placement opportunities and career pathways for GP's, nurses and Aboriginal Health Workers within sexual health clinics.
- 6.3. Develop actions to support the attraction of men and people from high prevalence groups to the sector.

Outcomes:

- Enhanced clinician interest in STI care
- Representative and appropriate workforce to provide STI care
- Improved staff retention

7**Develop and trial innovative approaches to further improve the skills and confidence of the primary care workforce**

This strategy supports the implementation of both evidence based practice and practice based evidence. Practice-based evidence involves integrating existing evidence with that gathered through practice by professionals and people with lived experience to develop optimal approaches, including new, culturally adapted or innovative approaches in a given situation. However, this Strategy also supports the implementation of new and innovative practices or approaches to STI workforce development.

Actions

7.1. Identify, assess, trial and continue (if appropriate), new approaches to improving workforce development opportunities. Opportunities for new approaches include:

- (a) Developing a portal for the dissemination of information to GPs
- (b) Development of multidisciplinary training opportunities
- (c) Explore opportunities to incorporate STI workforce development activities into other primary care programs (for example, through the Australian Primary Care Collaboratives (APCC) Program)
- (d) Explore opportunities to increase STI education in medical schools

Outcomes:

- Increased opportunities and reach of workforce development activities
- Enhanced clinician interest in STI care
- Development of the evidence base in STI workforce development
- Increase in GPs using standardised guidelines in their diagnosis and treatment of STIs

ENABLERS

A number of enabling factors will support the application of the Workforce Development Strategy, including the development of Action and Implementation Plans, partnerships across organisations and sectors, progress monitoring and measurement and governance arrangements.

5.1 LINKS TO OTHER STRATEGIES

This STI WDS is consistent with and supports the achievement of a number of highly relevant strategies, including the following:

- The South Australian STI Action Plan 2012-2015
- The Third National Sexually Transmissible Infections Strategy 2014-2017
- The Fourth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2014-2017

5.2 PARTNERSHIPS

The responsibility for prevention, testing, treatment and management of STIs in South Australia is shared among state government services, ACCHS, non-government agencies and GP practices. Similarly partnerships will therefore be a key component of the development and delivery of effective responses to STI workforce development. All sectors participants have a role to play across:

- SA Health agencies:
 - Department for Health and Ageing
 - Clinic 275
 - Nursing and Midwifery Office
- Aboriginal Health Council of South Australia Inc. (AHCSA)
- University Departments of General Practice Medicine
- Royal Australian Council of General Practitioners (RACGP)
- Primary Health Networks
- SHine SA
- Australasian Society for HIV Medicine (ASHM)
- Relationships Australia South Australia (RASA)
- Royal District Nursing Service (RDNS)
- GP Practices
- Community Health Services

- Aboriginal Community Controlled Health Services (ACCHS)

Whilst a key strategy of this document is to *"define the key roles and responsibilities of sector participants with respect to workforce development"* all organisations have a responsibility to develop their own staff to ensure appropriate approaches to the delivery of STI care, and to work in partnership across the sector. Partnership opportunities can be sought across the spectrum of designing, delivering and evaluating specific education and development activities.

In terms of overarching governance, SA Health's STI and BBV section is responsible for the coordination of the state's response to STIs, HIV, viral hepatitis and related diseases through policy and program development, including the administration of government STI and BBV funding. SHine SA, as the lead sexual health agency in the state, is responsible for educating the community and professionals about sexual health matters.

The key workforce development roles within the sectors will require confirmation prior to implementation of this strategy, however the following roles and responsibilities are proposed:

Workforce development role	Lead responsibility	Supported by
Policy setting Determine approaches to guide the STI sector and beyond across a range of key facets including service delivery, program development and workforce development to meet set priorities and objectives around sexual health and STIs.	SA Health (STI & BBV Section)	All sector participants
Promoting STI awareness, prevention and testing Promote sexual health, STI awareness, prevention and testing in the general population and in priority populations with an increased risk of STI through education and the provision of information.	SHine SA AHCSA Clinic 275	All sector participants
Leadership and coordination of STI workforce development in SA (state-wide level) Coordinate the response to STI workforce development across the state and ensure that key partners are aware of their roles and responsibilities.	SHine SA AHCSA	Clinic 275 RASA
Specialist clinical advice and secondary consultation Provide advice and recommendations to other clinicians and services on STIs (including HIV post-exposure prophylaxis) and with respect to particular client around their sexual health or STI.	SHine SA Clinic 275	AHCSA
Surveillance, monitoring, research and evaluation Ensure relevant STI data are reported and that approaches are informed by this data as well as other research and evaluation activities.	SA Health (STI & BBV Section)	Clinic 275 and other sector participants
Sector capacity building Develop the human resource and organisational capacity of the STI sector and beyond to address the needs of people with STIs efficiently and effectively.	SA Health (STI & BBV Section)	All sector participants

Workforce development role	Lead responsibility	Supported by
Clinical education to GPs Provide training and education in sexual health and STI care in modes or formats designed to meet the needs of GPs.	SHine SA	Clinic 275 and other sector participants
Clinical education to Nurses Provide training and education in sexual health and STI care in modes or formats designed to meet the needs of Nurses.	SHine SA	Clinic 275 and other sector participants
Clinical education to Aboriginal Health Workers Provide training and education in sexual health and STI care in modes or formats designed to meet the needs of Aboriginal Health Workers.	AHCSA	SHine SA Clinic 275

5.3 DEVELOPING ACTIONS AND IMPLEMENTATION PLANS

This Strategy sets high-level directions for action. However, even the most expertly designed strategies will not be effective if they are not properly implemented as intended at the local level.

Implementation will be supported by implementation and action plans. These plans will be developed in consultation with key partners and sector participants and will detail how the strategy will be implemented, including roles and responsibilities, timeframes and lines of accountability, and the ways in which the goals, targets and objectives will be monitored.

5.4 MEASURING PROGRESS IN WORKFORCE DEVELOPMENT

Progress on implementation of the Strategy will be monitored through an annual reporting process. Sources of information for this process will include:

- Feedback from relevant sections of the sector, though the Workforce Subcommittee of the SA Health Sexually Transmissible Infection and Blood Borne Virus Advisory Committee.
- Reports back against the implementation and action plan by responsible parties on actions taken, progress made, and outcomes achieved.

The findings of annual report will inform the development of priorities and actions for the subsequent year of workforce development activity.

5.5 FUNDING AND RESOURCES

Many organisations or employers do not allocate sufficient financial resources to fund training for their staff in sexual health. As such, employers tend to support their clinicians in improving their skills and knowledge by allowing them to leave their direct service delivery work to attend training where this is available and by sharing contemporary information and approaches in sexual health care amongst their staff. However, for some employers with limited workforce capacity, allowing staff to leave direct service delivery roles to attend training can be a challenge where there is no replacement available for that period of time.

A sector budget is held by SHine SA to carry out the following workforce development activities:

- Develop and implement a professional education and training model that provides courses on sexual health covering topics relating to STI testing, treatment and management, contraception, pregnancy choices and safe sex (includes the FRESH course for community workers).
- Provide training to doctors, nurses, disability workers, CALD workers, youth and community workers, ATSI workers and service providers that work with target groups but do not have sexual health as part of their remit.
- Develop and implement post exposure prophylaxis education for HIV workforce training with a focus on clinical staff of post exposure prophylaxis distribution sites across SA including regional areas.

Responses to this STI WDS will be funded within existing resources. This will mean that some resources will be reorientated and redirected in order to achieve the intended outcomes. As a consequence, it will be important that the implementation and action planning carefully considers the capacity and resources of the sector participants to respond. This may require some tasks to be prioritised to ensure implementation effort is effectively coordinated. **All agencies are encouraged to look beyond existing funding arrangements and investigate new opportunities to fund workforce development activities.**

SUMMARY OF ACTIONS 2015 - 2020

A summary of the actions of this STI WDS are provided below. The list of supporting partners is not exhaustive and all sector participants should be engaged in the implementation process where appropriate.

Action	Responsibility	Supporting partners
1. Define the key roles and responsibilities of sector participants with respect to workforce development.		
1.1. Consider and define the workforce development roles, responsibilities and function of key sector participants.	STI and HIV Health Promotion and Workforce Development Sub Committee	All sector participants
1.2. Ensure that all participants are aware of their roles and function and that these are reflected in contractual arrangements and service agreements.	SA Health	SA Health
1.3. Communicate the agreed workforce development roles to the sector	SHine SA	All sector participants
1.4. Ensure that participants are supported to meet their identified objectives, including through the appropriate allocation of funding and resources.	SA Health	All sector participants
2. Adopt a partnership approach to the development of actions to implement this strategy.		
2.1. Include the development of a sector-wide STI Workforce Development Action and Implementation Plan as a standing agenda item of the 'STI and HIV Health Promotion and Workforce Development Sub Committee' of SASBAC.	STI and HIV Health Promotion and Workforce Development Sub Committee	SHine SA
2.2. Assign responsibilities, through the STI and HIV Health Promotion and Workforce Development Sub Committee, for the development and project management of the STI Workforce Development Action Plan.	SHine SA	STI and HIV Health Promotion and Workforce Development Sub Committee
2.3. Implement appropriate progress reporting processes.	SHine SA	All relevant participants

Action	Responsibility	Supporting partners
3. Ensure workforce education and training activities are prioritised to address skill and confidence gaps.		
3.1. Develop and deliver workforce education and training activities that develop cultural competence and culturally appropriate care, sensitivity training regarding priority populations and understanding of the social and cultural determinants of health with respect to both Aboriginal and CALD peoples (target recipients: GPs, Nurses).	SHine SA	AHCSA Clinic 275 RASA Primary Care Networks
3.2. Develop and deliver workforce education and training activities develop skills and confidence in raising and discussing STIs with patients (target recipients: AWHs).	AHCSA	SHine SA
3.3. Develop and deliver workforce education and training activities develop the skills and confidence in providing STI care (target recipients: AWHs).	AHCSA	SHine SA
3.4. Develop an engagement and evaluation plan to ensure workforce development activities continue to meet the needs of key sectors services, for example: Aboriginal health services, GP practices, and other services that work with Aboriginal people and other priority populations.	SHine SA	All sector participants
4. Deliver training which meets workforce and organisational needs and preferences.		
4.1. Support the expansion of training opportunities available to staff to attend formal training (including short courses, accredited training, tertiary studies) offering a mix of workshops, classroom, instructor led learning and online self-learning with assessment.	SHine SA	AHCSA Clinic 275 RASA Primary Care Networks
4.5. Support the provision of a range of workforce training and development opportunities to suit the differing needs of the workforce and employer organisations that minimise the impact on the capacity of the organisation when staff attend training and minimise the costs of workforce development (such as online training modules).	SHine SA	AHCSA Clinic 275 RASA Primary Care Networks
4.2. Promote and distribute highly regarded materials and training produced (such as those by ASHM).	SHine SA	All sector participants
4.3. Engage appropriate clinicians in the delivery of STI training that meet the individual preferences of the primary health care workforce.	SHine SA	AHCSA Clinic 275 RASA

Action	Responsibility	Supporting partners
5. Widen access to STI training through better promotion and options for remotely-based clinicians		
5.1. Continue to provide funding for a range of workforce training and development opportunities.	SA Health	All sector participants
5.2. Develop a comprehensive calendar of training events (across training providers and settings) on an annual basis and promote workforce development opportunities and facilitate planning for attendance. Costs of events need to be minimised to encourage registration and attendance.	SHine SA	AHSCA RASA Primary Care Networks
5.3. Developing training options for remotely-based clinicians, including those that use formally recognised online learning modules. This should include working with remote ACCHOs through cost effective means (such as videoconferencing).	SHine SA	AHCSA
5.4. Develop employer toolkits, approaches, and opportunities for informal learning. Employers should be encouraged to embed workplace learning, e-learning and "shadowing" opportunities.	SHine SA	All sector participants
5.5. Communicate (through meetings, newsletters, noticeboards, e-mail, the intranet and, if appropriate, social media) to increase staff awareness of relevant resources, education and development activities available to staff within organisations but also nationally, regionally, and in other sectors.	SHine SA	All sector participants
5.6. Develop approaches that increase the accessibility and uptake of clinicians receiving training and education.	SHine SA	All sector participants
6. Support the recruitment and retention of a motivated and valued workforce to provide STI care		
6.1. Develop strategies to promote STI health care and enhance interest in sexual health care, promote it is a specialist area in health care and address the stigma of working in sexual health.	STI and HIV Health Promotion and Workforce Development Sub Committee	SHine SA
6.2. Support the development of clinical placement opportunities and career pathways for GP's, nurses and Aboriginal Health Workers within sexual health clinics.	STI and HIV Health Promotion and Workforce Development Sub Committee	All sector participants
6.3. Develop actions to support the attraction of men and people from high prevalence groups to the sector.	STI and HIV Health Promotion and Workforce Development Sub Committee	All sector participants

Action	Responsibility	Supporting partners
7. Develop and trial innovative approaches to further improve the skills and confidence of the primary care workforce		
7.1. Identify, assess, trial and continue (if appropriate), new approaches to improving workforce development opportunities. Opportunities for new approaches include:	STI and HIV Health Promotion and Workforce Development Sub Committee	SHine SA
(a) Developing GP Liaison roles (and similar for other clinical group) to provide customised support, mentoring and secondary consultation	SA Health	SHine SA Clinic 275
(b) Development of multidisciplinary training opportunities	SHine SA	STI and HIV Health Promotion and Workforce Development Sub Committee and all sector participants
(c) Explore opportunities to incorporate STI workforce development activities into other primary care programs (for example, through the Australian Primary Care Collaboratives (APCC) Program)	SHine SA	STI and HIV Health Promotion and Workforce Development Sub Committee and all sector participants
(d) Explore opportunities to increase STI education in medical schools	SHine SA Clinic 275	NA



APPENDIX A – SUMMARY OF CURRENT STI TRAINING AND EDUCATION PROGRAMS

An overview of existing STI Training and Education programs are provided below:

Provider	Summary of STI training and education activity
SHine SA	<p>SHine SA, as the lead sexual health agency in the state, is responsible for educating the community and professionals about sexual health matters. Key STI training and education activities include:</p> <ul style="list-style-type: none">• Professional education sexual and reproductive health courses and clinical training for doctors, nurses and midwives.• Education and training for disability workers, CALD workers, youth and community workers, ATSI workers and service providers (FRESH course and ReFRESH updates).• Tailored training to workers and service providers that work with target groups but do not have sexual health as part of their remit.• Community education at various organisations including community fairs, university open days and other venues.• Post exposure prophylaxis education for HIV workforce training with a focus on clinical staff of post exposure prophylaxis distribution sites across SA including regional areas.• Network forums with GPs and Nurses and Midwives• Focus Schools and Aboriginal Focus Schools (secondary and primary schools) teacher education programs using a train the trainer model.• Investing Program for workers and volunteers who work with Aboriginal young people.• SHine SA Service talks to schools and other organisations includes some STI information.• Provision of STI information from the Library and Resource Centre, downloadable content on the website, SA Sexual Health Awareness, Facebook posts
AHCSA	<p>The Aboriginal Health Council of South Australia (AHCSA) is a membership-based peak body with a leadership, watchdog, advocacy and sector support role, and a commitment to Aboriginal self-determination. It is the health voice for Aboriginal peoples across South Australia representing the expertise, needs and aspirations of Aboriginal communities at both state and national levels based on a holistic perspective of health. Key STI training and education activities include:</p> <ul style="list-style-type: none">• Sexual Health Program Annual 2 Day workshop for Aboriginal Community Controlled Health Services (ACCHS) across SA• Cert III and IV Primary Health Care for Aboriginal & Torres Strait Islander Health Workers

Provider	Summary of STI training and education activity
Clinic 275	<p>Clinic 275 of the Royal Adelaide Hospital is a sentinel surveillance site for STIs in South Australia. Clinic 275 offers a walk-in, free and confidential testing, diagnosis and treatment of sexually transmitted infections (including HIV). Key STI training and education activities include:</p> <ul style="list-style-type: none"> • Undergraduate and postgraduate Medical Student and Nursing Student programs, Flinders University, Adelaide University • Medicare Local GP and Practice Nurse Education events • Secondary student programs covering common sexually transmitted diseases in South Australia, prevention measures and services provided by the clinic. • Clinic 275 is an Accredited Training Site for the Australasian Chapter of Sexual Health Medicine, (ASHM), RACP. • GP Registrar special skills posts in Sexual Health (previously PGPPP program with SHine SA and Yarrow Place) • ASHM s100 Prescriber Course for community antiretroviral prescribers. • Adelaide to Outback GP Registrar Sexual Health Training evenings • Aboriginal Health Council South Australia Aboriginal Health Worker Course



APPENDIX B – PROJECT FRAMEWORK

Refer separate document: "Appendix B - Project Framework", dated 15 January 2015



APPENDIX C – SURVEY FINDINGS

Refer separate document: "Appendix C - Survey Findings", dated 1 May 2015



SHINE SA

DEVELOPMENT OF AN STI WORKFORCE DEVELOPMENT STRATEGY

APPENDIX B - PROJECT FRAMEWORK

15 JANUARY 2015



HEALTH OUTCOMES INTERNATIONAL

5A Glynburn Road, Glynde, SA 5070 | P: 08 8363 3699 | F: 08 8365 3560
E: info@hoi.com.au | www.hoi.com.au





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INTRODUCTION

Health Outcomes International (HOI) has been contracted by SHine SA to support them in the development of a Workforce Development Strategy (WDS) for the sexually transmissible infections (STI) sector, targeting general practitioners (GPs), nurses and Aboriginal Health Workers (AHWs).

1.1 PROJECT BACKGROUND

In 2011, SA Health appointed HOI to conduct a review of the existing HIV/HCV workforce development model in South Australia. The purpose of the Review was to identify strategic priorities for workforce development and develop a best practice workforce development model to meet the current and future needs of the HIV and HCV workforce in SA. At that time the scope of the model related specifically to the HIV/HCV workforce in SA and did not specifically extend to the workforce development needs of those working in the STI sector.

The first SA STI Action Plan 2012-2015 was released in 2012 and presented an approach to address the public health challenges resulting from STI. Of relevance to this project, strategy 3.3 states (Department for Health and Ageing, 2012, p. 17):

'Ensure GPs, nurses and Aboriginal Health Workers have access to ongoing training to assist them to deliver quality STI services to the priority populations'.

Within strategy 3.3, the **'development of a STI WDS'** was listed as a key action (action 3.3.1), and SHine SA identified as one of a number of agencies and service providers required to support its implementation.

1.1.1 DEFINING WORKFORCE DEVELOPMENT

Over time, the definition of 'workforce development' has developed to reflect the ever-changing scope of work. Until fairly recently workforce development was often equated with professional development and focused on the needs and development of the individual worker. Increasingly, contemporary research and policies also recognise the need to focus at the organisational and strategic systems levels as well. A common definition of the term is (Roche & Pidd, 2010, p. 2):

'A multi-faceted approach which addresses the range of factors impacting on the ability of the workforce to function with maximum effectiveness. Workforce development should have a systems focus. Unlike traditional approaches, this is broad and comprehensive, targeting individual, organisational and structural factors, rather than just addressing education and training of individual mainstream workers.'

As such, the term 'workforce development' has come to encompass more than simply the provision of education and training activities for staff. In addition, a broader understanding of the term includes:

- demographic and skills profile of a workforce
- job design and redesign options
- support for job sharing and redeployment
- knowledge management and mentoring

- career progression and succession plans
- working conditions and performance management
- recruitment, induction and retention of workers

Contemporary workforce development must also take into consideration the planning and projections of current and future workforce requirements and ultimately the STI WDS in SA will aspire to lead sector culture in relation to workforce development. As a sector-based model, it will focus on and define the shared values and principles of the sector, leading to a shared understanding of need and a common and sector-focussed approach to workforce development practices. A partnership-based and collaborative approach to developing the WDS will be a critical factor in ensuring its success.

1.1.2 SCOPE OF THE PROJECT

From a project scope perspective, it is important to acknowledge the following:

1. This project will adopt the broader definition of 'workforce development' previously discussed in section 1.1.1.
2. The STI sector workforce in SA consists of numerous partners including government, non-government, community based organisations, peer based organisations (affected community), and private providers such as GPs.
3. Whilst this project will develop an overarching STI WDS, each organisation will remain responsible for developing their own workforce including staff, board and volunteers. As a consequence the strategies developed will need to recognise that differing needs (and workforce development challenges) will exist across organisations and in different settings.

1.2 PROJECT OBJECTIVES

SHine SA, through its funding arrangement with SA Health, is required to develop and implement the STI WDS. In accordance with SHine SA's funding requirement, and consistent with action 3.3.1 of the SA STI Action Plan 2012-2015, the objective of this project is to **develop a STI WDS targeting GPs, nurses and Aboriginal Health Workers (AHWs)**.

The WDS will include an analysis of training providers and potential funding sources, which expands the training opportunities available to health workers with an aim to embed culturally appropriate routine STI prevention, screening, treatment and contact tracing services for target populations.

