A survey of sexually transmitted disease centres in Australia

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SUMMARY In a nationwide survey carried out in 1981 centres offering free treatment for sexually transmitted diseases (STD) were located and the facilities available to the public were assessed. At least one special centre was located in each of the eight states and territories of Australia, but not in all cases did the clinics meet the basic requirements recommended by the Australian National Health and Medical Research Council. The STD clinics were almost exclusively found in capital cities, leaving large populations with no locally available specialist advice. The major centres, with one or two notable exceptions, were open only during routine office hours. In several centres staffing levels were barely adequate to cope with patient loads let alone deal with other important work required of reference centres—the training of health care workers, education of high risk groups, and institution of STD control programmes.

In several respects the sexually transmitted diseases services in Australia were found to be inadequate to meet the needs of the population.

Introduction

Under the auspices of the newly formed National Venereology Council of Australia a survey of centres offering free treatment for sexually transmitted diseases (STDs) throughout Australia was carried out between July and October 1981. The purpose of this survey was to compile an accurate list of centres with their hours of opening, addresses, and telephone numbers for circulation throughout Australia and to clinics overseas and to examine critically the facilities available in the states and territories of the nation.

Methods

A questionnaire was forwarded to the director of each centre or clinic dealing with sexually transmitted diseases (STD centres). One of us (DLB) had previously written to all state and territory departments of health or health commissions asking for lists of free STD centres in their respective jurisdictions. We were thus sure that no officially recognised centre had been overlooked. The questionnaire requested details about the centre's

size, patient load, staffing, hours of opening, laboratory facilities, etc.

The results were tabulated and compared and a preliminary report was presented to delegates at the second meeting of the National Venereology Council of Australia in October 1981. Delegates in each state or territory then received a copy of the amended report for checking and correcting. The final report was amended in response to these corrections and also included further changes made in 1982.

Results

DISTRIBUTION OF STD CENTRES

Each state or territory of Australia had at least one special centre which dealt wholly or partly with sexually transmitted diseases. In Brisbane, Sydney, Melbourne, Adelaide, and Perth there was a well-established, self-contained centre devoted exclusively to dealing with STDs. In Tasmania, owing to the Division of Public Health's policy of not advertising "special clinics", no separate centre existed as such, but an STD outpatient clinic operated twice a week at the Royal Hobart Hospital. Similarly, in the Australian Capital Territory an outpatient clinic had been established at the Woden Valley Hospital and opened three times a week. In the Northern Territory all community health centres provided facilities for diagnosis and free treatment of STD, and recently a

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daily clinic, set aside for STD patients, had been established in the Alice Springs Hospital complex.

In addition to the main STD centres several smaller part time clinics had been established attached either to hospitals or to community health centres. The most striking aspect of all these facilities, however, was that they were confined to large cities and, with the exception of Rockhampton, Cairns, Townsville, and Alice Springs, were all in the suburbs of capital cities.

LOCATION OF STD CLINICS

The locations of the Australian STD clinics are shown in the figure.

TIMES OF OPENING OF CLINICS

The major centres provided services only during office hours (Monday to Friday) with the following additions: the Brisbane clinic hours extended from 7 am to 7 pm (Monday to Friday) with an additional three hours on Saturday and two hours on Sunday. The Perth clinic opened for an extra two hours one evening a week. In the Australian Capital Territory the Woden Valley Hospital clinic was open two evenings a week for three hours.

The additional clinics were open for STD patients for widely varying periods. They ranged from as short a time as one hour a week in Cairns to 85 hours a week in Port Adelaide, a centre catering traditionally for the needs of merchant seamen.

PATIENT LOAD

The total patient loads ranged from 330 patients a month in Alice Springs to 3260 a month in Sydney (table). The Perth figures represented patients seen at all four Perth/Fremantle clinics. This was because Western Australia was unique in having one doctor as director of Venereal Disease Control, his staff serviced every clinic in the state, and statistics were compiled in relation to the VD Control Branch and not to individual clinics. The main Perth clinic, however, saw 3216 patients a month, the Melbourne clinic 2407 a month, and the Adelaide clinic 1101 a month.

STAFFING

Considerable variation existed in the number of medical and nursing staff employed in the different centres. The major centres, with the exception of Brisbane, all employed at least two full time doctors, with Sydney and Perth being the best staffed—seven in Sydney and six in Perth (although in Perth these doctors staffed all the clinics in the Perth area). In Brisbane the clinics were staffed by nurses with a doctor visiting on a part time basis; nevertheless medical opinion was available by telephone at all times.