1.3 PROJECT GOVERNANCE

The project has been commissioned by SHine SA. However, to ensure the STI WDS reflects the needs of the South Australian STI sector, a project steering committee has been established to:

1. Provide specialist advice and sector knowledge to the project to ensure the WDS reflects action item 3.3.1 and the needs of the sector
2. Review and validate the key findings of the project
3. Facilitate and support sector engagement with the data collection activities of the project

The membership of the steering committee comprises (in alphabetical order):

- Sarah Betts (Aboriginal Health Council SA, Manager, Sexual Health Team)

- Christopher Birtwistle-Smith (Gay Men's Health SA, Program Manager), Proxy Wills Logue (Gay Men's Health SA, Acting Team Leader)
- Helen Calabretto (SHine SA, Manager – Education, Information and Research Division)
- Kay Gally (GP Partners Australia, Manager - Health Programs/Acting CEO)
- Dean Gloede (SA Health, Sexually Transmissible Infection and Blood Borne Virus Section)
- Tonia Mezzini (SHine SA, Director of Medical Services)
- Enaam Oudih (PEACE, Program Manager)
- Alison Ward (RAH, Clinic 275, Head of Unit STD Services)

Draft terms of reference for the steering committee are included in **Appendix A**.

1.4 PURPOSE OF THE PROJECT FRAMEWORK

This document presents the framework which will guide implementation of the remainder of project. It contains a set of key review questions which define the scope of the project, explains the corresponding data sources from which information will be obtained to answer the review questions and presents the data collection tools which will be administered.

The Framework concludes stage 2 of the project and has been informed by a situation analysis involving a literature scan, policy review and preliminary consultations with representatives of the following bodies:

- Sexually Transmissible Infection and Blood Borne Virus Section, Communicable Disease Control Branch, Department for Health and Ageing
- STI and HIV Health Promotion and Workforce Development Sub Committee of SA Sexually Transmissible Infection and Blood Borne Virus Advisory Committee (SASBAC)
- Clinic 275
- Aboriginal Health Council of South Australia
- SHine SA

1.5 PROJECT METHODOLOGY AND NEXT STEPS

A four stage approach has been adopted for the completion of this project:

1. Development of a **Project Plan**.
2. **Situation Analysis**. Completion of a brief situation analysis to develop an initial understanding of the STI sector and existing WFS initiatives and strategies. This will inform the development of tools (e.g. surveys) for the consultation phase.
3. **Consultation**. Consultations with sector stakeholders will be conducted, using online surveys, to identify:
 - the size of the 'direct' STI workforce
 - STI workforce development needs (including preferred delivery logistics such as session length, time and place) by workforce type, over the short (18 months), medium and longer term
 - facilitators and barriers to STI workforce development
 - STI workforce development initiatives currently being undertaken in SA

- STI workforce development activity occurring in other jurisdictions which may be of relevance to SA
- relevant training providers and funding sources

Stakeholder views and perspectives will be obtained using the following approach:

- *Survey of employers.* An online survey of employers of STI workers and volunteers will be conducted to obtain their perspectives in relation to available training, workforce development needs and priorities of the sector, and workforce data (e.g. employee numbers, qualifications).
 - *Survey of employees.* An online survey of employees and volunteers working in the STI sector will be conducted to obtain their perspectives in relation to available training and the workforce development needs and priorities.
 - *Presentation of findings.* Following analysis of the survey responses we will present the findings of the survey results and potential STI WDS directions to the project steering committee.
4. **Development and documentation of the STI WDS.** The objective of this stage is to finalise the project through the development and documentation of an STI WDS which will reflect the priority workforce development activities for the sector, and specific workforces as identified through the consultation processes. The draft WDS will be presented to the project steering committee. The draft strategy will then be amended based on comments received before delivering a finalised strategy.

1.6 STRUCTURE OF THIS DOCUMENT

The remainder of the Review Framework is structured in the following way:

Chapter 2	This chapter presents the findings of the literature scan performed in relation to existing workforce development strategies in the STI sector.
Chapter 3	This chapter presents the key matters to be explored with stakeholders throughout the project's data collection activities.

WORKFORCE DEVELOPMENT STRATEGIES

The objective of this chapter is to present the preliminary findings of the literature scan and policy review performed in relation to existing workforce development strategies in the STI sector.

2.1 THE NATIONAL STI POLICY LANDSCAPE

The Federal Government's historic policy approach in this area has been to release a suite of strategies to systematically address STIs and BBVs of national concern (such as HIV, hepatitis B and hepatitis C), as well as to support the STI sector more generally. This section provides details on the strategies which up until very recently (June 2014) have been in application.

2.1.1 HISTORICAL POLICY CONTEXT

The set of federal strategies which were in application up until recently (June 2014) included the following instruments:

- National Hepatitis B Strategy 2010-2013
- Second National Sexually Transmissible Infections Strategy 2010-2013
- Third National Hepatitis C Strategy 2010-2013
- Third National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2010-2013
- Sixth National HIV Strategy 2010-2013

Under these strategies an Implementation Plan (Department of Health and Ageing, 2010) was also developed to prioritise necessary actions, outline processes to monitor and measure progress made under the Plan and assign responsibility to key stakeholders under each individual strategy. A number of *high priority* and *priority* actions were identified in the Implementation Plan. These actions were categorised under a number of domains, including **workforce development**. Table 2.1 outlines priority actions identified with respect to workforce development under the two policies which are most relevant to this project:

Table 2.1: Workforce development priority actions

Implementation Plan of the Second National STI Strategy 2010-2013

Highest priority workforce development actions:

- Improve access by priority groups to sexual health services by supporting identified stakeholders in carrying out key actions
- Explore improvements to sexual health care provided by primary health services and develop and implement models of care for priority populations
- Explore and apply improved models of recruitment, retention and training of primary healthcare professionals in STI prevention as well as clinical and public health management

- Consider methods to encourage GPs to participate in sexual health training (including specialist training)

Other priority actions:

- Strengthen training programs and continuing education in STI for primary healthcare providers
- Strengthen the capacity of other service providers in health, education, justice and other services to engage in STI education and prevention

Implementation Plan of the Third National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2010-2013

Highest priority workforce development actions:

- Map the workforce of Aboriginal sexual health workers (SHWs) and identify gaps
- Improve the training, qualification and career pathways for Aboriginal SHWs and generalist Aboriginal Health Workers (AHWs) by linking them to national STI competency standards and those comprising public health and epidemiology
- Work alongside other national strategies and programs to advocate for increased Aboriginal SHW positions in Aboriginal Community Controlled Health Organisations (ACCHOs) and mainstream services
- Improve the effectiveness of training, recruitment and retention for both Aboriginal and Torres Strait Islander staff and non-Indigenous staff in primary healthcare services

Other priority actions:

- Train health service leaders and managers to develop and run organised, systematic STI programs incorporating opportunistic and targeted screening, health education and use of data to assist with program evaluation
- Employ gender-specific health workers
- Explore the barriers to workforce development in STI and approaches to address them
- Increase the number of Aboriginal SHWs in jurisdictions where there are few

It is important to note that an updated Implementation Plan for the national strategies is currently under development and for the purposes of this WFD project, focus will remain on the current strategies.

2.1.2 CURRENT NATIONAL POLICIES

In June 2014, the Council for Australian Governments (COAG) Health Council endorsed the latest suite of policies around BBV and STI. Together, these strategies (listed below) will guide the STI sector in its work towards addressing STI:

- The Second National Hepatitis B Strategy 2014-2017
- **The Third National Sexually Transmissible Infections Strategy 2014-2017**
- The Fourth National Hepatitis C Virus (HCV) Strategy 2014-2017
- **The Fourth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2014-2017**
- The Seventh National HIV Strategy 2014-2017

Table 2.2 illustrates the priority populations targeted by each strategy as well as those prioritised by the SA STI Strategy which is discussed further on.

Table 2.2: Target populations by Strategy

Target Population	4 th Aboriginal & Torres Strait Islander BBV STI Strategy	7 th HIV Strategy	2 nd HBV Strategy	4 th HCV Strategy	3 rd STI Strategy	SA STI Strategy
Aboriginal and Torres Strait Islander People	✓	✓	✓		✓	✓ ⁽¹⁾
People from culturally and linguistically diverse backgrounds			✓		✓	✓ ⁽²⁾
Young people (under age 30)	✓				✓	✓
People living with HIV and/or viral hepatitis	✓	✓	✓ ⁽³⁾	✓		
Gay, bisexual and transgender men and other men who have sex with men and transgender people	✓	✓	✓		✓	✓ ⁽⁴⁾
People who inject drugs	✓	✓	✓	✓		
Sex workers	✓		✓		✓	✓
People in custodial settings	✓	✓		✓	✓	
People living in the cross-border region of Australia and Papua New Guinea	✓					
People from (or who travel to) high prevalence countries		✓			✓	
Unvaccinated adults at higher risk of infection			✓			
People living in remote communities	✓					

(1) Young people

(2) Young people

(3) Including children born to mothers with hepatitis B and children with hepatitis B

(4) Young people (under age 30)

When formulating the SA WFD Plan for the STI sector, it will be necessary to consider the priority populations targeted by the National Aboriginal and Torres Strait Islander BBV and STI Strategy, the National STI Strategy as well as the SA STI Strategy. It will also be important to consider the extent of the local workforce which may have contact with these particular groups and how this may impact or inform the development of the STI WFD Strategy in SA.

2.1.3 THE THIRD NATIONAL SEXUALLY TRANSMISSIBLE INFECTIONS STRATEGY 2014-2017

The overarching goal of the revised strategy is to reduce the transmission, morbidity and mortality caused by STI and their associated social impact. Six clear objectives have been stipulated in order to achieve this goal (Department of Health, 2014a):

1. Achieve and maintain high levels of HPV vaccination
2. Reduce the incidence of STI
3. Improve knowledge and safe behaviours associated with the transmission of STI
4. Increase STI testing among priority populations
5. Increase management and reduce morbidity associated with STI
6. Eliminate stigma, discrimination and the impact of legal and human rights issues on people's health

This version of the Strategy also differs from those previously in that it sets targets to achieve by 2017, including:

- HPV adolescent vaccination coverage of 70%
- Increase the testing coverage in priority populations
- Reduce the incidence of chlamydia
- Reduce the incidence of gonorrhoea
- Reduce the incidence of infectious syphilis and eliminate congenital syphilis

Workforce development priority actions:

These targets will be achieved by implementing a number of priority actions across the system. Some of these priority areas will be carried out with respect to workforce development, including:

- Work with relevant organisations to ensure delivery of targeted responsive and coordinated training, continued education and professional support programs
- Consider broadening the range of healthcare professionals who can diagnose and treat STI
- Improve skills, knowledge and capacity to increase testing rates and treatment of STIs among GPs

2.1.4 THE FOURTH NATIONAL ABORIGINAL AND TORRES STRAIT ISLANDER BLOOD BORNE VIRUSES AND SEXUALLY TRANSMISSIBLE INFECTIONS STRATEGY 2014-2017

The overarching goal of this Strategy is to reduce the transmission of and morbidity and mortality caused by BBVs and STIs and to minimise the personal and social impact of these infections in Aboriginal and Torres Strait Islander communities. To achieve this goal the strategy stipulates a number of objectives (Department of Health, 2014b):

1. Improve knowledge and awareness of STIs and BBVs
2. Reduce the incidence of STIs in Aboriginal people and communities by achieving high levels of HPV vaccination, reducing the risk behaviours associated with transmission and increasing appropriate testing and follow up

3. Reduce the incidence of BBV in Aboriginal people and communities by achieving high levels of hepatitis B vaccination, reducing the risk behaviours associated with transmission and decreasing the number of people with undiagnosed BBV
4. Increase the number of Aboriginal people with BBV receiving appropriate management, care and support
5. Eliminate the negative impact of stigma, discrimination and human rights issues on the health of Aboriginal people by engaging with communities through sustained and authentic action and improving the delivery of and access to appropriate services

This Strategy also sets a number of targets to be achieved in Aboriginal people and communities:

- Eliminate congenital syphilis
- Reduce the incidence of chlamydia, gonorrhoea and infectious syphilis, accounting for testing levels, in people less than 30 years of age
- Increase the use of sterile injecting equipment for every injecting episode
- Increase the number of people with HIV, hepatitis C and hepatitis B receiving antiviral treatment.

Workforce development priority actions:

These objectives will be achieved by focusing on a range of priority actions categorised across a number of domains, the following of which are relevant to workforce development:

- Ensure that testing and treatment providers have adequate training and support to deliver appropriate services.
- Work with relevant organisations to ensure delivery of responsive and coordinated training, continued education and professional support programs, including in regional and remote areas and for new workforce entrants.
- Improve collaboration between mental health, drug and alcohol, disability, clinical and community services to address the care and support needs of people with STI and BBV.
- Support the capacity and role of ACCHOs and other community organisations to provide education, prevention, support and advocacy services to priority populations.
- Build on the skills of AHWs to drive health promotion, testing and treatment pathways in local communities.

2.2 THE SA STI POLICY LANDSCAPE

SA has also released a set of policy instruments to respond to the rising STI incidence, changing attitudes and behaviours within the community and target populations and to assist the federal Government in meeting their policy targets and objectives discussed above.

2.2.1 SEXUALLY TRANSMISSIBLE INFECTIONS ACTION PLAN 2012-2015

As the first Action Plan developed to address STIs in SA, this policy sets six overarching objectives (Department for Health and Ageing, 2012):

1. Coordinate STI action: implement a coordinated and systematic plan to reduce STI transmission in SA.

2. Promote STI awareness, prevention and testing: facilitate effective and integrated community engagement and education in SA that increases knowledge of STI and their prevention, and that promotes testing programs to affected communities.
3. Support providers of primary health care to routinely test sexually active young people: Embed STI testing in primary health care across SA.
4. Improve access to STI services and clinics for priority populations: establish a network of identified primary health care services that provide accessible and free STI services to priority populations.
5. Increase patient and provider initiated testing and treatment: ensure regular and opportunistic STI (particularly chlamydia) testing of sexually active young people in SA.
6. Maximise the use of surveillance, testing and clinic data, and research and evaluation: Ensure that data and research inform initiatives undertaken as part of this Action Plan, and initiatives are monitored and evaluated to add to the body of evidence that supports the Plan.

A number of workforce development actions were identified in accordance with these objectives, including:

- Enable those who work with target groups to talk proactively about prevention/testing/treatment
- Support primary health care providers (incl. GPs, ACCHOs, youth health services) to undertake routine STI testing
- Support local Aboriginal initiatives to embed testing & management for Aboriginal young people into primary health care.
- Ensure GPs, nurses & AHWs have access to ongoing training to assist them to deliver quality STI services to priority populations

Workforce development priority actions:

Action item 3.3.1 has been a key driver of this review, requiring the development and implementation of a STI Workforce Development strategy, including an analysis of training providers and potential funding sources, which expands the training opportunities available to health workers with a focus on:

- GPs
- Nurses (e.g. practice nurses, those working in ACCHOs and in sexual/reproductive health services)
- Aboriginal Health Workers

The strategy is expected to demonstrate use of a variety of training modalities (e.g. face to face, online, video conferencing), and include shorter and longer courses, events and forums. It would specify roles and responsibilities around delivery of all training activities and quality improvements.

Services to be prioritised for Workforce Development: Aboriginal health services (including ACCHOs), identified GP practices, Close the Gap accredited GPs, GP Plus Health Care Centres and GP Plus Super Clinics working with priority populations

2.2.2 MID TERM REVIEW OF THE SA ACTION PLAN

In accordance with the priorities stated around the review and evaluation of the SA Action Plan, a Mid Term Review of the Plan was conducted to inform the next steps to be taken with respect to implementing this policy. Whilst the final version of the Review is not yet published, the Consultation

Report is publically available. The consultation findings relevant to workforce development in the STI sector included the following:

- A gap was identified with respect to current workforce development programs designed to improve the capacity of the general and health workforce to address STIs with their clients
- The following approach should be considered over the coming 18 months:
 - A planned and coordinated approach to workforce development
 - Improve the practices of front line workers who come in contact with priority populations to ensure they are able to be proactive and effective in working with their clients around STI prevention, testing and treatment.
 - Develop a short-term workforce development plan which (a) identifies any STI workforce development initiatives currently taking place and their reach; (b) leverages from the already successful workforce development efforts; and, (c) identifies the priority workforce areas to be reached.
 - Implement a targeted GP workforce development strategy (including intensive GP and Practice Nurse STI education sessions) and identify clinical leaders to support an STI clinical network to facilitate GPs in implementing effective practices around STI testing and management.
- Commence work on a longer-term STI workforce strategy which leverages from the learnings obtained from current Action Plan activities. This strategy could include the delivery of STI modules through relevant university/TAFE course to aspiring clinicians, youth workers, Aboriginal health workers and the like. Of particular importance would be to train future GPs so that they are able to embed routine testing into their practices. This might include increasing STI education in medical schools, the creation of pre-registration STI training placements and the introduction of Continuing Medical Education points for GP courses relevant to STI/BBV.

2.3 ESSENTIAL COMPETENCIES, SKILLS AND KNOWLEDGE OF THE STI WORKFORCE

A number of key skills and competencies and training preferences are identified in the literature with respect to services and care delivered by GPs, nurses and AHWs in the STI and associated sectors. A detailed breakdown of the key findings of the research by clinician type and STI focus is presented in **Appendix B**.

2.3.1 CLINICAL SKILLS AND KNOWLEDGE

A number of clinical skills were identified in the literature and they can be categorised into the overarching domains of clinical assessment and treatment of STI. In terms of clinical **assessment**, a number of competencies and areas of knowledge are considered essential:

- Knowledge of the range of patient cohorts at higher risk of contracting STI, those with high-risk lifestyle factors (e.g. injecting drug users, sex workers), priority populations and an understanding of their individual health and sexual health needs as well as an understanding to test for STIs even in asymptomatic patients (Lorch et al, 2013; Murray et al, 2012; Bungay et al, 2010).
- Discussion of STIs (and the diagnostic testing which follows) should also be raised *opportunistically* with *all* patients as well as when presented with particular patient cohorts. For example, opportunistic testing for STIs may be raised in the following circumstances to broaden the range and increase the number of patients tested: during pap smear testing, family planning and pregnancy, general health testing (Lorch et al, 2013; Abbott et al, 2013; Murray et al, 2013).

- Clinicians should be able to competently, appropriately and safely obtain specimens for diagnostic testing and investigation and conduct physical examinations with minimal discomfort to the patient and with fully informed consent (Lorch et al, 2013; O’Keefe, 2013; Murray et al, 2012; Relf et al, 2011; Bungay et al, 2010).
- Knowledge of the necessity to re-test for STIs (testing for reinfection) and the appropriate timeframes within which retesting should occur (Lorch et al 2013; O’Keefe et al, 2013).

In terms of **treatment** of STI, the literature identifies the following areas of essential knowledge and competence:

- Prescribing (by GPs only) and administering appropriate medications and interventions and have knowledge of any contraindications of medications (Lorch et al, 2013; Bungay et al, 2010; Relf et al, 2011).
- An understanding of the key approaches to prevent the transmission of STIs and ensuring patients are aware of these approaches and are supported in meeting their obligations to trace sexual partners to minimise harm to them and to modify lifestyle factors which may increase their risk of STI where appropriate (Abbott et al, 2013; Lorch et al, 2013; O’Keefe, 2013; Bungay et al, 2010; Murray et al, 2012; Relf et al, 2011).
- Provide test results alongside post-test counselling and support the patient to understand the diagnosis, available treatment and lifestyle factors which can prevent further harm (WHO, 2011; O’Keefe, 2013; Bungay et al, 2010; Murray et al, 2012; Relf et al, 2011).

2.3.2 APPROACH TO CARE

It is also crucial to develop an overall approach to caring for STI patients which is appropriate to meet their needs. The following factors are considered crucial in implementing an appropriate care approach for patients with STIs and whilst these may not differ in any significant way to other areas within the health sector, they are particularly relevant to building confidence in patients to address and prevent STIs and improve overall public health:

- Understanding and respecting the confidentiality of patients and ensuring that patients are aware of their right to confidentiality as well as the requirement for mandatory notifications where these exist (Bungay et al, 2010; Murray et al, 2012).
- Provide care which is ethical, clinically appropriate, based on best practice, equitable and develop a rapport with the patient (as well as target groups more generally) which facilitates the provision of effective care. Also be understanding and respectful of the patient’s identity (including cultural identity) as well as their values and beliefs (WHO, 2011; Murray et al, 2012; Newman et al, 2011; Relf et al, 2011).
- Engage in professional development activities which improve a practitioner’s own skills and knowledge and those of their colleagues (including seeking guidance from seniors, mentoring junior practitioners and presentations or in-services) (Relf et al, 2011; Murray et al, 2012).
- Communicate effectively with colleagues and patients both verbally and in writing (including accurate documentation of results, findings, diagnosis, treatment, referrals). In particular, STI clinicians should be able to raise and discuss STIs with their patients and be confident in obtaining an accurate sexual history (including relevant lifestyle or social factors which may increase the risk of contracting or transmitting an STI) (Abbott et al, 2013; O’Keefe, 2013; Murray et al, 2012).

2.3.3 ADMINISTRATIVE COMPETENCIES

A number of administrative or logistical competencies were also identified as essential for the STI workforce:

- Knowledge and understanding of the mandatory notification and reporting requirements which relate to some STIs and any associated obligations stipulated in relevant statutory, regulatory or clinical guidelines (O’Keefe, 2013; Bungay et al, 2010).
- Ability to identify referral needs and coordinate referral/s to appropriate practitioners (WHO, 2011; O’Keefe, 2013; Bungay et al, 2010; Murray et al, 2012; Relf et al, 2011).

2.4 TRAINING DELIVERY AND FORMAT PREFERENCES

A number of preferences around the delivery and format of training were also identified in the literature and are presented in Table 2.3 (Abbott et al, 2013; World Health Organisation, 2011; Newman et al, 2011; Bungay et al, 2010; Murray et al, 2012 & Department of Health Western Australia, 2009):

Table 2.3: Practitioners’ training preferences

Practitioner	Identified training preferences
GPs & Nurses	<ul style="list-style-type: none"> • Developing professional relationships through contact with senior/experienced clinicians • Provision of practice resources or written materials (posters, pamphlets and manuals) • Regular supervision • Continuing education (as opposed to one off training) • Workshops, seminars or lectures • Self-assessment • Peer assessment • Interactive web-sites • Comprehensive and active email list servers • Flexible training and education (videoconferencing, online materials, self-directed learning packages, workshops, forums and mentoring)
AHWs (Rose, 2014)	<ul style="list-style-type: none"> • Flexible course design and delivery • Flexible course content to align with current skills to avoid repeating training • Traineeships • Full or part time • Block attendance • Distance or on campus • Specialised study support (dedicated Aboriginal study centres, Aboriginal staff, tailored support programs e.g. skills workshops or tutorials) • Opportunities to practise skills

2.5 SUMMARY OF LITERATURE SCAN FINDINGS

The key findings from the literature scan and policy review are summarised as follows:

1. Workforce development in the STI sector is a key priority action for both the federal and SA governments with a number of strategies directing targeted action in this area.

2. Target groups include: young people under the age of 30, gay men and men who have sex with men, sex workers, people from CALD communities, and Indigenous people (including those who are living with HIV and injecting drug users).
3. Whilst there are a variety of skills, competencies and experience required of the STI sector, the core skills identified include the following:
 - Clinical competencies:
 - Assessment and diagnostics (including understanding patient cohorts and their needs, opportunistic testing, physical examinations and specimen collection techniques, re-testing requirements)
 - Treatment and management of STIs (prescribing medications, transmission prevention and harm reduction, post-test counselling)
 - Approach to care:
 - Confidentiality and privacy
 - Culturally appropriate and respectful care
 - Professional development
 - Effective and confident communication with colleagues and patients
 - Administrative competencies:
 - Mandatory notifications
 - Referral coordination
4. No clear preference with respect to the format and delivery of training for GPs, nurses and AHWs is discernable from the literature. It may be that a range of options to suit workers' diverse needs is the most appropriate approach when providing training.

PROJECT SCOPE AND PROCESSES

The objective of this chapter is to present the key matters to be explored with stakeholders throughout the remainder of the project.

3.1 DEFINING THE WORKFORCE

Both the SA STI Action Plan and Third National STI Strategy identify constituents of the STI workforce as **Nurses** (e.g. practice nurses, those working in Aboriginal Community Controlled Health Services and in sexual/reproductive health services), **GPs** and **AHWs**. As such, this project will focus on developing a WDS targeted at these professionals.

3.2 WORKFORCE DEVELOPMENT DOMAINS AND QUESTIONS TO BE EXPLORED THROUGH THE PROJECT

The broader definition of workforce development presented in Chapter 1 and supported by the models identified through the literature scan, necessitates the exploration of a number of **domains**, as illustrated in Figure 3.1. Through exploration of each of these domains, discussion and consideration can be given to (a) which of these domains is of the highest priority and (b) what are the key workforce development priorities for the workforce within that domain, so that an appropriate WDS can be developed.

Figure 3.1: Workforce development domains



In accordance with these domains, a number of **Research Questions** have been formulated to delineate the scope of the project and guide the development of consultation and data collection tools provided in Appendices C and D. These questions are presented below in relation to each domain.

3.2.1 WORKFORCE COMPOSITION

1. What is the composition of the workforce (i.e. how many GPs, nurses and AHWs are involved in STI service delivery and at what level of seniority or experience)?
2. What qualifications does each clinician-type have (including specialist STI qualifications)?
3. How many clinicians work in rural and metropolitan areas?
4. What type of service providers employ these clinicians to deliver STI services?
5. What are the gaps in workforce composition?

3.2.2 ESSENTIAL KNOWLEDGE, SKILLS AND TRAINING

6. What existing training is being utilised by the workforce (provider, mode, location)?
7. To what extent is training and supervision available to support those standards?
8. To what extent do individuals need to be supported in achieving those standards?
9. To what extent do organisations plan for workforce development?
10. What are the other knowledge, skills and/or experience requirements of the workforce?
11. What are the preferred modes/settings (e.g. workshops, on-line, self-learning modules etc) for receiving training and the preferred providers?
12. What are the facilitators and barriers to providing training?

3.2.3 ATTRACTION AND RECRUITMENT

13. What are the key factors attracting new staff to the STI sector?
14. What are the barriers to attracting new staff?

3.2.4 RETENTION

15. What are the barriers to retaining the appropriate amount of staff or staff with the appropriate skillset, experience and/or qualifications?
16. What could the sector do to enhance the retention of staff?

3.2.5 GOVERNANCE

17. What are the priority domains with respect to workforce development? What could bring about the greatest impact with respect to service provision?
18. What part of the workforce is of greatest priority with respect to workforce development? What workforce development activity with that part of the workforce is likely to bring about the greatest impact in service provision?
19. What are the relative responsibilities for workforce development between the STI policy and programs section of SA Health and individual organisations/agencies?
20. What workforce development activities are being conducted in interstate STI sectors and how could this inform the development of SA's WDS?

3.3 CONSULTATION WITH THE STI WORKFORCE

To obtain the views and perspectives of the STI workforce two online surveys will be administered: (a) a Workforce Survey; and (b) an Organisational Survey. The questions posed are informed by the situation analysis which has been conducted in the development of this Project Framework and link back to the project questions identified above. The objective of the surveys is to determine the following:

- an estimate of the size of the 'direct' STI workforce
- STI workforce development needs (including preferred delivery logistics such as session length, time and place) by workforce type
- facilitators and barriers to workforce development
- STI workforce development initiatives currently being undertaken in SA
- STI workforce development activity occurring in other jurisdictions which may be of relevance
- relevant training providers and funding sources

3.3.1 STI WORKFORCE SURVEY

The Workforce Survey will collect employee's perspectives in relation to available training, and the workforce development needs and priorities of the sector and their preferred processes for receiving training. Please refer to **Appendix C** for the Workforce survey tool which will be administered to relevant employees.

3.3.2 STI ORGANISATIONAL SURVEY

The Organisational Survey will collect employer's perspectives in relation to workforce development needs and priorities of the sector, barriers to training provision, access to available training, as well as collecting workforce data (such as employee numbers, qualifications). The survey will also focus on preferred models for WFD delivery to staff. Please refer to **Appendix D** for the Organisational survey tool which will be administered to relevant organisations and service providers.

3.3.3 SURVEY ENGAGEMENT STRATEGY

In order to maximise the number of survey responses obtained, HOI will implement the following engagement strategy upon approval of the survey tools:

1. Upload survey instruments to Survey Gizmo for online completion.
2. Pilot test the survey with a small number of stakeholders (3-4) to ensure there are no technical or validity issues.
3. Develop and distribute (by email) an invitation to participate, the survey link/s and HOI contact details, noting in the timelines. This will include:
 - Emailing CEO's of identified health services to participate in the survey, with reminders issued after the survey has been open 2 weeks, and with one-day to go
 - Seeking the supporting of organisation's invited to participate to circulate the "workforce survey" link to relevant employees
 - Inviting SHine SA, AHCSA, Clinic 275 and SASBAC members to promote the surveys through newsletters, websites, network forums, and within their own organisations.

The intended participants and engagement approaches with respect to each survey are provided in the table below:

Table 3.1: Survey engagement approaches

Stakeholder group	Organisational survey engagement approach	Employee survey engagement approach
SASBAC member organisations	Direct email invitations to participate via SASBAC representative	Organisations provided with a draft email and invited to circulate to relevant workforce
Targeted GP clinics/practices	<p>Direct email invitations to participate via Practice Nurse or Other Contact - follow up phone call from HOI.</p> <p><i>Specialist practices:</i></p> <ul style="list-style-type: none"> • O'Brien Street General Practice • Riverside Family Medical Practice <p><i>Other practices selected based on size or location, including, but not limited to the following:</i></p> <ul style="list-style-type: none"> • Craigmores Family Practice • Unihealth Playford GP Super Clinic • Gawler Medical Clinic • Marion Domain Medical and Dental Centre • Angaston Medical Centre • North East Modbury Medical and Dental • Carlton Medical Centre (Pt Augusta) • Renmark Medical Clinic • Bridge Clinic • Berri Medical Clinic • Aldinga GP Plus Health Care Centre • Ceduna GP Plus Health Care Centre • Elizabeth GP Plus Health Care Centre • Marion GP Plus Health Care Centre • Modbury GP Plus Super Clinics • Morphett Vale GP Plus Health Care Centre • Noarlunga GP Plus Super Clinic • Port Pirie GP Plus Health Care Centre • Southern Primary Health Seaford <p>(SHine SA also to identify individual practitioners servicing high priority populations or locations, where possible, closer to recruitment).</p>	Organisations provided with a draft email and invited to circulate to relevant workforce

Stakeholder group	Organisational survey engagement approach	Employee survey engagement approach
Aboriginal Health Services/ACCHOS	<p>Direct email invitations to participate via CEO of organisations</p> <p>Follow up phone call from HOI.</p> <ul style="list-style-type: none"> Aboriginal Sobriety Group Ceduna/Koonibba Aboriginal Health Service Aboriginal Corporation Kalparrin Community Nganampa Health Council Nunkuwarrin Yunti of SA Inc. Nunyarra Aboriginal Health Service Inc. Oak Valley Health Service Pangula Mannamurna Inc. Pika Wiya Health Service Aboriginal Corporation Port Lincoln Aboriginal Health Service Inc. Tullawon Health Service Umoona Tjutagku Health Service Aboriginal Corporation <p>Karrparrinthe Aboriginal Health and Wellbeing Centre</p>	<ol style="list-style-type: none"> Organisations provided with a draft email and invited to circulate to relevant workforce Participants of FRESH – Aboriginal Focus and SHine SA Close the Gap team training to AHWs
Other bodies	<ul style="list-style-type: none"> GP training agencies Medicare Locals Migrant Health Centre Gay Men's Health SA Second Story Youth Health Service Yarrow Place PEACE Multicultural Services 	Organisations provided with a draft email and invited to circulate to relevant workforce
GPs and Nurses previously attended SHine SA training	NA	Direct email invitation using SHine SA contact databases
More general promotion	Promote via relevant newsletters & network meetings by SHine SA, Clinic 275 & AHCSA	Promote via relevant newsletters & network meetings by SHine SA, Clinic 275 & AHCSA and also via their websites.

4. Administer the survey over a period of four weeks and provide support to respondents in completing the survey if they have any concerns, issues or challenges. Based on the expected leave during the Christmas period it is proposed the surveys open Monday 12th January 2015, and close 13th February 2015.
5. Monitor the survey responses at the end of weeks 1 and 2, and send reminders depending on the response rates. Please note, we would aim to obtain the following number of survey responses to facilitate the thematic analysis of data obtained:
 - Workforce Survey: $n = 40$
 - Organisational Survey: $n = 12$
6. Close the survey, download the data to Microsoft Excel and analyse the responses in accordance with the Project Framework to inform the development of the STI WDS. Responses will be de-identified prior to analysis and analysis will occur at both aggregate and individual workforce levels where appropriate.



APPENDIX A - DRAFT STI WORKFORCE DEVELOPMENT STRATEGY STEERING COMMITTEE TERMS OF REFERENCE

OBJECTIVES

Health Outcomes International (HOI) has been contracted by SHine SA to support the development of a STI Workforce Development Strategy (WDS) targeting GPs, Nurses and Aboriginal Health Workers (the Project).

The first SA STI Action Plan 2012-2015 was released in 2012 and presented an approach to address the public health challenges resulting from STI. In particular, strategy 3.3 states the following: *'Ensure GPs, nurses and Aboriginal Health Workers have access to ongoing training to assist them to deliver quality STI services to the priority populations'*.

Within strategy 3.3, the 'development of a STI WDS' was listed as a key action (action 3.3.1), and SHine SA identified as one of a number of agencies and service providers required to support its implementation. The WDS developed as part of this project will directly respond to action 3.3.1.

The Steering Committee objectives are to:

- Provide specialist advice and sector knowledge to the project to ensure the WDS reflects action item 3.3.1 and the needs of the sector
- Review and validate the key findings of the project
- Facilitate and support sector engagement with the data collection activities of the project

The steering committee will cease on submission by HOI of the WDS report to SHine SA.

COMMITTEE MEMBERSHIP

The membership of the steering committee comprises:

- Sarah Betts (Aboriginal Health Council SA, Manager, Sexual Health Team)
- Christopher Birtwistle-Smith (Gay Men's Health SA, Program Manager), Proxy Wills Logue (Gay Men's Health SA, Acting Team Leader)
- Helen Calabretto (SHine SA, Manager – Education, Information and Research Division)
- Kay Gallary (GP Partners Australia, Manager - Health Programs/Acting CEO)
- Dean Gloede (SA Health, Sexually Transmissible Infection and Blood Borne Virus Section)
- Tonia Mezzini (SHine SA, Director of Medical Services)
- Enaam Oudih (PEACE, Program Manager)
- Alison Ward (RAH, Clinic 275, Head of Unit STD Services)

Proxies may be nominated by committee members.

HOI PROJECT TEAM

The HOI project team is responsible for delivery of the project and will present deliverables to the steering committee. The HOI team comprises:

- Andrew Alderdice (Director)
- Darren Button (Associate Director)
- Charlotte Paton (Consultant)

COMMITTEE MEETINGS

Meetings will be scheduled as required during the course of the project to review key deliverables. It is currently anticipated the steering committee will meet on three occasions:

Meeting	Purpose	Estimated timing
1	Provide feedback on the "Review Framework" (comprising survey tools, and survey promotion strategies)	Mid-late December 2014
2	HOI to present analysis of the survey responses and preliminary directions for the WDS	Late February 2015
3	Steering Committee to provide feedback on the draft WDS	March 2015

HOI will prepare the agenda for each meeting and provide relevant papers for discussion.

Meetings will be chaired by Helen Calabretto (SHine SA).

Extraordinary meetings may be requested by any committee member via the chair.

Teleconferencing facilities will be used where appropriate.

A quorum of 50% plus 1 will be required to proceed with the meeting.

RECORD OF MEETINGS

HOI will maintain a record of meetings.

An agenda for scheduled meetings will be forwarded to committee members within one week of each meeting.

APPENDIX B – WORKFORCE SKILLS, KNOWLEDGE AND COMPETENCIES

This table identifies the research design parameters of the literature which was reviewed in order to inform the Project Framework. Parameters included STI type and practitioner type and must be considered when interpreting the findings of the literature.

Author	Key skills/competencies required	STI			Practitioner type			
		STI/BBV	HIV/AIDS	Other	GPs	Nurses	AHW (STI)	AHW (general)
Lorch et al (2013)	<ul style="list-style-type: none"> Knowledge of risk groups specimen collection Prescribing correct antibiotics and knowledge of contraindications (e.g. pregnancy) Partner notification requirements Opportunistic testing (e.g. pregnancy, pap smears) Knowledge to test heterosexual men and men who have sex with men (both symptomatic and asymptomatic) Retesting timeframes 			✓	✓	✓		
Abbott et al (2013)	<ul style="list-style-type: none"> Confidence in discussing sexual history and screening Opportunistic testing Contact tracing processes Teamwork with GPs and recognition of the role of sexual health in practice nursing 	✓			✓	✓		

Author	Key skills/competencies required	STI			Practitioner type			
		STI/BBV	HIV/AIDS	Other	GPs	Nurses	AHW (STI)	AHW (general)
Newman et al (2011)	<ul style="list-style-type: none"> Relationship and trust building with marginalised communities Chronic disease management Accreditation to prescribe medications 		✓		✓			
WHO (2011)	<p><i>Domain 1: Overarching Attitude</i></p> <ul style="list-style-type: none"> Ethical and clinically appropriate care Human rights and equity <p><i>Domain 2: Leadership and Management</i></p> <ul style="list-style-type: none"> Lead in a way that facilitates workers to deliver effective care Effective and efficient team management <p><i>Domain 3: General Competencies</i></p> <ul style="list-style-type: none"> Comprehensive and integrated sexual and reproductive healthcare in and with the community High quality health education Counselling Sexual health assessment and identification of referral needs and treatment <p><i>Domain 4: Clinical Competencies</i></p> <ul style="list-style-type: none"> Family planning STI and reproductive tract infection care Screening, treatment and referral for reproductive tract cancers Abortion care 							
		✓			✓	✓		

Author	Key skills/competencies required	STI			Practitioner type			
		STI/BBV	HIV/AIDS	Other	GPs	Nurses	AHW (STI)	AHW (general)
	<ul style="list-style-type: none"> Antenatal care, during labour, birth and immediate postnatal care Postnatal care for women and neonates 							
O'Keefe (2013)	<ul style="list-style-type: none"> Assessment: patient history, physical examination, conditions for urgent and semi urgent referral Management: treatments, diagnostic investigations, health promotion, illness prevention, referrals, non-pharmacological and pharmacological management Follow up care: mandatory notification, test results and post-test counselling, management of abnormal results, monitoring progress, drug therapy assessment, test for reinfection, contact tracing, referral, reinforcement of health promotion, planning for ongoing care 	✓				✓		
AIHW (2013)	<ul style="list-style-type: none"> Active in the community 	✓					✓	
Bungay, Gilbert, Mak, Spencer, Rivers & Rekart (2010)	<ul style="list-style-type: none"> Assessment: Informed consent practices, reporting, confidentiality, assessment of patient's support network, prevention (transmission prevention, partner notification, harm reduction) Treatment: provision of test results, administering medication, referrals, post-test counselling, infection reporting Health education: one on one and in groups (e.g. schools, communities) Other: Knowledge of human sexuality, sexual practices, mental health care, substance use addiction and diagnostics 	✓	✓			✓		
Murray et al (2012)	<p><i>Domain 1: Effective Communication</i></p> <ul style="list-style-type: none"> Develop rapport with the patient Explain confidentiality and privacy policies Effective communication to patient and significant others (where appropriate) Sensitivity, awareness and respect for the patient's identity (including their cultural identity) 	✓				✓		

Author	Key skills/competencies required	STI			Practitioner type			
		STI/BBV	HIV/AIDS	Other	GPs	Nurses	AHW (STI)	AHW (general)
	<ul style="list-style-type: none"> Comprehensive, legible and concise written communication/s (using only acceptable abbreviations) communication with other team members <p><i>Domain 2: Assessment, Care Planning and Clinical Management</i></p> <ul style="list-style-type: none"> Obtain patient history (sexual and reproductive health, medical, psychosocial and lifestyle history) Knowledge of priority populations and issues relating to their sexual health and needs Provide education and support to patients to modify lifestyle/behavioural factors to minimise risk Obtain informed consent for tests and prepare equipment for examination and/or specimen collection appropriately Obtain specimens with minimal discomfort for the patient Accurately documentation of all findings and outcomes Ensure patient is aware of follow-up care, treatment and health plans Explain test results and provide support and referral Provide information and assistance for contact tracing <p><i>Domain 3: Health Promotion and Patient Education</i></p> <ul style="list-style-type: none"> Discuss transmission and prevention and implications of a positive test result and requirements around contact tracing Provide patient resources to support preventative health decisions Discuss preventive health checks and screening <p><i>Domain 4: Research</i></p> <ul style="list-style-type: none"> Access and use health information and research Engage in and apply learnings form quality improvement programs 							

Author	Key skills/competencies required	STI			Practitioner type			
		STI/BBV	HIV/AIDS	Other	GPs	Nurses	AHW (STI)	AHW (general)
	<p><i>Domain 5: Legal and Ethical Nursing Practice</i></p> <ul style="list-style-type: none"> • Practise within appropriate practice scope • Maintain privacy and confidentiality • Comply with relevant standards, codes, guidelines, legislation and regulations • Understand the culture, values, beliefs and rights of individuals/groups <p><i>Domain 6: Collaborative Care and Partnerships</i></p> <ul style="list-style-type: none"> • Obtain guidance from senior team members • Use referral pathways where appropriate • Engage in in-services and case presentations to disseminate knowledge <p><i>Domain 7: leadership and development of the role</i></p> <ul style="list-style-type: none"> • Implement evidence based clinical practice • Reflect on practice and care provided • Participate in professional development • Advocate for the role of the primary care nurse in sexual health within the GP settings • Mentor peers who undertake education in sexual healthcare 							
Relf et al (2011)	<p><i>Care, Treatment, and Prevention of HIV and AIDS</i></p> <ul style="list-style-type: none"> • Distinguish between a normal functioning and an HIV compromised immune system • stage the HIV client in accordance with WHO guidelines • Develop risk reduction plan to positively influence behaviours 		✓			✓		

Author	Key skills/competencies required	STI			Practitioner type			
		STI/BBV	HIV/AIDS	Other	GPs	Nurses	AHW (STI)	AHW (general)
	<ul style="list-style-type: none"> • apply principles of prevention of mother-to-child transmission • HIV counselling • evidenced-based interventions across the lifespan and management of clients on ART and provision of postexposure prophylaxis (assessment, initiation, follow-up) <p><i>Psychosocial, Spiritual, and Ethical Issues related to HIV and AIDS</i></p> <ul style="list-style-type: none"> • Support clients to accept and positively cope with diagnosis and incorporate their beliefs, values, lifestyle, culture into holistic plan of care (within clinical standards) • support clients' decisions regarding disclosure of their HIV serostatus and to live positively with the diagnosis • Positively influence community perceptions and assist clients to address stigma <p><i>Psychomotor Skills Necessary to Provide HIV and AIDS Nursing Care</i></p> <ul style="list-style-type: none"> • correct technique for performing skills related to HIV/AIDS diagnosis and management including specimen collection • appropriate use of universal precautions and the principles of prevention and control of infection • safe injection techniques and safe use and disposal of sharps • correct application and safe removal of condoms (male/female) <p><i>Professional Expectations Required of Nurses in the Delivery of HIV and AIDS Nursing Care</i></p> <ul style="list-style-type: none"> • deliver quality and ethical care • Clarify one's own values, beliefs, lifestyle, and culture; • communicate, coordinate, and document the care provided and collect, analyse, interpret, and communicate data • Facilitate linkages with community programs • supervise and mentor other health care providers 							

Author	Key skills/competencies required	STI			Practitioner type			
		STI/BBV	HIV/AIDS	Other	GPs	Nurses	AHW (STI)	AHW (general)
Rose (2014)	<ul style="list-style-type: none"> • Draw on experience as community members to enhance communication, cultural brokerage, interpreting, advocacy • Understanding of cultural context of care provided (including socio-economic determinants of health) • Non-clinical healthcare knowledge (including primary health care, social work and community development) 	✓						✓



APPENDIX C - STI WORKFORCE SURVEY TOOL

SURVEY INTRODUCTION

Sexual Health information, networking and education South Australia (SHine SA) has appointed Health Outcomes International (HOI) to develop an STI Workforce Development Strategy for the SA sexually transmissible infections (STI) sector with particular focus on General Practitioners (GPs), nurses and Aboriginal Health Workers (AHW).