A similar situation existed at the Port Adelaide clinic, where experienced medical orderlies rather than nurses were the primary health care workers and doctors were available in the adjoining consultation

FIGURE Locations of STD clinics in Australia according to a nationwide survey carried out in 1981.

TABLE *Details of staffing levels and patient attendances for Australian STD clinics according to a nationwide survey carried out in 1981*

Clinic	Doctors (full time)	Doctors (part time)	Registered nurses	Other staff	Patients (new per month)	Patients (total per month)
Sydney	7		8	3 Attendants	970	3260
Alice Springs		1	1		30	330
Brisbane (male)		1	3	1 Technician	348	790
Brisbane (female)		1	3		82	135
Adelaide	2	3	2	1 Nursing aide 1 Male orderly	641	1101
Melbourne	2	3	7	1 Attendant	930	2407
Perth clinics	6	1	6		717	3673
Woden valley		2	1		36	80
Parramatta		1	2	2 Nursing aides	89	233
Royal North Shore		2	1	1 Nursing aide	240	360
Prince of Wales		2		1 Clerk		175
Cairns		1	1		19	40
Rockhampton		1	1		18	33
Townsville		1	1	1 Nursing aide	32	64
Port Adelaide		(Part time staff of community health centre)		2 Male orderlies	60	130
Flinders		4		1 Technician 1 Clerk	17	38
Adelaide Women's		3	2			75
Hobart		2	1		25	50
Queen Victoria, Melbourne		2	2	2 Nursing aides	20	90
Western General (Footscray)		1	1	1 Nursing aide	35	95

rooms where casualty patients were being examined throughout the day. The other clinics were all mainly staffed by part time doctors, and the nursing staff were usually recruited from the hospital or community health centre in which the clinic was held. The Sexually Related Diseases Service at the Flinders Medical Centre employed no nurses at all, the doctors being assisted by one technician and one clerk, with senior scientific staff also available when necessary. At the Prince of Wales Hospital in Randwick, New South Wales, the single part time doctor was assisted by one other staff member, a female clerk who had to chaperone, help with microscopy, plate out cultures, answer the telephone, and manage all the records (all this with 175 patients a month).

CONTACT TRACING

All the major centres, with the exception of Melbourne, had at least one member of staff assigned to counselling patients about contact tracing. The numbers were as follows: Sydney—one social worker and three contact tracing counsellors; Brisbane—two registered nurses trained as contact tracers; Alice Springs—one trained nursing aide with four years' experience in contact tracing; Adelaide—two registered nurses (one seconded from the health commission) and one male orderly; Melbourne—no specific member of staff; Perth—three trained contact tracers; Woden Valley Hospital—one social worker used as a counsellor for contact tracing

particularly at evening clinics. Other clinics had no specific members of staff for contact tracing. When necessary they used personnel from a nearby community health centre or hospital or specially trained contact tracers from their nearest major centre.

MEDICAL TRAINING

Many of the centres had undergraduate and postgraduate teaching commitments for medical personnel. In Brisbane, Adelaide, Melbourne, and Perth training was on a formal basis with students coming regularly in groups to examine patients and have tutorial sessions. The Perth clinic particularly had a considerable teaching role, providing 30 hours of undergraduate medical student tuition in STDs and also postgraduate teaching to resident medical officers, candidates of the examination for fellowship of the Royal Australian College of Physicians, and other hospital doctors. All the Perth/Fremantle clinics were attached to teaching hospitals so they had become an integral part of the hospital's teaching role. In other states teaching of medical students tended to be to only selected groups and occupied only a fraction of the medical curriculum.

EDUCATION

The major centres all had an educational role in the community. The Sydney clinic staff conducted 27 sessions a year with nursing groups, three with youth groups, 20 with student groups, and two with teacher

groups. Similarly, Perth, Melbourne, Adelaide, and Brisbane arranged for staff to speak to outside agencies or groups and allowed people to visit the clinics for educational projects. Scientific laboratory staff were trained on site in most major centres.

SCREENING OF HIGH RISK GROUPS

Testing for STDs was provided for patients at their request, and at prisons or remand homes in Victoria, Queensland, and Western Australia, on a regular organised basis by medical staff from the local major STD centre.

In Adelaide and Melbourne facilities for free treponemal serology were provided at sauna clubs frequented by male homosexuals to detect early cases before the disease could be spread to sexual partners.

Discussion

STD services in Australia are available from three sources: (a) private practitioners; (b) public hospitals; and (c) specialised STD centres.