You are invited to participate in a survey to collect your views on:

- The essential knowledge, skills and training required to provide STI care to your patients and clients
- Your preferences regarding skill development.

The survey will also allow us to determine the composition and distribution of the workforce providing STI care in South Australia.

Instructions for survey completion

This survey has been designed to be completed electronically online and may be saved and resumed later. Furthermore, responses provided will not be individually attributed to you, rather they will be thematically analysed.

We expect the survey will take approximately 10 minutes to complete. The survey is open for a period of four weeks, closing on [insert date].

Enquiries about this survey

Should you have any queries relating to this project and/or completion of this survey, please do not hesitate to contact the following members of the HOI consulting team:

Darren Button

Associate Director

(08) 8363 3699

darren@hoi.com.au

Charlotte Paton

Consultant

(08) 8363 3699

charlotte@hoi.com.au

BACKGROUND

1. What is your gender?
 - ☐ Male
 - ☐ Female
 - ☐ Transgender
 - ☐ Other
2. Please name your current employer: _____
3. What type of clinician are you?
 - ☐ General Practitioner
 - ☐ Nurse
 - ☐ Aboriginal Health Worker
 - ☐ Other (please identify) _____
4. What is your Indigenous status:
 - ☐ Aboriginal or Torres Strait Islander
 - ☐ Non-Aboriginal
5. Are you from a culturally or linguistically diverse background?
 - ☐ Yes
 - ☐ No
6. What is the highest qualification you have obtained? (choose one only)

<input type="checkbox"/> On the job training/experience	<input type="checkbox"/> Diploma
<input type="checkbox"/> Peer experience	<input type="checkbox"/> Undergraduate qualification
<input type="checkbox"/> Certificate III	<input type="checkbox"/> Post Graduate qualification
<input type="checkbox"/> Certificate IV	<input type="checkbox"/> Other _____
7. What percentage of your role do you estimate relates to the provision of education, information and/or direct client support and treatment of STI? (choose one only)

<input type="checkbox"/> None	<input type="checkbox"/> 41-60%
<input type="checkbox"/> Less than 20%	<input type="checkbox"/> 61-80%
<input type="checkbox"/> 21-40%	<input type="checkbox"/> 81-100%
8. How many years have you provided education, information and/or direct client support for STI?
 - ☐ Less than 1 year
 - ☐ 1 – 3 years
 - ☐ 3-6 years

- ☐ 6-10 years
- ☐ More than 10 years
- ☐ Not applicable
9. Have you obtained any specialist sexual health qualifications?
- ☐ Yes (Please identify) _____
- ☐ No
10. Where is your place of work principally located?
- ☐ Metropolitan
- ☐ Non-metropolitan
- ☐ Rural
- ☐ Remote
11. Which of the following best describes the organisation where you work? (choose one only)
- | | |
|---|---|
| <input type="checkbox"/> GP clinic/ private practice | <input type="checkbox"/> Public health service (community/ambulatory) |
| <input type="checkbox"/> Aboriginal health service/Aboriginal
Community Controlled Health Services | <input type="checkbox"/> Public health service - hospital |
| | <input type="checkbox"/> Non-government health service |
| | <input type="checkbox"/> Other (please explain) _____ |
12. Thinking about the patients/clients you see, what proportion of them (approximately) are from the following groups?
- ☐ Gay men and men who have sex with men: _____%
- ☐ Sex workers _____%
- ☐ Young people under the age of 30: _____%
- ☐ People from culturally or linguistically diverse backgrounds: _____%
- ☐ Aboriginal or Torres Strait Islander peoples: _____%
- ☐ Injecting drug users: _____%
13. Thinking about your place of work, are there any gaps in terms of staffing, clinician-type, experience or qualifications which impacts on the ability of your workplace to deliver STI services?
- ☐ No
- ☐ Yes (please explain)

ESSENTIAL KNOWLEDGE, SKILLS AND TRAINING

14. Have you received any direct training in relation to the provision of education, information and/or direct client support regarding sexual health in the last five years?

☐ Yes (please explain) _____

☐ No

15. Thinking about your role in the health sector, how important do you consider each of the following knowledge and skill items in undertaking your role? (rate each item on scale of 1 to 5, where 1 is not important at all and 5 is essential).

	1	2	3	4	5
Opportunistic testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of groups at increased risk of STI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandatory notifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Re-testing timeframes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical examinations & specimen collection techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality, privacy and ethical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreting test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtaining a patient and sexual history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact tracing requirements and processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural competence and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment and management of STI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-test counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis of STI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission prevention education and sexual health promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Please identify five or more population groups at increased risk of STI:

17. On a scale of 1 to 5 (where 1 is not confident and 5 is very confident), please rate your overall confidence that you have obtained the skills you identified in Q15. as essential to deliver STI care?

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

18. On a scale of 1 to 5 (where 1 is not confident and 5 is very confident), please rate your confidence to discuss STIs with your patients/clients?

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

19. Please indicate from the choices below the situation in which you raise STIs with your patients/clients (tick all that apply):

☐ Discuss with all patients/clients

☐ Discuss with patients/clients from high risk groups

☐ Discuss with patients/clients with high risk behaviours

☐ Discuss with patients/clients opportunistically (e.g. pap smears, pregnancy)

☐ Discuss with patients/clients with a history of STI

☐ Other (please explain) _____

20. In your opinion, what is the **best way** to obtain the essential knowledge and skills for your role in sexual health care? (please rank from the following options)

☐ Formal training (including short courses, accredited training, tertiary studies)

☐ Conferences/workshops

☐ On the job training

☐ CPD modules

☐ External mentoring or supervision

☐ Reading/research

☐ Life experience

☐ Other (please explain): _____

21. In terms of receiving *formal* training (regarding STI), please select your preferred training *modes* (please rank from the following options)

☐ Workshops (across multiple days)

☐ Workshops/conferences (1 day)

☐ Online self-learning with assessment

☐ Online self-learning with no assessment

☐ Classroom, instructor led learning

☐ Blended learning (e-learning & instructor led)

☐ Other (please explain): _____

☐ Not applicable

22. Are you aware of any of the following STI training providers (tick all that apply)?

☐ SHine SA

☐ Other Professional institution/body

- ☐ Aboriginal Health Council of SA (please identify) _____
- ☐ Clinic 275 ☐ Other training institution (please identify) _____
- ☐ University (including online) ☐ In-house (own organisation)
- ☐ Do not know
23. Please identify your preferred training provider/s (organisation) of sexual health education (tick all that apply):
- ☐ SHine SA ☐ Other Professional institution/body (please identify) _____
- ☐ Aboriginal Health Council of SA ☐ Other training institution (please identify) _____
- ☐ Clinic 275 ☐ In-house (own organisation)
- ☐ University (including online)
24. In terms of the individual trainer, from whom would you prefer to receive training in STI specific care?
- ☐ Consultant Sexual Health Physician
- ☐ GP
- ☐ Sexual Health Nurse
- ☐ AHW
25. To what extent are these opportunities provided to you by your employer?
- ☐ Not at all
- ☐ Somewhat
- ☐ Definitely
26. In what way has your organisation supported you to obtain the knowledge and skills essential to provide STI care? (tick all that apply)
- ☐ Flexibility or support to attend training ☐ Provided training to me
- ☐ Information sharing ☐ Provided supervision/mentoring
- ☐ Paid for training/accreditation ☐ I received limited or no support
27. In the future, what is the **best way** your organisation or employer could support you to obtain the knowledge and skills essential to your role? (choose only one)
- ☐ Flexibility or support to attend training
- ☐ Information sharing
- ☐ Pay for training/accreditation
- ☐ Provide training to me
- ☐ Provide supervision/mentoring
28. Are there any gaps in the sexual health training made available to you either in your workplace or externally (in terms of content, skill etc)?

- ☐ Yes
- ☐ No
- ☐ Not sure

If yes, please identify the gaps in sexual health training

29. Have there been any barriers for you personally in accessing STI training that has been offered to you?

- ☐ No
- ☐ Yes (please explain)

ATTRACTION, RECRUITMENT AND RETENTION

30. Are you planning to continue to provide sexual health care or remain in the sexual health sector long term?

- ☐ Yes
- ☐ No
- ☐ Not sure

31. What barriers exist for you to continue to provide sexual health care?

32. Can you suggest recruitment and retention strategies, specifically related to sexual health care, that your employer might engage in to boost the number of staff skilled in this area?

Thank you for participating in this survey, your response is appreciated.



APPENDIX D – STI ORGANISATIONAL SURVEY TOOL

SURVEY INTRODUCTION

Sexual Health information, networking and education South Australia (SHine SA) has appointed Health Outcomes International (HOI) to develop an STI Workforce Development Strategy for the SA sexually transmissible infections (STI) sector with particular focus on General Practitioners (GPs), nurses and Aboriginal Health Workers (AHW).

As an organisation or employer providing STI care in SA we invite you to participate in a survey to gauge your views on:

- The essential knowledge, skills and training required by the workforce you employ to undertake their role
- The barriers to recruiting and retaining an appropriately skilled and qualified STI workforce
- The priority domains with respect to STI workforce development in South Australia

The survey will also allow us to understand the existing STI workforce development activities in the state, and well as identifying the composition and distribution of the workforce providing STI care in South Australia.

Instructions for survey completion

This survey has been designed to be completed electronically online and may be saved and resumed later. Furthermore, responses provided will not be individually attributed to you, rather they will be thematically analysed.

We expect the survey will take approximately 15 minutes to complete. The survey is open for a period of four weeks, closing on [insert date].

Enquiries about this survey

Should you have any queries relating to this project and/or completion of this survey, please do not hesitate to contact the following members of the HOI consulting team:

Darren Button

Associate Director

(08) 8363 3699

darren@hoi.com.au

Charlotte Paton

Consultant

(08) 8363 3699

charlotte@hoi.com.au

BACKGROUND

1. Organisation: _____
2. Contact person: _____
3. Contact phone number: _____
4. Contact email: _____
5. What is your current role?
 - ☐ CEO/Director
 - ☐ Manager/Supervisor/Partner in a GP practice
 - ☐ Clinician
 - ☐ Other
6. Approximately what number of clinicians (by profession) does your organisation employ that provide education, information and/or direct client support and treatment regarding sexual health?
 - ☐ GPs: _____
 - ☐ Nurses: _____
 - ☐ AHWs: _____
 - ☐ Other: _____ Please specify role: _____
7. In which areas does your organisation principally deliver services? (select one only)
 - ☐ Metropolitan
 - ☐ Non-metropolitan
 - ☐ Rural
 - ☐ Remote
 - ☐ Deliver services across areas
8. What best describes your organisation? (select one only)

<input type="checkbox"/> GP clinic/ private practice	<input type="checkbox"/> Public health service (hospital)
<input type="checkbox"/> Aboriginal health service/Aboriginal Community Controlled Health Service	<input type="checkbox"/> Public health service (community/ambulatory)
	<input type="checkbox"/> Non-government health service
	<input type="checkbox"/> Other (please specify) _____
9. Thinking about how your workforce is currently comprised, are there any gaps in terms of staffing, clinician-type, experience, qualifications which impacts on the service's ability to deliver STI services?
 - ☐ No
 - ☐ Yes (please explain) _____

ESSENTIAL KNOWLEDGE, SKILLS AND TRAINING

10. On a scale of 1 to 5 (where 1 is extremely relevant and 5 is not relevant at all) how relevant is sexual health care and education to your organisation and its clients?

- ☐ 1
☐ 2
☐ 3
☐ 4
☐ 5

11. Does your organisation have a sexual health workforce development strategy?

- ☐ Yes
☐ No

If yes, are you willing to provide a copy of the strategy to inform the development of a statewide strategy?

- ☐ Yes (please attach file)
☐ No

12. What training do you currently offer in respect to the provision of education, information and/or direct client support regarding sexual health?

13. What is your organisation's approximate annual budget for training or professional development in respect to the provision of education, information and/or direct client support regarding sexual health? \$_____

14. Please rate the importance to your organisation of each of the following skills and knowledge with respect to the provision of education, information and/or direct client support regarding STIs (rate each on scale of 1 to 5, where 1 is very important (essential) and 5 is not important at all)?

	1	2	3	4	5
Opportunistic testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of groups at increased risk of STI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mandatory notifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Re-testing timeframes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical examinations & specimen collection techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality, privacy and ethical care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referral coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpreting test results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Obtaining a patient and sexual history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact tracing requirements and processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cultural competence and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment and management of STI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post-test counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnosis of STI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission prevention education and sexual health promotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How does your organisation prefer to deliver or provide workforce training? (tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Formal training (including short courses, accredited training, tertiary studies) | <input type="checkbox"/> Reading/research |
| <input type="checkbox"/> Conferences/workshops | <input type="checkbox"/> Peer education |
| <input type="checkbox"/> On the job training | <input type="checkbox"/> Job experience |
| <input type="checkbox"/> Supervision | <input type="checkbox"/> Other |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Does not offer training |

16. How does your organisation prefer staff to obtain formal training? (tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Workshops (across multiple days) | <input type="checkbox"/> Face to face (classroom) instructor led learning |
| <input type="checkbox"/> Workshops/conferences (1 day) | <input type="checkbox"/> Blended learning (e-learning and instructor led) |
| <input type="checkbox"/> Online self-learning with assessment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Online self-learning with no assessment | <input type="checkbox"/> not applicable |

17. Which training providers does your organisation currently access sexual health education from? (tick all that apply)

- | | |
|--|---|
| <input type="checkbox"/> SHine SA | <input type="checkbox"/> Other Professional institution/body (please identify)_____ |
| <input type="checkbox"/> Aboriginal Health Council of SA | <input type="checkbox"/> Other training institution (please identify)_____ |
| <input type="checkbox"/> Clinic 275 | |
| <input type="checkbox"/> University | <input type="checkbox"/> In-house (own organisation) |

33. In terms of the individual trainer, from whom would your staff prefer to receive training in STI specific care?

- ☐ Consultant Sexual Health Physician
- ☐ GP
- ☐ Sexual Health Nurse

☐ Aboriginal Health Worker

18. How does your organisation support staff to obtain the knowledge and skills essential to provide STI care? (tick all that apply)

☐ Flexibility or support to attend training

☐ Provide training

☐ Information sharing

☐ Provide supervision/mentoring

☐ Pay for training/accreditation

☐ Unable to or do not provide support

19. How could this be improved?

20. Are there any gaps in the sexual health training available?

☐ Yes

☐ No

If yes, please identify the gaps in sexual health training

21. What are the barriers to providing or supporting staff to obtain training or professional development in respect to sexual health care?

22. What do you consider are the barriers for staff to engage in sexual health training when it is offered?

ATTRACTION, RECRUITMENT AND RETENTION

23. What are the challenges or barriers to attracting new staff with the appropriate skills, experience and qualifications to work in sexual health care?

24. What are the barriers to retaining appropriate staff with sexual health skills and knowledge?

GOVERNANCE

25. What part of the STI workforce development should be prioritised in South Australia's STI workforce development plan and why (e.g. particular clinicians requiring training, priority groups, care settings, training types)?

26. In the context of STI workforce development, what do you consider should be the roles of the following organisations? (tick all that apply)

	SA Health (STI & BBV section (CDCB))	SHine SA	Clinic 275	AHCSA	Do not know
Clinical education to GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical education to Nurses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical education to AHW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sector capacity building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surveillance, monitoring, research & evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist clinical advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary consultation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership and coordination of the STI workforce development in SA at a state wide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

level

Promoting STI awareness, prevention and testing

☐ ☐ ☐ ☐ ☐

Policy setting

☐ ☐ ☐ ☐ ☐

27. Are you aware of any workforce development activities or initiatives which are occurring in interstate STI sectors which could inform the development of the STI workforce in SA?

Thank you for participating in this survey, your response is appreciated.



APPENDIX E – REFERENCE LIST

- Abbott, P., Dadich, A., Hosseinzadeh, H., Kang, M., Hu, Wendy, Bourne, C., Murray, C. & Reath, J. (2013) Practice nurses and sexual health care: Enhancing team care within general practice, *Australian Family Physician*, 42:10, 729-733.
- Australian Institute of Health and Welfare (2013) *Demonstration projects for improving sexual health in Aboriginal and Torres Strait Islander youth: Evolution Report*, Cat no IHW 81, Canberra: AIHW.
- Bungay, V., Gilbert, M., Mak, S., Spencer, D., Rivers, M. & Rekart, M. (2010). Nursing practice in sexually transmitted infections and HIV in British Columbia: Report of Survey Findings.
- Department for Health and Ageing (2012) *Sexually Transmissible Infections Action Plan 2012-2015*, Government of South Australia.
- Department of Health (2014a) *Third National Sexually Transmissible Infections Strategy*, Commonwealth of Australia.
- Department of Health (2014b) *Fourth National Aboriginal and Torres Strait Islander Blood-borne Viruses and Sexually Transmissible Infections Strategy 2014-2017*, Commonwealth of Australia.
- Department of Health and Ageing (2010) *Implementation Plan: National Strategies 2010-2013*, Australian Government.
- Department of Health Western Australia (2009) *Sexual Health and Blood-borne Virus Program Workforce Development and Training Plan 2009-2013: A Capacity Building Approach*, Government of Western Australia.
- Lorch, R. et al (2013) The chlamydia knowledge, awareness and testing practices of Australian general practitioners and practice nurses: survey findings from the Australian Chlamydia Control Effectiveness Pilot (ACCEPT), *BMC Family Practice*, 14:169.
- Murray, C., Reakes, K., Tilley, D., Wheeler, E., Hall, M., McGowan, C. & Ewing, M. (2012) *Sexual Health Competency Standards for Primary Health Care Nurses*, NSW STI Program Unit, 1st ed.
- Newman, C. E., Kidd, M. R., de Wit, J. B. F., Reynolds, R. H., Canavan, P. G. & Kippax, S. C. (2011) What moves a family doctor to specialise in HIV? Interviews with Australian policy key informants, *Culture, Health & Sexuality*, 13:10, 1151-1164.
- O'Keefe, E. (2013) *Sexual Health Nurse Practitioner Clinical Practice Guidelines*, ACT Government, version 3.
- Relf, M. V., Mekwa, J., Chasokela, C., Nhlengethwa, W., Letsie, E., Mtengozo, J. . . Hopson, D. P. (2011) Essential nursing competencies related to HIV and AIDS, *Journal of the Association of Nurses in AIDS Care*, 22:1S.

Roche, A. M. & Pidd, K. (2010) Alcohol and Other Drugs Workforce Development Issues and Imperatives: Setting the Scene, National Centre for Education and Training on Addiction.

Rose, M. (2014) *Knowledge is power: Aboriginal Healthworkers' perspectives on their practice, education and communities*, University of Technology, Sydney.

World Health Organisation (2011) *Sexual and Reproductive Health Core Competencies in Primary Care*, W 84.6.



SHINE SA

DEVELOPMENT OF AN STI WORKFORCE DEVELOPMENT STRATEGY

APPENDIX C - SURVEY FINDINGS

1 MAY 2015



HEALTH OUTCOMES INTERNATIONAL

5A Glynburn Road, Glynde, SA 5070 | P: 08 8363 3699 | F: 08 8365 3560
E: info@hoi.com.au | www.hoi.com.au





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INTRODUCTION

Sexual Health Information Networking and Education South Australia (SHine SA) has appointed Health Outcomes International (HOI) to support the development of a STI Workforce Development Strategy for the SA sexually transmissible infections (STI) sector with particular focus on General Practitioners (GPs), nurses and Aboriginal Health Workers (AHW).

1.1 PURPOSE OF THIS REPORT

This report has been prepared to provide the Project Steering Committee with an overview of the results of the online survey results, and the implications of those results for the STI Workforce Development Strategy.

1.2 SURVEY ADMINISTRATION

As part of our consultation process to inform the development of the Strategy, HOI developed and administered two surveys targeting the STI workforce and relevant organisations to determine:

- The essential knowledge, skills and training required to provide STI care to patients and clients
- Preferences regarding skill development and training.

The surveys were informed by and approved by the Project Steering Committee (as documented in the Project Framework, 15 January 2015) and administered online via Survey Gizmo between 2 March 2015 and 17 April 2015. Response rates obtained for the surveys are as follows:

Table 1.1: Survey response rates

	<i>Response target¹</i>	<i>n overall responses</i>	<i>n response range</i>
Organisational Survey	12	19	11 - 19
Workforce Survey	40	88	24 - 88

Each survey was analysed individually and responses compared and synthesised where appropriate and presented in this analysis. Whilst comparisons between survey response groups are made, it is important to note that the survey response rates do vary for each question.

¹ Project Framework, page 20

1.2.1 SURVEY PROMOTION

The two surveys were promoted in accordance with the engagement strategy presented in the Project Framework. A summary of activities are presented below:

Engagement strategy	Record of implementation	
1. Upload survey instruments to Survey Gizmo for online completion.	✓	<ul style="list-style-type: none"> Loaded into SurveyGizmo late January 2015.
2. Pilot test the survey with a small number of stakeholders (3-4) to ensure there are no technical or validity issues.	✓	<ul style="list-style-type: none"> Pilot with AHW completed 23 January 2015. No pilot completed of organisational survey
3. Develop and distribute (by email) an invitation to participate, the survey link/s and HOI contact details, noting in the timelines. This will include:	✓	<p>Launch emails as follows:</p> <p>Direct invitation to participate and request to distribute to staff (email dated 1 March 2015)</p> <ul style="list-style-type: none"> SASBAC Workforce subcommittee (25 members) STI workforce subcommittee (8 members) 19 identified GP practices based on postcode analysis (refer Appendix A) 12 AHCSA member services CEOs (refer Appendix A) <p>Direct promotion by WDS Steering Committee</p> <ul style="list-style-type: none"> SHine SA distributed to database of 259 Doctors in the Network, 58 Organisations and 13 SHine SA doctors GP Partners Australia - distributed to 1100 members via newsletter and also links on website AHCSA - distributed an email to the AHW students that attended 2014 courses <p>Other promotion in newsletters/websites</p> <ul style="list-style-type: none"> Rural Doctors Workforce Agency - promoted in E-News newsletter Southern Adelaide-Fleurieu-Kangaroo Island Medicare Local - promoted in E-news (1,100 subscribers) Central Adelaide and Hills Medicare Local - promoted in newsletter Northern Adelaide Medicare Local - distributed via email to subscriber list Australian Primary Health Care Nurses Association (APNA) - promotion in monthly newsletter
<ul style="list-style-type: none"> Emailing CEO's of identified health services to participate in the survey, with reminders issued after the survey has been open 2 weeks, and with one-day to go 	✓	
<ul style="list-style-type: none"> Seeking the supporting of organisation's invited to participate to circulate the "workforce survey" link to relevant employees 	✓	
<ul style="list-style-type: none"> Inviting SHine SA, AHCSA, Clinic 275 and SASBAC members to promote the surveys through newsletters, websites, network forums, and within their own organisations. 	✓	
4. Administer the survey over a 4 week period and provide support to respondents in completing the survey if they have any concerns, issues or challenges.	✓	Survey was extended from initial four week period to allow for increased responses.

Engagement strategy	Record of implementation	
5. Monitor the survey responses at the end of weeks 1 and 2, and send reminders depending on the response rates.	✓	<p>Reminder emails sent to Steering Committee, SASBAC subcommittee, AHCSA members and GP practices on:</p> <ul style="list-style-type: none"> • 13 March 2015 (two weeks) • 25 March 2015 (three days to go) <p>Survey extension emails were also distributed.</p>

1.3 STRUCTURE OF THIS REPORT

The findings of the survey analysis are presented in the following structure:

Chapter 2	The current STI sector and workforce
Chapter 3	Current workforce development activity
Chapter 4	Current workforce capacity to deliver sexual health services
Chapter 5	Workforce development needs and priorities
Chapter 6	Training preferences
Chapter 7	Implications for drafting the SA STI Workforce Development Strategy

THE CURRENT STI SECTOR AND WORKFORCE

This chapter presents an overview of the current sexual health sector and its underlying workforce in SA based on the responses to the Workforce and Organisational Surveys, presenting details around organisational and workforce composition and the scope of services delivered by survey respondents.

2.1 WORKFORCE COMPOSITION

This section summarises the analysis of both surveys to provide a description of the composition of the sexual health workforce in SA.

2.1.1 RESPONDENT PARTICULARS

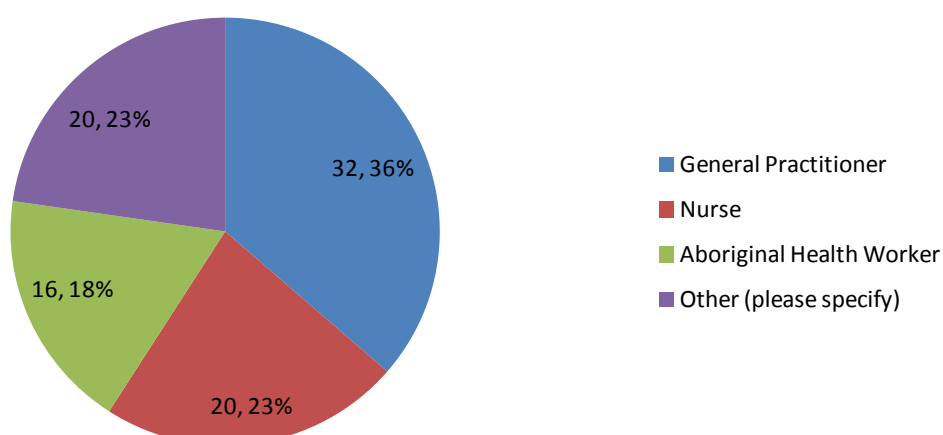
As can be seen in Table 2.1, the survey respondents were predominantly female, non-Indigenous and from a non-CALD background (although there was slightly more representation for respondents from a CALD background).

Table 2.1: Workforce personal details (n = 87)

Male	Female	Indigenous	Non-Indigenous	CALD	Non-CALD
25.30%	74.30%	25.30%	74.70%	41.40%	58.60%
100%		100%		100%	

2.1.2 CLINICIAN TYPE

Responses to the Workforce Survey were received fairly evenly across clinician types, albeit with slightly higher representation from GPs at 36%, as can be seen in Figure 2.1.



Organisations responding to the Organisational Survey confirmed this, finding, reporting on average to employ 4 GPs, 4 nurses and 3 AHWs to provide sexual health care as well as 9 other employees beyond these clinician types.

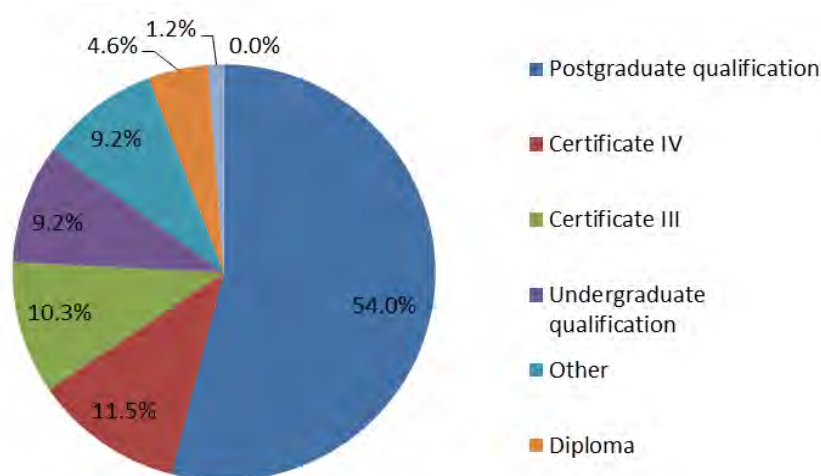
In terms of 'other' employee or clinician types, the Workforce Survey indicated the following roles involving some element of sexual health care:

- Community officer/Community worker
- Sexual Health Physician
- Manager or Coordinator
- Aboriginal Project Officer
- Aboriginal Health Practitioner
- Health promotion worker

2.1.3 QUALIFICATIONS

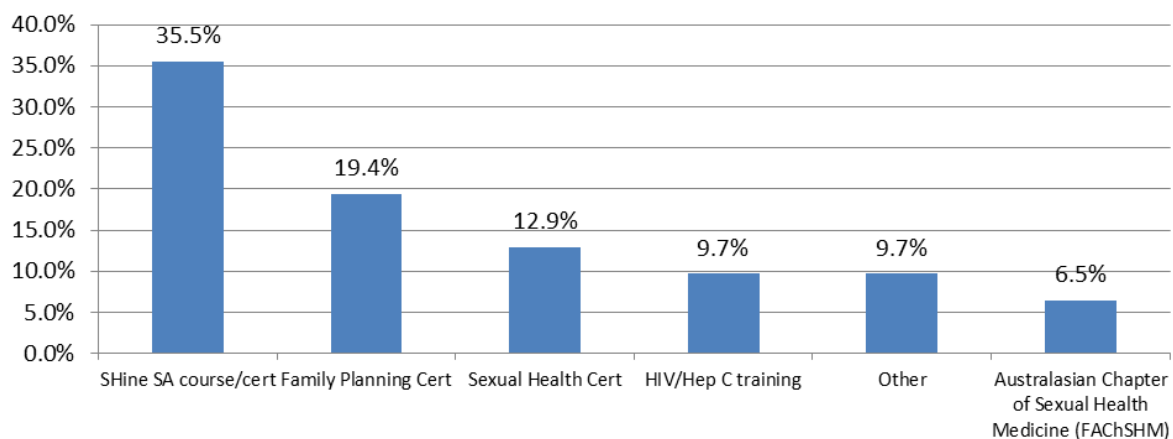
Just over half of respondents have obtained a post graduate qualification/s in any field, with a much smaller proportion of respondents having obtained less than this level of qualification, as indicated in Figure 2.2. Responses obtained across the remaining qualification levels were fairly evenly distributed and reflects the proportion of GPs and nurses who responded to the survey and require undergraduate level qualifications as a minimum for entry into their profession.

Figure 2.2: Highest qualification obtained (n = 87)



In terms of specialist sexual health qualifications, 35.2% of respondents reported undertaking these. SHine SA courses or certificates were most commonly obtained (35.5%) followed by the Certificate in Family Planning (19.4%) and the Certificate in Sexual Health (12.9%), as illustrated by Figure 2.3.

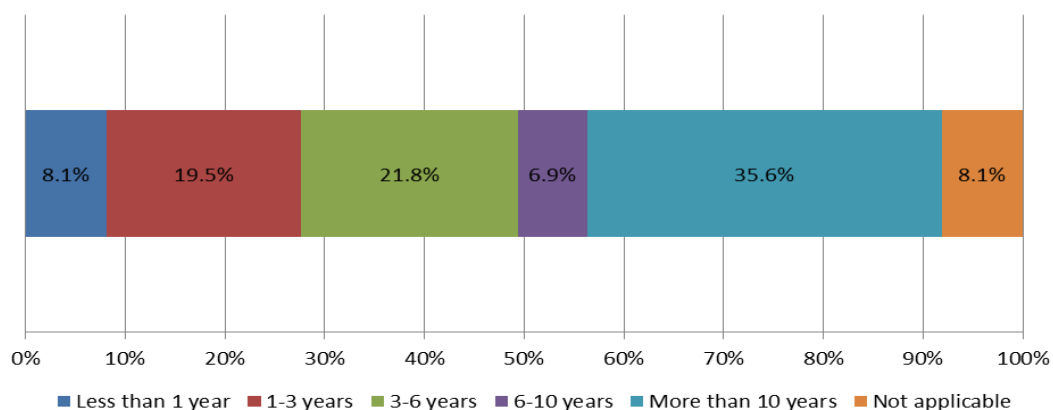
Figure 2.3: Specialist sexual health qualifications (n = 31)



2.1.4 EXPERIENCE

Nearly half (42.5%) of respondents have spent between 6 and more than 10 years providing sexual health care, with 'more than 10 years' being the most frequent response. Figure 2.4 a relatively evenly spread across years of experience.

Figure 2.4: Years of experience (n=87)



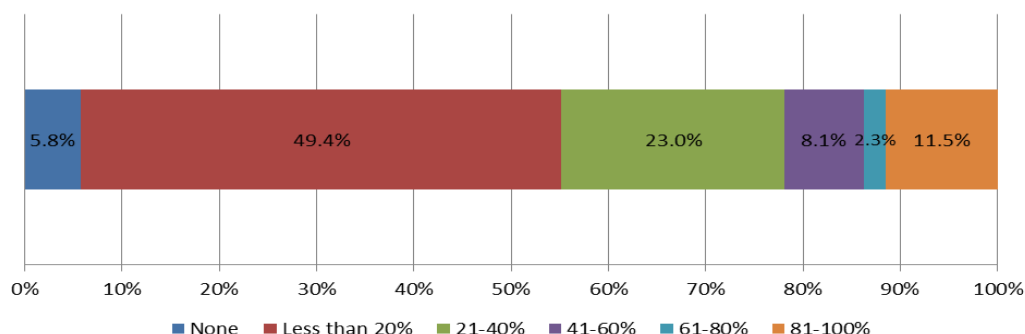
2.2 SERVICE SCOPE AND DELIVERY

This section provides details around the scope of services delivered by the workforce and organisations. It identifies the extent to which employee roles involve the provision of sexual health services, the geographical location of sexual health service delivery, the range of employing organisational type and the extent to which the workforce access key cohorts or groups at risk of STI.

2.2.1 ROLE AS A SEXUAL HEALTH SERVICE PROVIDER

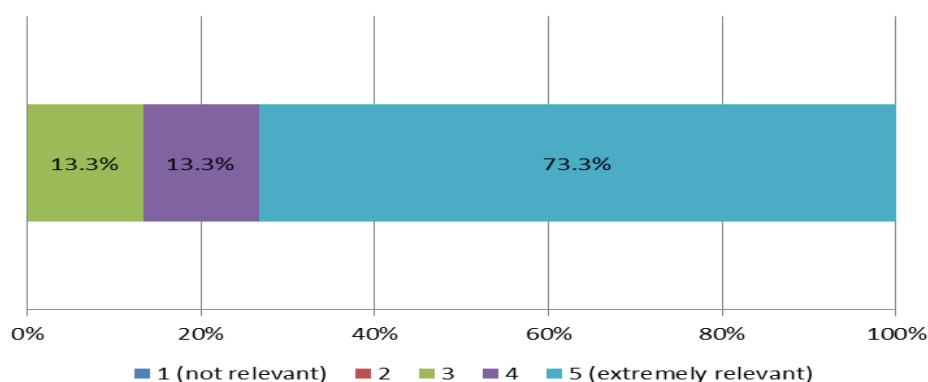
Only a small proportion of respondents to the Workforce Survey reported that the majority, or all, of their role involves the provision of sexual health care and/or support (13.8%), whilst nearly half of respondents only provide sexual health support in about 20% of their role. The proportion of respondents' role which relates to sexual health care is presented in Figure 2.5.

Figure 2.5: Proportion of workforce respondents' role which relates to sexual health (n = 87)



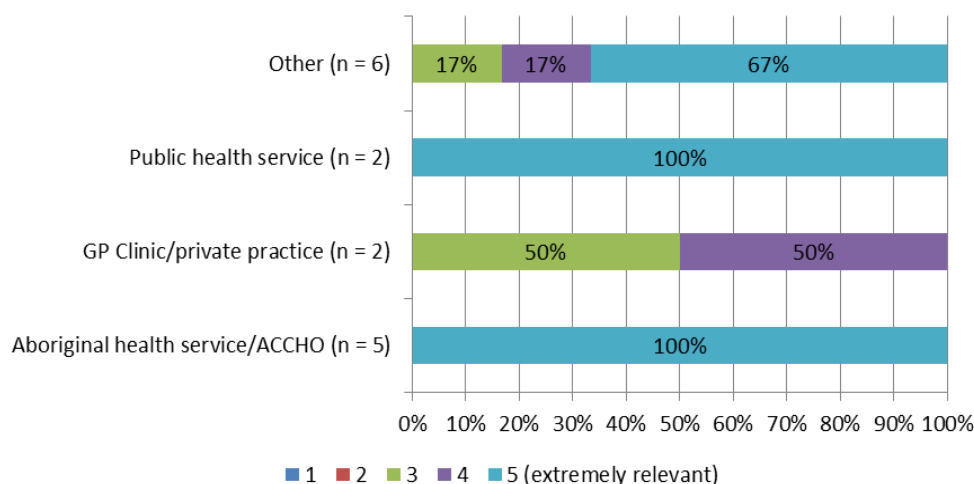
This is explained by the fact that many respondents work outside the sector, or have a more generalist role, but may have access to patients/clients where sexual health may be a relevant factor. This finding is supported by the data discussed in section 2.2.2. In contrast, 73.3% of organisational respondents indicated sexual health to be extremely relevant to their organisation and to their clients as illustrated in Figure 2.6.

Figure 2.6: Relevance of sexual health to organisations and their clients (n = 15)



Analysis of responses by organisational type indicates that Aboriginal health services and public health services considered sexual health to be most relevant to their organisation, as illustrated by Figure 2.7:

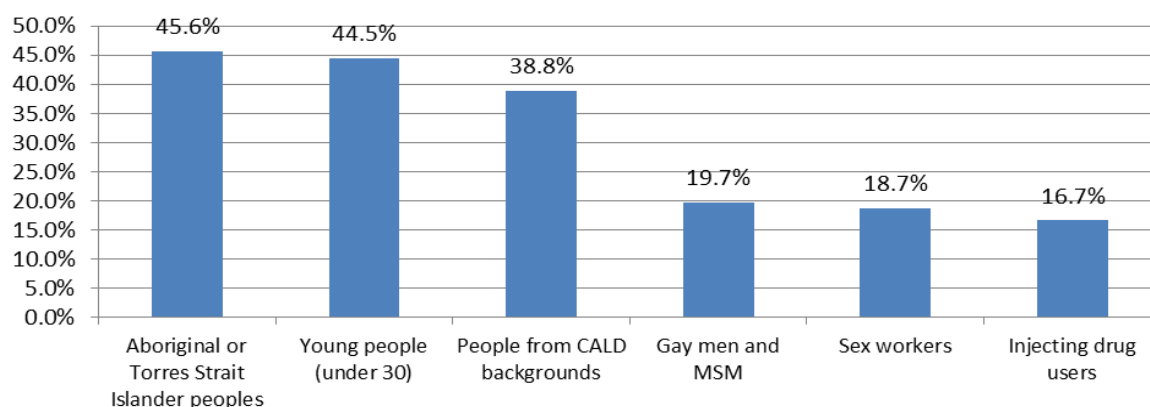
Figure 2.7: Relevance of sexual health to organisations by organisation type (n = 15)



2.2.2 ACCESS TO KEY COHORTS

Respondents indicated that a significant proportion of the patients/clients they see are from key cohorts or high risk groups. Nearly half of patients/clients seen by respondents to the Workforce Survey are Aboriginal or Torres Strait Islander peoples, young people under the age of 30 and people from CALD backgrounds. A smaller but still significant proportion of clients come from other key groups, as indicated by Figure 2.8.