From a public health point of view there are problems associated with the first two sources. Firstly, patients may be discouraged from attending because of fear and embarrassment or in some cases because of the cost. Secondly, limited facilities and time factors very often do not allow either careful follow up of the patient or tracing of his or her recent sexual partners. Thirdly, many doctors both in private and hospital practice lack the experience and expertise needed to deal with patients with STDs.

The survey was confined to the Australian STD centres offering a free service in the belief that it is in these special facilities that the best hope lies of achieving control over the spread of STDs. The recent increase in the incidence and prevalence of STDs both worldwide and in Australia is an undisputed fact.¹ The need for better control measures to combat these diseases is widely recognised and the National Health and Medical Research Council's 1981 statement on STD (held by and obtainable from the NH & MRC secretariat) outlined clearly the recommended measures for the Australian service. Similar recommendations have been made in other countries, especially in the United States.²

The information summarised in this paper illustrates several instances where the health authorities in states and territories of the Commonwealth failed to implement adequately the National Health and Medical Research Council's recommendations. A leading article in the *Medical Journal of Australia* of a decade ago stated that "while improvements could undoubtedly be made to the delivery and quality of clinical Venereal Disease

services, the position in Australia may be regarded as generally satisfactory".³ This seems to be no longer the case. Deficiencies in free facilities provided for patients with STDs were apparent in six respects.

(1) The National Health and Medical Research Council's statement recommended that each state (presumably each capital city at least) should have one or more reference STD centres. The centres should be open each weekday, should deal with both men and women, be adequately staffed, and have a close liaison with private practitioners, thus acting as reference centres for advice and consultation about sexually communicable infections. The survey showed that only four of the eight states and territories of Australia (New South Wales, Victoria, South Australia, and Western Australia) met these basic requirements.

(2) STD clinics were almost exclusively located in capital cities, leaving huge areas of the Australian population unserved by any locally available specialist advice. The Department of Health and Social Security in Britain recommends that a population of 300 000 justifies a full-time clinic.⁴ Large populations in Australia, like those of Wollongong and Newcastle in New South Wales, Geelong and the Latrobe Valley in Victoria, the Gold Coast and Toowoomba in Queensland, and Whyalla in South Australia had no free local STD centre.

(3) The major centres were generally open only during routine office hours. A leading article on venereal disease in the *Medical Journal of Australia* stated: "Medical help for suspected venereal disease not only must be available but must be available free of charge, if desired, and must be convenient to obtain as regards time and place."³ The findings of this survey suggest that this principle was not being adhered to.

(4) Several of the clinics reported that staffing levels were barely adequate to deal with the case load of clinical work let alone with other important aspects of the work required of a reference STD centre—namely, staff training, patient education, and disease control programmes. Certainly with case loads ranging from 1000 to 3000 a month for the major centres it is difficult to disagree with their assessments. Several clinic directors reported that patient loads were steadily increasing.

(5) The 1981 National Health and Medical Research Council's statement on STDs laid great emphasis on contact tracing, especially in the light of the alarming spread of β -lactamase producing strains of *Neisseria gonorrhoeae*. The survey showed that there were only 13 people in the whole of Australia employed as contact tracers. Some clinics did not have the benefit of the expertise of

contact tracers at all. At present in the United Kingdom there are about 200 clinics and each employs at least one contact tracer. It is thus apparent that only token consideration is being given to this important STD control measure in Australia, despite the fact that contact tracing is generally agreed to be the most effective method of venereal disease control presently available.⁵ With so few professional contact tracers available there is little support being offered to the private practitioner who may wish to make use of the contact tracing facilities at the nearest STD reference centre.

(6) The National Health and Medical Research Council's statement on STDs stressed that major STD centres should "be available for undergraduate and post-graduate medical and para-medical teaching." While lip service was paid to this recommendation in most states it is apparent from the survey that staff at the major centres had difficulty coping with the clinical work alone, and teaching was a considerable added burden. The only conclusion that may be drawn in Australia, as in the United States, is that "the field of STDs is the most thoroughly neglected medical discipline in this country."²

Conclusion

In 1975 Dr R S Morton wrote "adequate services [for STDs] do contribute to prevention, cure without

complications, and the avoidance of costly and permanent disability."⁶ Our survey of Australian STD centres showed that STD services were restricted by the number of clinics available, inadequate in the distribution of clinics, overloaded in terms of patient:doctor ratios, and consequently were unable to fulfil their intended roles in the treatment or prevention of sexually transmitted diseases. In contrast to the views expressed 10 years ago³ STD services were no longer satisfactory or adequate to meet the needs of the Australian people.

We thank all those in charge of STD clinics throughout Australia who so willingly filled in the questionnaires and answered queries about their respective clinics.

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