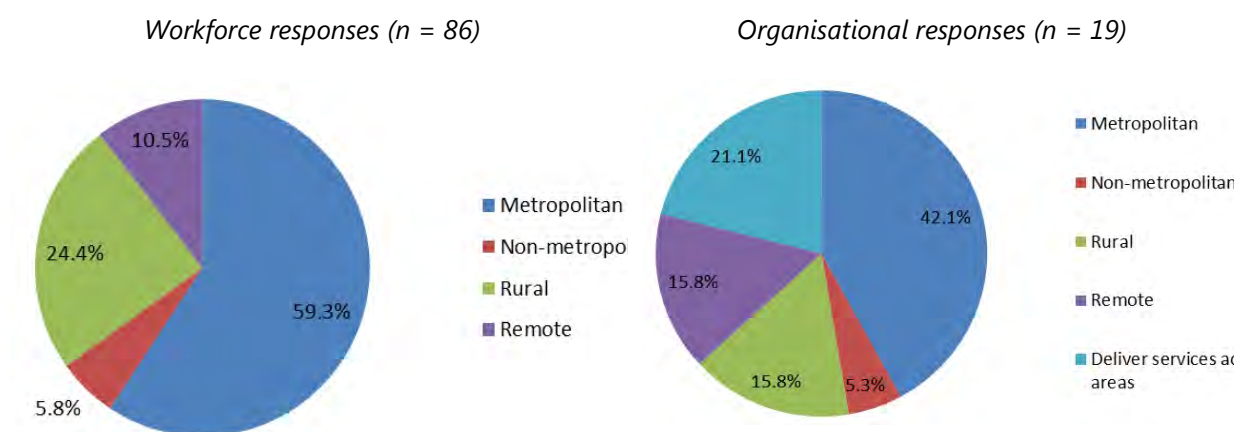
Figure 2.8: Key cohorts serviced (proportion of clients seen) (n = 85)



2.2.3 LOCATION OF SERVICES DELIVERED

Respondent clinicians and employing organisations are delivering sexual health services predominantly in metropolitan regions, followed by rural locations and remote. Results obtained for both surveys were markedly similar, other than that organisations reported delivering services across geographical locations. Figure 2.9 presents the results obtained.

Figure 2.9: Location of service delivery for workforce and organisations



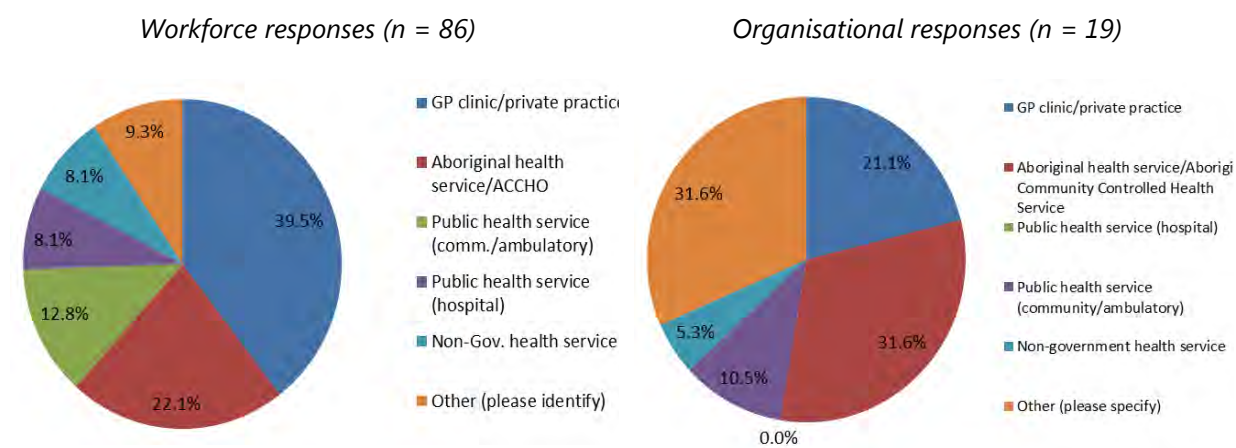
2.2.4 SERVICE PROVIDER/ORGANISATION TYPES

Overall, responses were received across all organisation types and from clinicians employed across these organisation types. However, the following differences in responses appeared (as presented in Figure 2.10 below:

- There was a slightly higher representation of GPs who responded to the Workforce Survey than GP practices who responded to the Organisational Survey.

- There was a slightly higher representation of Aboriginal Health Services responding to the Organisational Survey than AHWs responding to the Workforce Survey.
- A larger proportion of organisations reported their organisation to fall into a category other than those presented to respondents. Analysis of these responses indicated that these organisations were differentiating themselves as community NGOs as opposed to non-government *health* service.

Figure 2.10: Organisational representation



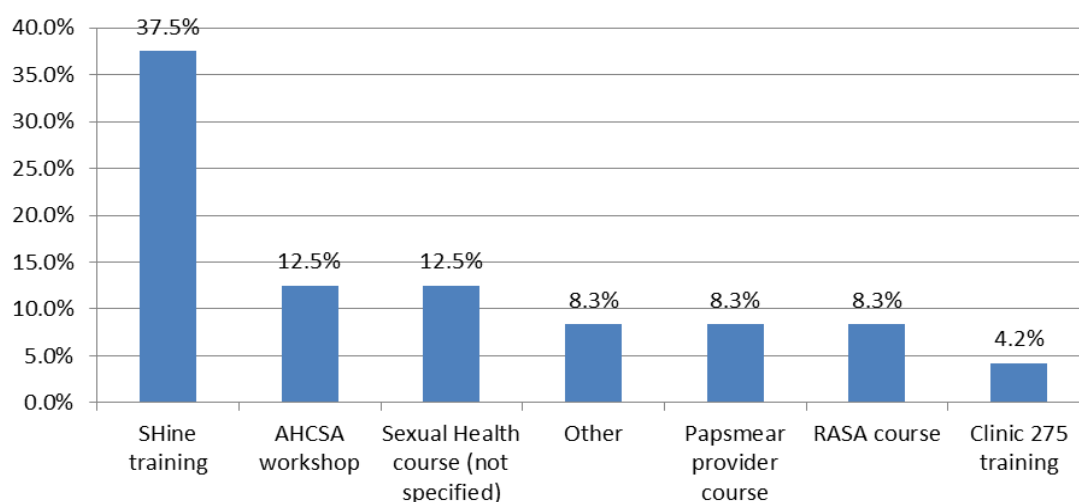
CURRENT WORKFORCE DEVELOPMENT ACTIVITY

This chapter presents an analysis of the workforce development activity which is currently occurring in the sector and workforce.

3.1 SEXUAL HEALTH TRAINING OFFERED AND ACCESSED

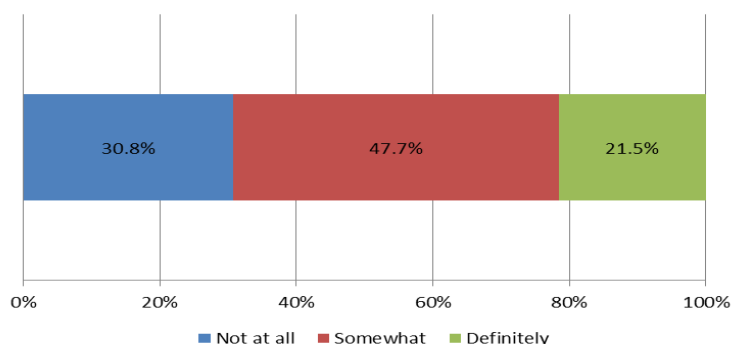
Of the Workforce Survey respondents, 64.7% reported receiving *some form* of sexual health training in the *past five years* (n = 68). Analysis of those who provided a qualitative response are presented in Figure 3.1 and indicate that SHine SA training had been accessed the most by workforce respondents, followed by AHCSA workshops and other sexual health courses which not unspecified.

Figure 3.1: Training received in past 5 years (n = 24)



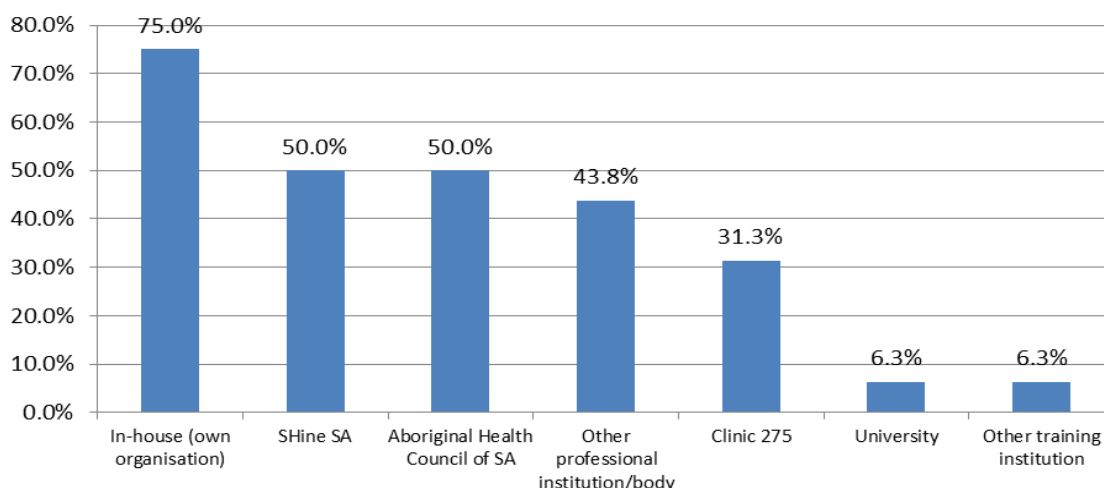
Similarly, when questioned around the specific training types and modes, half of respondents reported that these opportunities were only offered or provided to them to some degree by their employer (47.5%) whilst 30.8% indicated that no such opportunities were available, as illustrated in Figure 3.2.

Figure 3.2: Provision of training opportunities by employer (n = 65)



On the other hand, organisations report offering training to their employees. Organisations are currently predominantly providing their own in house training, however training is also being accessed from SHine SA, AHCSA and a range of other relevant professional institutions.

Figure 3.3: Training providers used by organisations (n = 16)



Comparing responses across both surveys there is some discrepancy between workforce and organisational perceptions of what training is being offered or accessed.

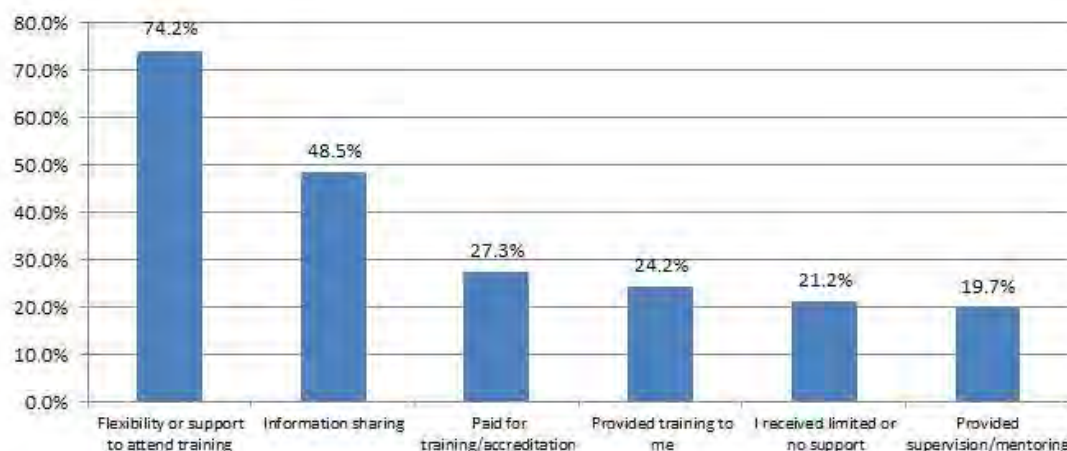
3.2 SUPPORT PROVIDED TO ACCESS TRAINING

For workforce respondents who have received training or education in sexual health, the majority reported that their organisation supported them in doing this mainly by being flexible in allowing them to attend training (i.e. leave their clinical role for the specified time), followed by sharing information around approaches relevant to STI care. Organisational responses were similar in this regard.

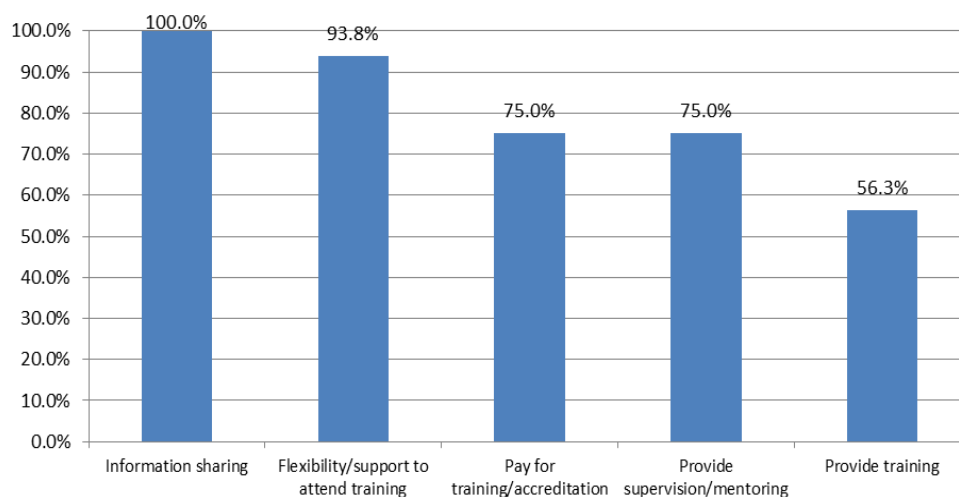
However, a relatively small proportion reported of workforce respondents indicated that their employers supported them by paying for training or providing in house training in sexual health and 21.2% reported receiving limited or no support. Organisational responses differed here with the majority of respondents reporting to pay for training and half reporting to provide in-house training. The discrepancy between survey results is illustrated in [Figure 3.4](#).

Figure 3.4: Support provided to workforce by employers to access training

Workforce responses (n = 66)

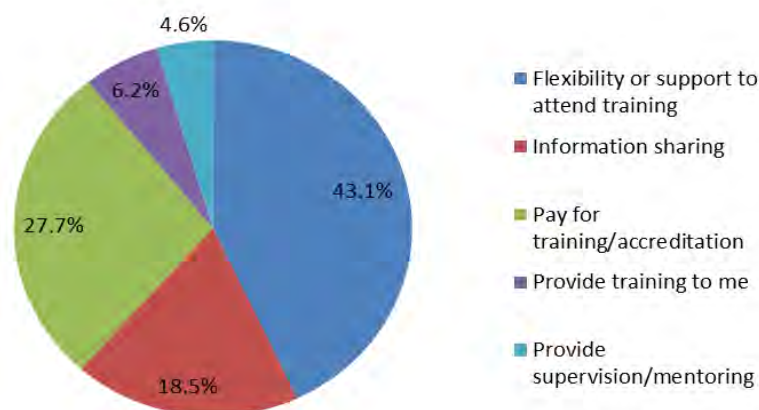


Organisational responses (n = 16)



Respondents to the Workforce Survey indicated that the best way their employer/organisation could support them in obtaining the skills and knowledge relevant to sexual health would be to be flexible in allowing staff to attend training (43.1%) and to pay for training (27.7%), as illustrated in Figure 3.5.

Figure 3.5: Best way for organisations to support training (n = 65)



3.3 BUDGETARY ALLOCATION

Organisational responses obtained with respect to approximate allocated budget to sexual health training and education ranged from \$0.00 to \$80,000, averaging \$8,311 (n = 14, note: SHine SA response was removed from this analysis). When accounting for respondents with a budget allocation (range = \$1,800 to \$80,000, n = 7), the average budget allocation was \$16,621.

Furthermore, 20.0% of respondent organisations reported having an STI workforce development strategy in place within their organisation (n = 15).

3.4 GAPS IN THE CURRENT TRAINING PROVIDED

46.7% of organisations and 44.3% of workforce respondents reported that there are gaps in the training currently being delivered or accessed. Two key gaps were identified:

1. Accessibility of training (in terms of the dates, location and time of the day training is provided)
2. Working with people from CALD backgrounds and providing culturally appropriate care

3.5 NOTABLE INTERSTATE WORKFORCE DEVELOPMENT ACTIVITY

Organisations indicated that workforce development activity undertaken by ASHM and the Australian Primary Care Collaborative project by Improvement Foundation could inform the development of the SA Workforce Development Strategy.

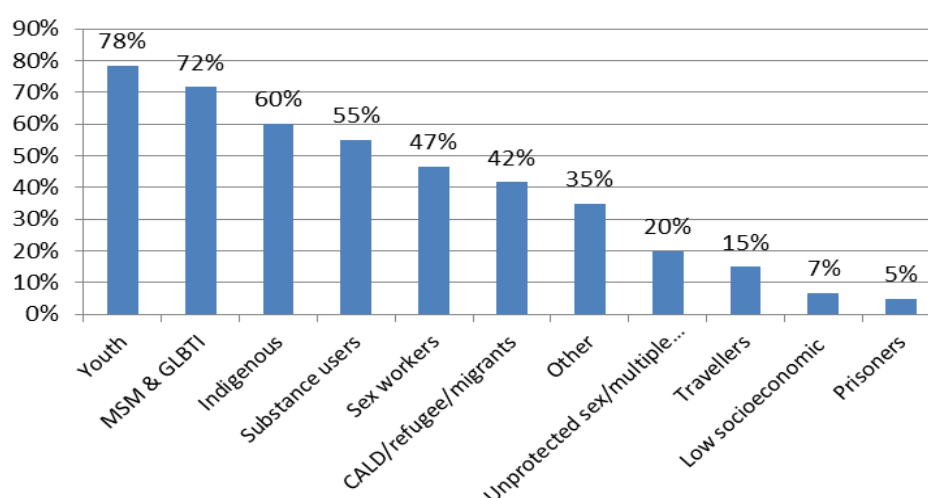
CURRENT WORKFORCE CAPACITY TO DELIVER SEXUAL HEALTH SERVICES

This chapter presents the analysis of the current capacity of the workforce to deliver sexual health services with respect to the knowledge they have obtained around key population groups, their approach to discussing STIs with patients and their perception of whether their skills are adequate to deliver services in this sector. Organisational and workforce gaps are also discussed.

4.1 KNOWLEDGE OF KEY POPULATION GROUPS

Workforce respondents identified a number of population groups at increased risk of STI. However, respondents identified youth, MSM and/or GLBTI people, Indigenous, substance users, sex workers and CALD communities as being at increased risk of STI most consistently. These results are presented in Figure 4.1.

Figure 4.1: Workforce knowledge of population groups (n = 66)



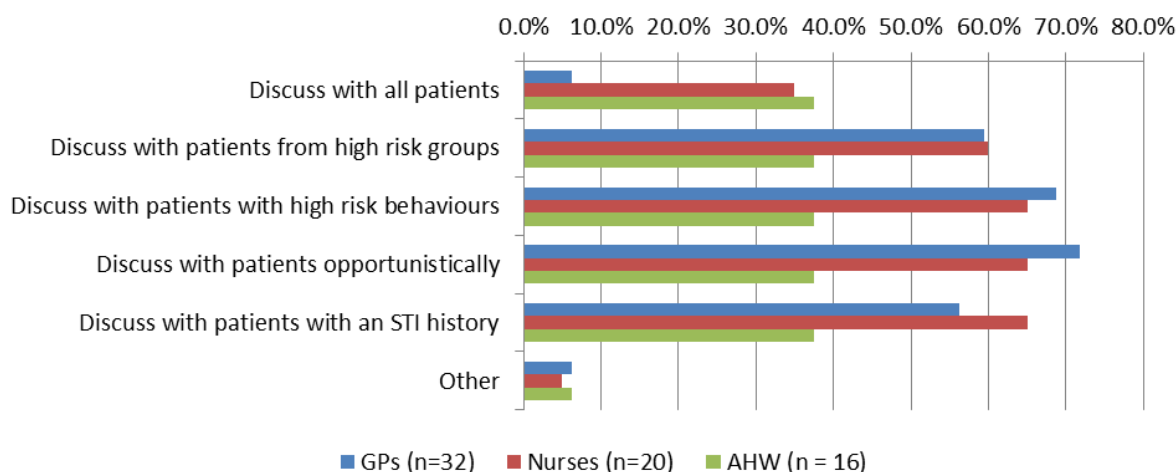
Whilst the identification of prisoners as a risk cohort would have been expected, it is likely that the low identification rate received is due to the lack of responses from members of the correctional services workforce.

4.2 DISCUSSING STIs WITH PATIENTS/CLIENTS

Workforce respondents were more likely to discuss STIs or raise this issue with their patients/clients in particular situations or with particular population groups than to discuss with all patients. This was also the case when responses were analysed by clinician type, as presented in Figure 4.2, which also supports the following findings:

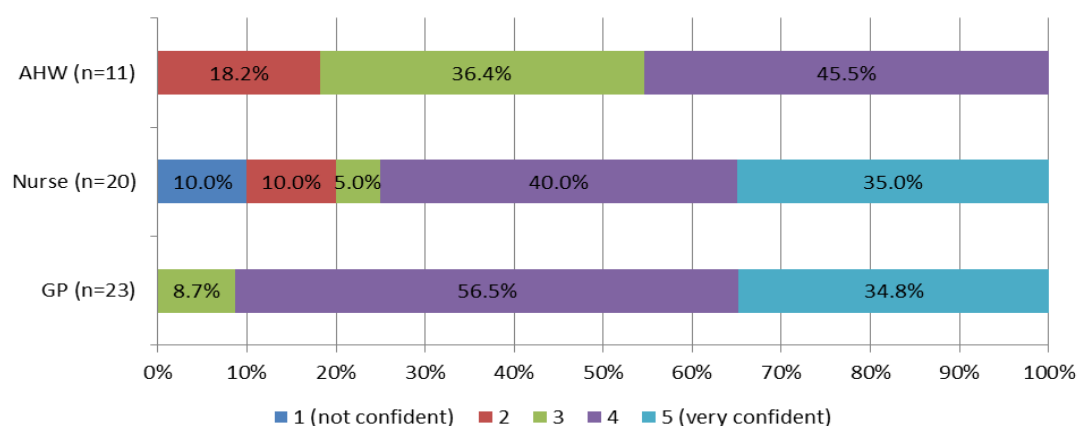
- GPs are less likely to discuss with all patients than Nurses and AHWs
- Approximately 35% of Nurses and AHWs indicated they discuss STIs with all of their patients
- GPs and nurses were more likely to discuss STIs across the remaining groups/circumstances than AHWs

Figure 4.2: Situations where STIs are raised with patients by clinician type (n = 60)



In terms of the *confidence* to raise the issue of STIs with their patients, there was a clear difference in responses when analysed by clinician type. AHWs reported being less confident in doing so compared to GPs and nurses. GPs were slightly more confident in discussing STIs compared to nurses, as illustrated in Figure 4.3.

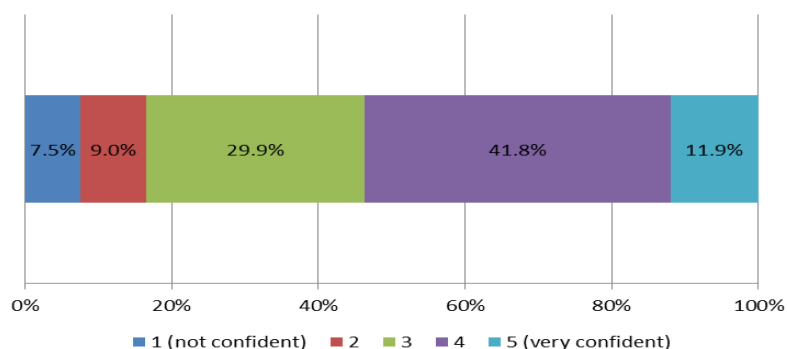
Figure 4.3: Clinician confidence to discuss STIs with patients by clinician type (n = 54)



4.3 CONFIDENCE IN SKILLS

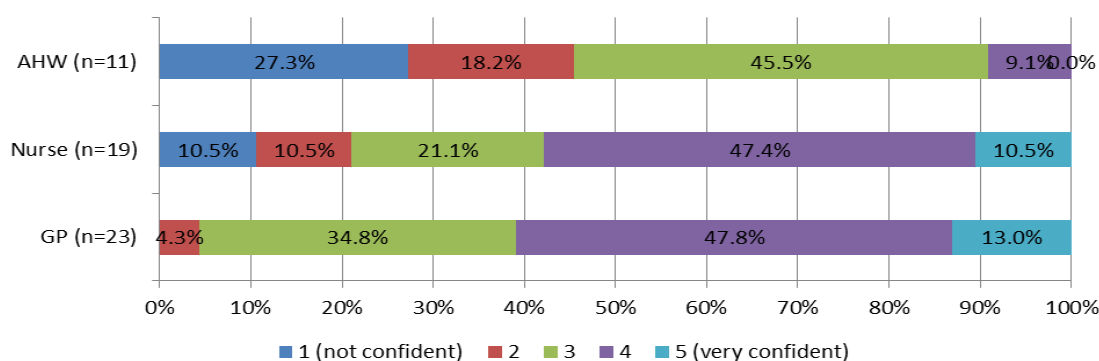
Overall, workforce respondents were confident that they have obtained the skills relevant to deliver sexual health care and services. Specifically, those who rated their confidence at 4 or 5 equated to just over half of respondents (53.7%) whilst 29.9% rated their confidence as moderate (rating 3) leaving a relatively small proportion of respondents who are unconfident, as presented in Figure 4.4.

Figure 4.4: Workforce confidence in skills (n = 68)



However, when responses were analysed by clinician type, AHWs reported significantly less confidence that they have obtained the necessary skills and knowledge to deliver sexual health care compared to Nurses and GPs.

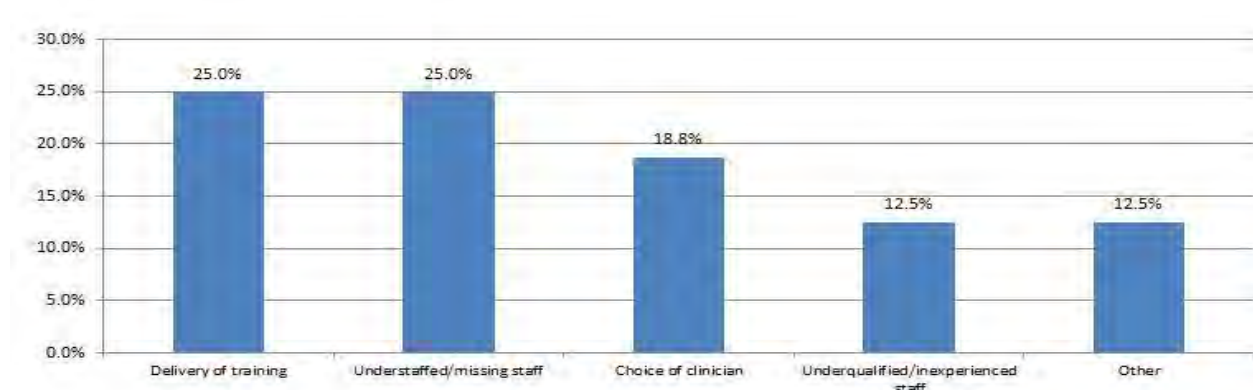
Figure 4.5: Workforce confidence in skills by clinician type (n = 53)



4.4 ORGANISATIONAL AND WORKFORCE GAPS

57.9% of organisational respondents and 44.4% of workforce respondents reported gaps in their organisation and in the sexual health workforce more generally which impact on the ability of staff and services to deliver sexual health services. Whilst organisations identified gaps around workforce profile (specifically around gender and Indigenous workers to deliver culturally appropriate care and nurses skilled specifically in STI care), workforce respondents identified the gaps presented in Figure 4.6.

Figure 4.6: Workforce gaps identified by workforce respondents (n = 32)



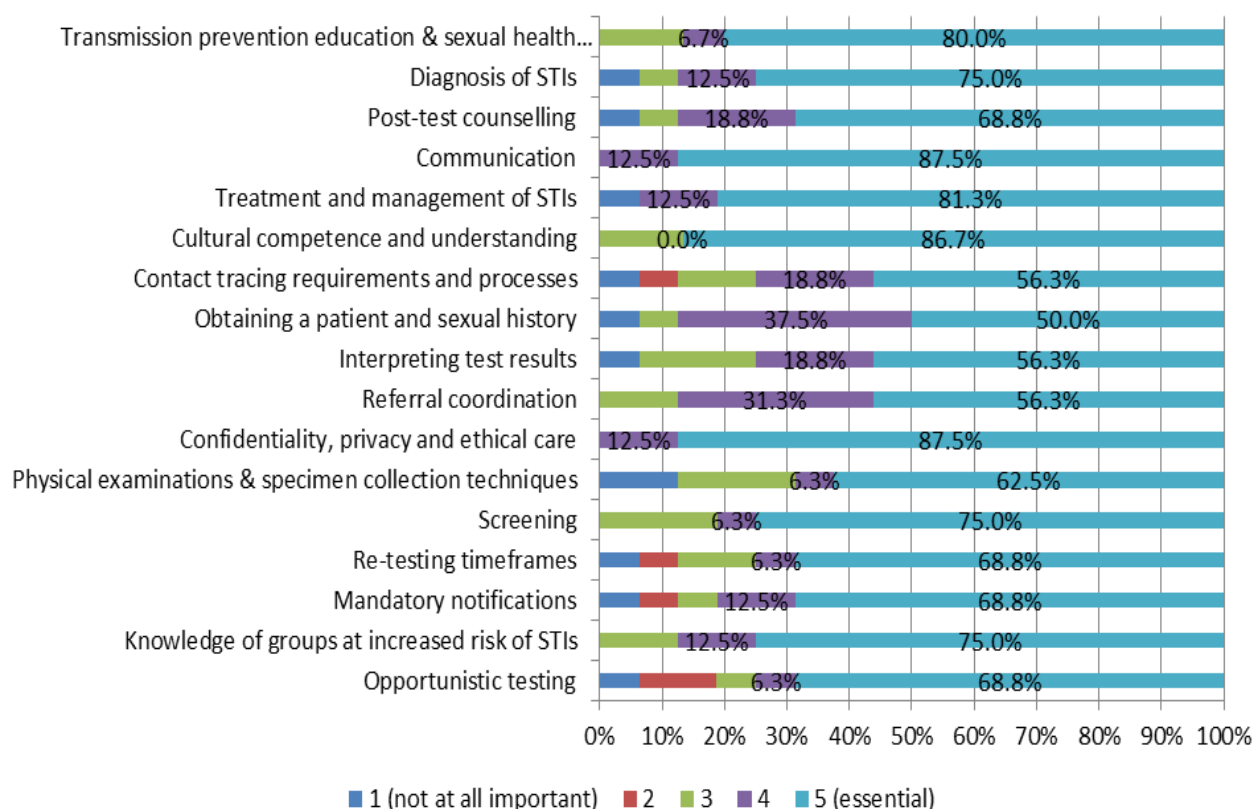
WORKFORCE DEVELOPMENT NEEDS AND PRIORITIES

Having discussed the training, organisational and workforce gaps in previous chapters, this chapter discusses training and education needs and the priority areas for workforce development, the barriers to workforce development and future governance needs.

5.1 TRAINING AND EDUCATION NEEDS

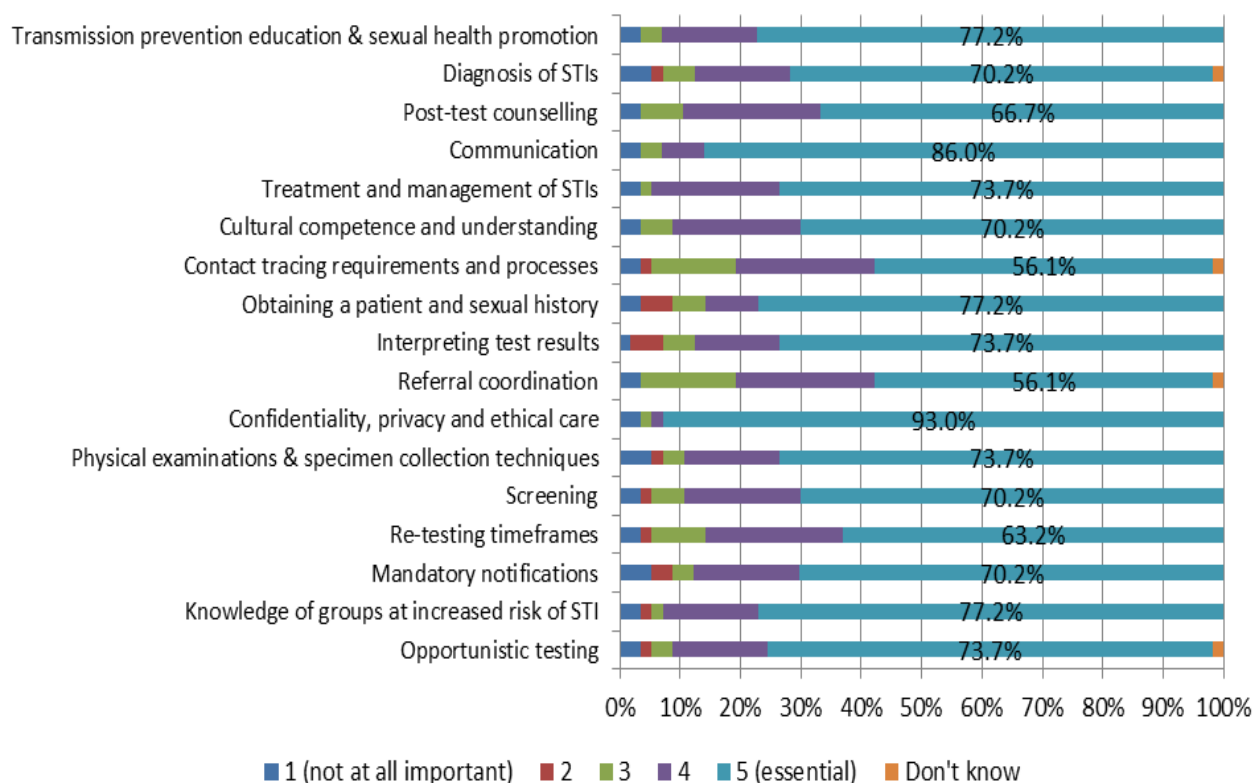
In terms of training and education needs, organisations reported a number of knowledge and skill areas (as presented in Figure 5.1) to be of importance or essential to the delivery of sexual health services and as such should be a focus in training and professional development opportunities. Overall, organisations considered all skill and knowledge areas to be essential although contact tracing requirements and processes, obtaining a patient and sexual history, interpreting test results and referral coordination considered less essential (although not substantially so).

Figure 5.1: Essential skills and knowledge for organisations (n = 16)



Similar results were obtained by workforce respondents although slightly fewer respondents considered referral coordination and contact tracing to be essential. These results are presented in Figure 5.2.

Figure 5.2: Essential skills and knowledge for workforce respondents (n = 57)



5.2 PRIORITISATION OF WORKFORCE DEVELOPMENT ACTIVITIES

Organisations considered that some areas of training and some clinician types should be prioritised for training in SA's STI Workforce Development Plan:

- Training for AHWs and GPs in particular
- Training for remote-based clinicians
- Training in cultural competence across all clinician types

5.3 ADDRESSING THE BARRIERS TO WORKFORCE DEVELOPMENT

A number of barriers are impacting on the ability to develop the sexual health workforce and these should be considered in the development of the SA STI Workforce Development Strategy. These barriers broadly relate to accessing and providing sexual health training, and attraction, recruitment and retention of the workforce.

5.3.1 ACCESSING AND PROVIDING SEXUAL HEALTH TRAINING

A number of barriers with respect to accessing and providing sexual health training arose amongst both workforce and organisational responses. These barriers include:

- Inability to leave clinical work to attend training (lack of capacity to leave clinical role for a specific time and meet the demand of direct service delivery)
- Cost of the training and insufficient resources to pay for training
- Location of the training or remoteness of place of employment (requires travel and therefore longer time away from work and increased costs of travel)
- Gender balance of training groups/participants is not culturally appropriate for some clinician types (i.e. AHWs)

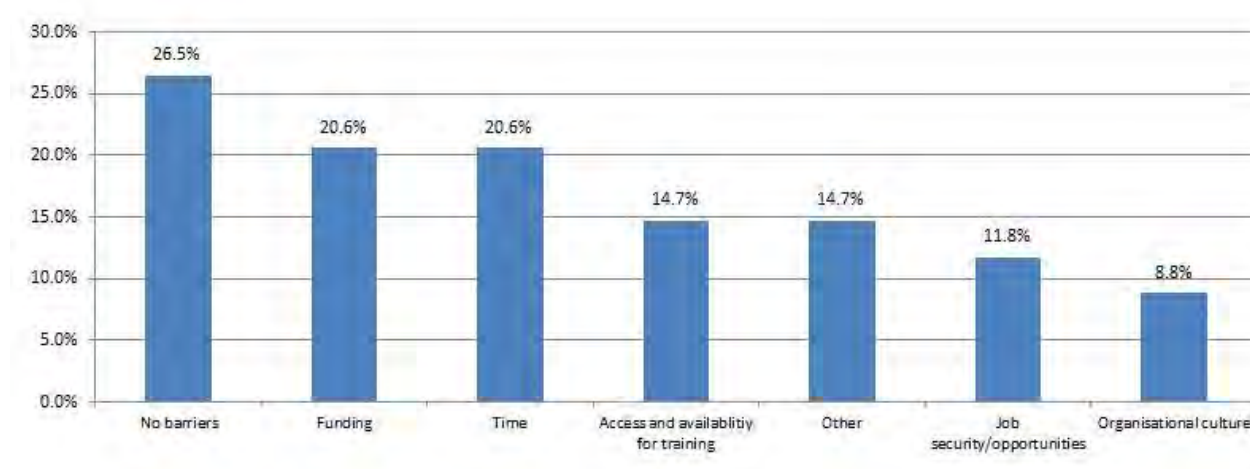
5.3.2 ATTRACTION, RECRUITMENT AND RETENTION

Organisational respondents consistently identified the following barriers to attracting and retaining staff with the appropriate skills, qualifications and experience in the sexual health sector:

- Regional/remote location of services provided/workplace
- Lack of interest amongst clinicians in sexual health generally and in a field which has been stigmatised
- Low remuneration for staff
- Not seen as a specialist area amongst clinicians generally
- Lack of funding to recruit and retain a qualified workforce or funding cuts

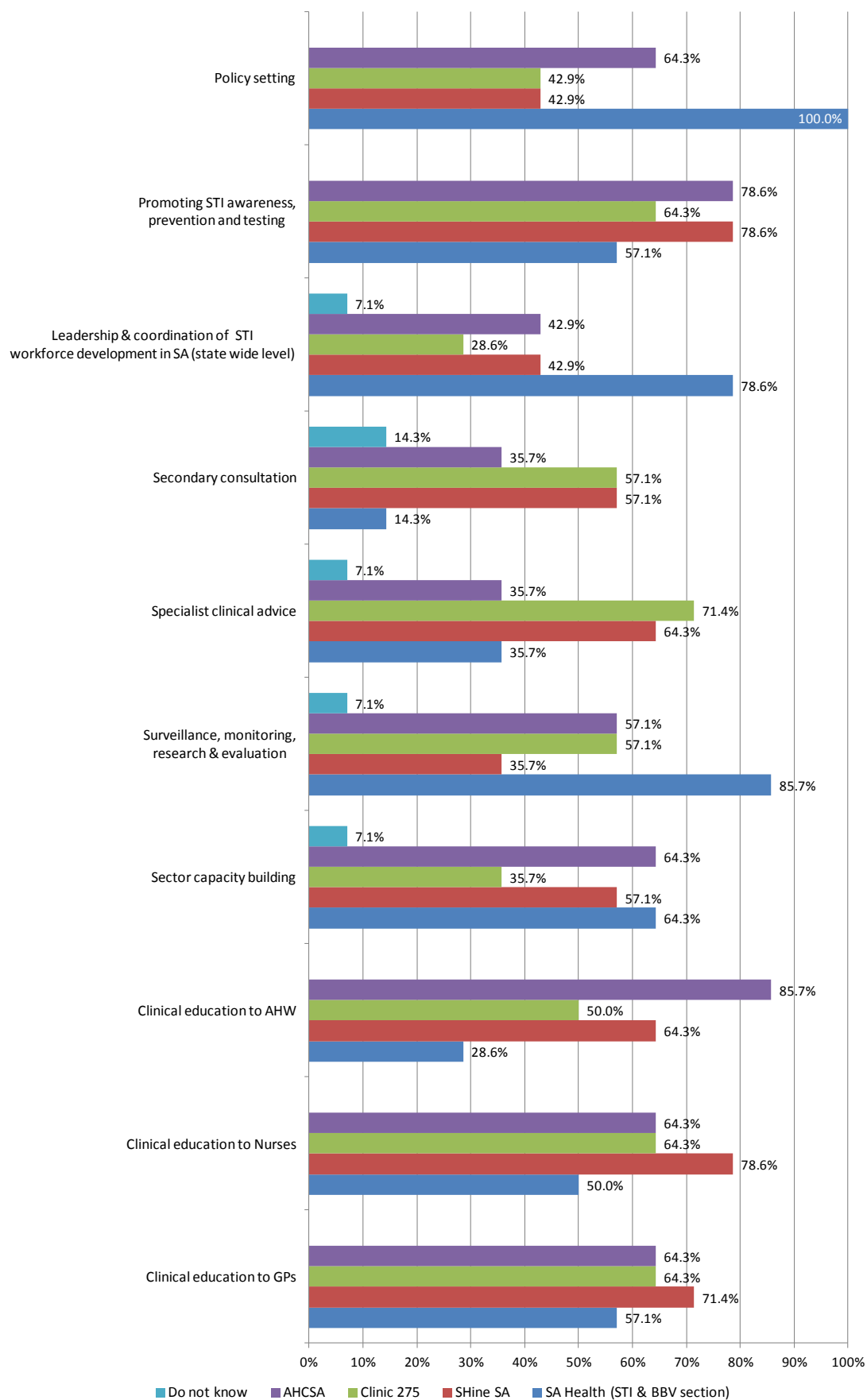
The majority of respondents are planning to continue to provide sexual health care or remain in the sexual health sector long term (63.2%). Whilst a small proportion of respondents do not intend to remain, a significant proportion remain unsure of their plans or intentions (33.3%) (n = 57). Whilst some respondents reported that there were no barriers to continuing to deliver sexual health care, others who did identified funding, a lack of time and the accessibility of training to maintain skills as the key barriers, as presented in Figure 5.3.

Figure 5.3: Workforce barriers to remaining in the sector (n = 34)



5.4 GOVERNANCE AND ORGANISATIONAL ROLE ALLOCATION

In terms of governance of the sexual health sector and workforce development, analysis of organisational responses indicates that the roles of key organisations should be as presented in Figure 5.4: Role allocation of key organisations (% of respondents):



TRAINING PREFERENCES

This chapter presents an analysis of the training preferences of the workforce and organisations in the sexual health sector. Specifically it discusses preferences with respect to mode of delivery and training provider (clinician and organisation).

6.1 MODE OF DELIVERY

6.1.1 ACROSS ALL TRAINING MODES

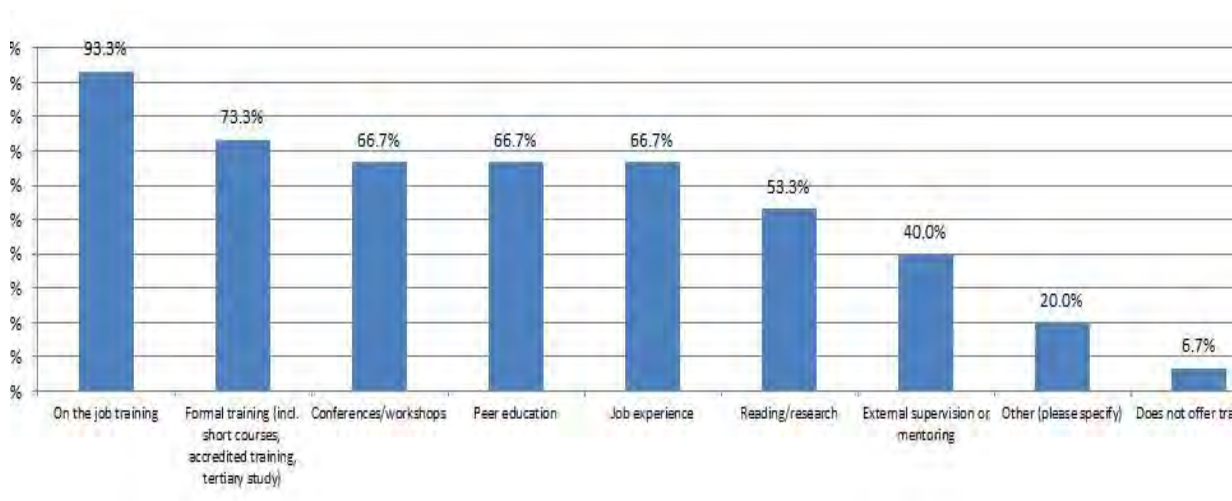
Respondents ranked the following options to obtain the essential knowledge and skills for their role in sexual health care. Formal as opposed to informal training modes is most preferred by respondents across GPs, nurses and AHWs and the remaining categories only varied slightly by respondent group, as presented in Table 6.1.

Table 6.1: Workforce training mode preferences (n = 53)

Rank	GPs (n = 23)	Nurses (n = 19)	AHWs (n = 11)
1	Formal training (including short courses, accredited training, tertiary studies)	Formal training (including short courses, accredited training, tertiary studies)	Formal training (including short courses, accredited training, tertiary studies)
2	Conferences or workshops	CPD modules	On the job training
3	CPD modules	On the job training	Conferences or workshops
4	On the job training	Reading or research	Job experience
5	Job experience	Conferences or workshops	Reading or research
6	Reading or research	Job experience	External mentoring/supervision
7	External mentoring/ supervision	External mentoring/supervision	CPD modules
8	Life experience	Life experience	Life experience
9	Other	Other	Other

Organisations on the other hand differed somewhat with respect to their preference to providing training to their workforce, with nearly all (93.3%) preferring to provide on the job training, although this was followed by the provision of more formal training modes, as illustrated in Table 6.2. There was also an even distribution of preferences for conferences/workshops, peer education and job experience beneath these results.

Table 6.2: Organisational training mode preferences (n = 15)



6.1.2 FORMAL TRAINING MODES

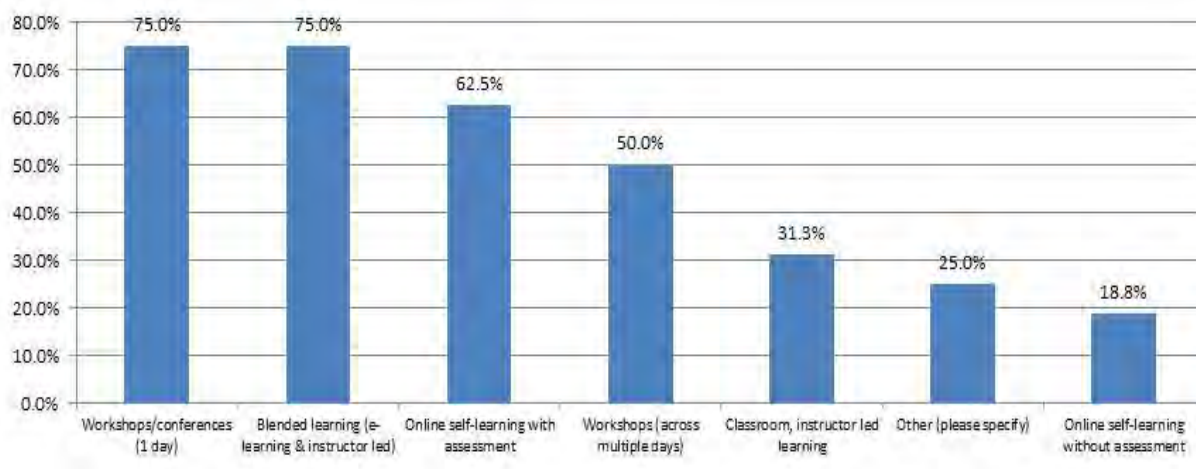
With respect to formal training modes specifically, workforce respondents' responses differed moderately by workforce group, as illustrated in Table 6.3. Notably, whilst GPs and AHWs prefer workshops, GPs prefer 1 day whereas AHWs prefer multiple day modes. Online assessment was also consistently preferred.

Table 6.3: Workforce formal training mode preferences

Rank	GPs (n = 23)	Nurses (n = 19)	AHWs (n = 11)
1	Workshops or conferences (1 day)	Online self-learning with assessment	Workshops (across multiple days)
2	Online self-learning with assessment	Blended learning (e-learning & instructor led)	Classroom, instructor led learning
3	Blended learning (e-learning & instructor led)	Classroom, instructor led learning	Online self-learning with assessment
4	Workshops (across multiple days)	Workshops (across multiple days)	Workshops or conferences (1 day)
5	Online self learning with no assessment	Workshops or conferences (1 day)	Online self learning with no assessment
6	Classroom, instructor led learning	Online self learning with no assessment	Blended learning (e-learning & instructor led)
7	Other	Other	Other

Organisational responses were not overly divergent, as illustrated in Figure 6.1.

Figure 6.1: Organisational formal training mode preferences (n = 16)

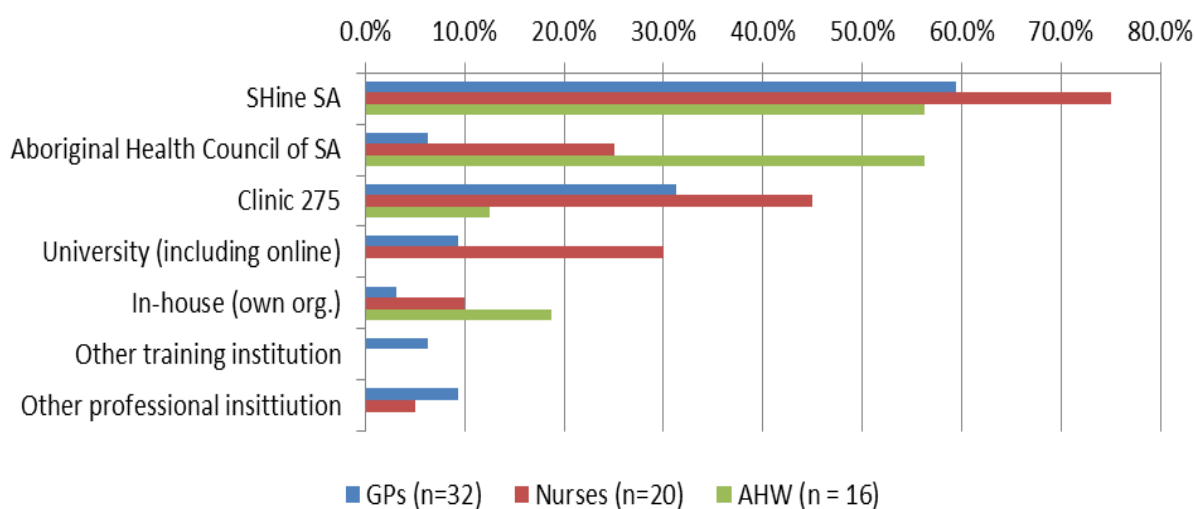


6.2 TRAINING PROVIDER

In terms of receiving training from training providers, differences in results were obtained according to clinician type. The results presented in Figure 6.2 support the following findings:

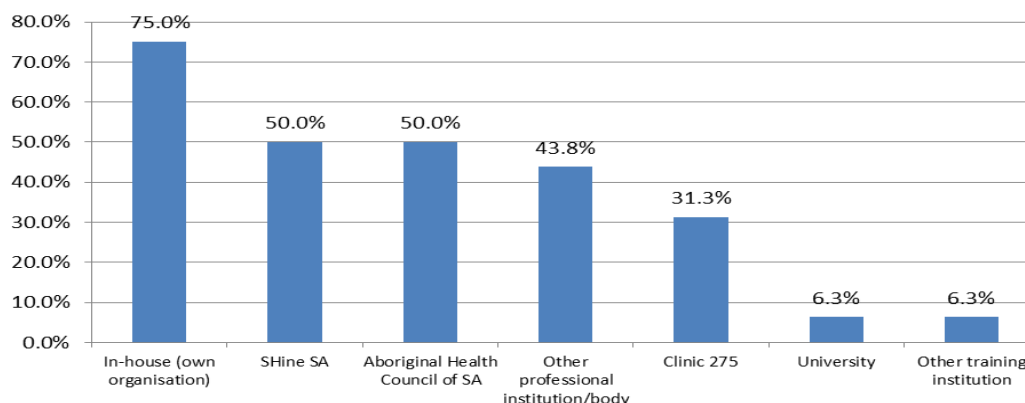
- GPs prefer to receive their sexual health training through SHine, followed by Clinic 275
- Nurses prefer to receive their sexual health training through Shine SA followed by Clinic 275
- AHWs prefer to receive their sexual health training (equally) through SHine SA or AHCSA

Figure 6.2: Workforce training provider preferences by clinician type (n = 68)



The majority of organisations however prefer to deliver in house training, followed by training from SHine and AHCSA equally, and other professional institution/bodies, as illustrated in Figure 6.3.

Figure 6.3: Organisational training provider use (n = 16)

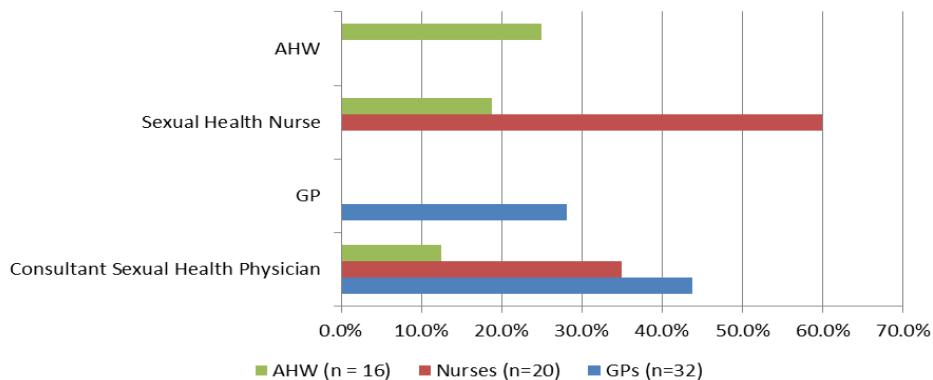


6.3 INDIVIDUAL TRAINER

When receiving training, workforce respondents indicated a preference for this training to be delivered by a particular clinician-type. Figure 6.4 below supports the following findings:

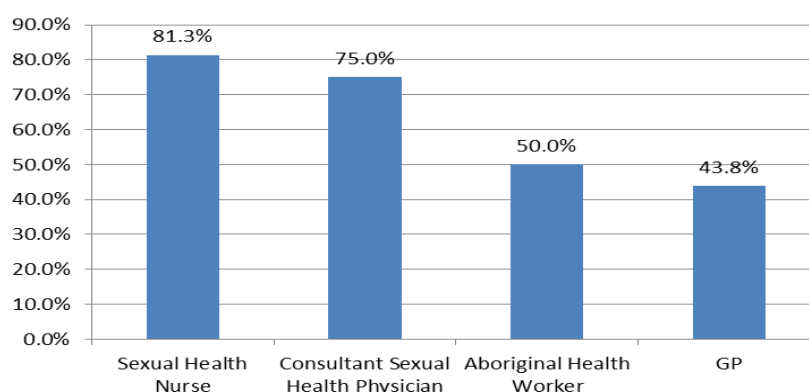
- GPs prefer to receive training from a Consultant Sexual Health Physician (CSHP), followed by a GP
- Nurses prefer to receive training from a Sexual Health Nurse followed by a CSHP
- AHWs prefer to receive training from an AHW, followed by a Sexual Health Nurse

Figure 6.4: Workforce individual trainer preferences (n = 68)



Organisations prefer staff to receive their training from a sexual health nurse or CSHP (see Figure 6.5).

Figure 6.5: Organisational individual trainer preferences (n = 16)



IMPLICATIONS FOR DRAFTING THE SA STI WORKFORCE DEVELOPMENT STRATEGY

This chapter presents the key findings of the survey analysis and their relevant implications for drafting the SA STI Workforce Development Strategy.

7.1 KEY FINDINGS OF THE SURVEY ANALYSIS

With respect to **workforce development activity which is currently occurring** in the sector, the analysis supports the following findings:

1. To some extent, training in sexual health is being accessed by the workforce but for some staff this is not being offered by their place of employment.
2. Where training is offered or accessed, employees tend to support their staff by allowing them to leave their clinical role for a time to attend the training or provide in-house training and education with only a small proportion paying for training.
3. There are gaps in the current training being provided particularly around culturally appropriate care and in terms of the accessibility of training (i.e. location, times).

With respect to the **current capacity of the workforce to deliver sexual health services**, the analysis supports the following findings:

1. The workforce has a strong understanding of key population groups at risk of STI and are more likely to raise the issue with patients in such groups or in particular circumstances rather than to raise the issue with all patients seen.
2. AHWs are lacking in confidence to raise STIs with their patients compared to GPs and Nurses.
3. AHWs are also less confident than GPs and nurses that they have obtained the necessary skills and knowledge to be able to competently deliver sexual health services.
4. There are gaps in the workforce and within organisations which are currently impacting on the ability of staff and services to deliver sexual health services. Overall, the sector is considered to be in need of further training, is understaffed or missing key staff (such as males and Indigenous workers).

With respect to **workforce development needs and prioritisation of workforce development activities**, the analysis supports the following findings:

1. The following skill and knowledge areas are considered essential in the delivery of sexual health services:
 - Opportunistic testing and screening
 - Knowledge of groups at increased risk of STI
 - Mandatory notifications

- Re-testing timeframes
 - Physical examinations and specimen collection techniques
 - Confidentiality, privacy and ethical care
 - Interpreting test results
 - Obtaining a patient and sexual history
 - Cultural competence and understanding
 - Diagnosis, treatment and management of STIs
 - Communication
 - Post-test counselling
 - Transmission prevention education and sexual health promotion
2. Training for AHWs, GPs, remote-based clinicians and training in cultural competence should be prioritised as workforce development activities under the Strategy.
 3. A number of barriers to workforce development are currently present and are impacting on the ability of clinicians and organisations to deliver sexual health services.
 - Barriers to accessing and providing sexual health training
 - Inability to leave clinical work to attend training (lack of capacity to leave clinical role for a specific time and meet the demand of direct service delivery)
 - Cost of the training and insufficient resources to pay for training
 - Location of the training or remoteness of place of employment (requires travel and therefore longer time away from work and increased costs of travel)
 - Gender balance of training groups/participants is not culturally appropriate for some clinician types (e.g. AHWs)
 - Barriers to attracting, recruiting and retaining a skilled and qualified workforce
 - Regional/remote location of services provided/workplace
 - Lack of interest amongst clinicians in sexual health generally and in a field which has been stigmatised
 - Low remuneration for staff
 - Not seen as a specialist area amongst clinicians generally
 - Lack of funding to recruit and retain a qualified workforce or funding cuts

With respect to **training preferences**, the analysis supports the following findings:

1. Across all modes of training, formal training (including short courses, accredited training, tertiary studies) is the training mode of choice across clinicians, followed by structured training modes such as conferences or CPD modules (as opposed to informal training modes such as reading/research, life/work experience). Within formal training, GPs and AHWs prefer workshops but GPs prefer 1 day whereas AHWs prefer multiple day modes and Nurses prefer online self-learning with an assessment component.
2. GPs prefer to receive training from a CSHP, followed by a GP.
3. Nurses prefer to receive training from a Sexual Health Nurse followed by a CSHP.

4. AHWs prefer to receive training from an AHW.

With respect to **the roles in the** governance of the sexual health sector and workforce development, there are mixed views about respective roles of key organisations.

7.2 IMPLICATIONS FOR THE SA STI WORKFORCE DEVELOPMENT STRATEGY

Based on the responses from the online surveys, it is proposed that the draft strategy should:

1. Define and clarify the roles and responsibilities of key specialist's organisations in the sector. Ensure roles are understood in the sector and pathways to support and training are clear.
2. Support the promotion of training and support across all levels of care and models of service delivery
3. Support the expansion of training opportunities available to staff to attend formal training (including short courses, accredited training, tertiary studies) offering a mix of:
 - Workshops
 - Classroom, instructor led learning
 - Online self-learning with assessment
4. Support the provision of a range of workforce training and development opportunities to suit the differing needs of the workforce and employer organisations.
5. Support specific responses to:
 - Address cultural competence gaps
 - provide accessible training options to address the lower levels of confidence reported by AHW (both in regard to skills and discussing STIs with patients)
6. Support the development of clinical placement opportunities and career pathways for GP's, nurses and AHWs within sexual health clinics.
7. Support the development of a comprehensive calendar of training events (across training providers and settings) on an annual basis and promote workforce development opportunities and facilitate planning for attendance. Costs of events need to be minimised to encourage registration and attendance.
8. Leverage highly regarded materials and training produced (such as those by ASHM)

NEXT STEPS

This report has been prepared for summarised the findings of the online surveys for the Project Steering Committee for the meeting scheduled for 6 May 2015.

Following discussion of the survey results HOI will finalise the review through the development and documentation of a draft STI WDS. The WDS will be developed to reflect the priority workforce development activities for the sector and specific workforces as identified through the consultation processes. Key tasks include:

1. **Draft WDS.** Based on the information collected during the previous two stages and the feedback received we will draft a WDS. The WDS will be pragmatic and affordable. We will be cognisant of the limited funding available and therefore the priority workforce, issues and approaches that if appropriately addressed will make the greatest impact on STI outcomes for the affected community.
2. **Submit draft WDS.** We will submit the draft WDS to Shine SA and the Project Steering Committee for review. We will meet with Project Steering Committee to discuss the draft strategy and to obtain feedback.
3. **Presentation final document.** Based on the discussions and feedback we will finalise the WDS and submit a final version of the STI WDS directions to SHine SA.



APPENDIX A - GPs AND AHCSA MEMBERS INVITED TO PARTICIPATE IN SURVEYS

List of GP practices invited to participate:

- Adelaide City GP
- Blair Athol Medical Clinic
- Oakden Medical Centre
- The Murray Clinic
- Burnside GP
- Woodford Surgery (Elizabeth Nth)
- East Adelaide Healthcare
- iMedical on Payneham
- Pooraka Clinic
- Whites Road Medical Centre
- Craigmore Family Practice
- Unihealth Playford GP Super Clinic
- Gawler Medical Clinic
- Angaston Medical Centre
- O'Brien Street Practice
- Hyde and Partners
- Paralowie Family Health
- Carlton Medical Centre
- Renmark Medical Clinic
- Bridge Clinic
- Berri Medical Clinic

List of ACHS members invited to participate:

Regional Health Services

- Ceduna-Koonibba Aboriginal Health Service Aboriginal Corporation
- Nganampa Health Council
- Nunkuwarrin Yunti
- Nunyara Aboriginal Health Service Inc.

- Oak Valley Health Service
- Pangula Mannamurna
- Pika Wiya Aboriginal Health Service Aboriginal Corporation
- Port Lincoln Aboriginal Health Service
- Tullawon Health Service
- Umoona Tjutagku Health Service

Substance Misuse Support Services

- Aboriginal Sobriety Group
- Kalparrin Community