



Into the Peer Sphere: Embedding a Nurse Practitioner model of care to strengthen prevention, treatment and support in a peer-led testing clinic in Brisbane, Australia

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Peer-led POCT testing at RAPID

Background

Queensland Positive People (QPP) is a peer-led, community-based HIV organisation that has been providing services across the State of Queensland, Australia since 1989.

In 2014, QPP – with support of Queensland Health and the (then) HIV Foundation Queensland – funded the first 100% peer-led HIV screening service in Australia. RAPID aimed to increase testing uptake through free, walk-in, rapid HIV screening and information peer-delivered in a non-judgemental, community-based setting. RAPID has since included point of care testing (POCT) for syphilis (2015), chlamydia and gonorrhoea (2017).

In 2025, QPP was funded to establish and pilot a nurse practitioner-peer hybrid model of care within its existing peer-led HIV and STI POCT clinic, RAPID.

This model was developed for clients to receive integrated support from testing and treatment through to HIV diagnosis and ongoing support within a single, trusted organisation. The 12 month pilot was designed to complement the highly reputable peer-led POCT service while reducing pressure on Queensland's over-extended public sexual health system.

By embedding a Nurse Practitioner (NP) within the service, a cost-effective, culturally-safe model of care has improved access, reduced wait times, and strengthened public health outcomes.

Description

One fulltime NP was employed to establish and operate the clinic, commencing services within three months. The NP model of care provides an additional 31.5 hours of clinical service per week and offers free booked and walk-in consultations, HIV and STI management, PrEP initiation, HIV non-occupational PEP, vaccinations and care collaboration. Consultations are in person and via telehealth, significantly increasing reach across Queensland, including regional and rural areas with limited access to appropriate services.

The NP clinic operates alongside RAPID's established peer-led testing service and provides free care and treatment regardless of gender, sexual orientation or healthcare status, reducing financial and systemic barriers for priority populations. The NP model has ensured that more people are seen at the clinic, with a particular focus on access for symptomatic clients, who were previously unable to be seen.

Lessons Learnt

While the three month accelerated establishment period limited the development of some secondary service components, QPP successfully implemented the clinic within the required timeframe. The service has exceeded expectation, surpassing the target of 6–8 consultations per day and achieving an average of 11.5 consultations per day.

1,913 occasions of service with 867 unique users

(Oct 2025 – June 2026)

Clients self-identifying their gender as:

- Male 68.5% (594)
- Female 27.9% (242)
- Non-binary 1.73% (15)
- Gender-diverse 0.23% (2)
- Transgender 0.12% (1)
- Undisclosed 1.5% (13)

Of the 867 unique users:

- 50.4% (437) had Medicare access, meaning
- 49.6% (430) were not eligible for Medicare.

Of the 1,913 occasions of service:

- 382 clients received internal STI treatment referrals.
- 411 symptomatic appointments were provided.
- 22 people accessed post-exposure prophylaxis (PEP).
- The NP provided 80 PrEP initiation appointments.
- 1,081 STI treatments were provided.

Early feedback indicates the model is directly alleviating demand on public sexual health clinics, enabling services to prioritise higher-complexity care.

The NP has successfully worked alongside Queensland Health to support people living with HIV who are engaged with the HIV Public Health Team, ensuring that people are receiving the care and support they need, in a way that is suitable for their lives. Nine people living with HIV were supported with their HIV management – both new diagnoses and existing.



Nurse Practitioner consultation at RAPID

Conclusions and Next Steps

This pilot demonstrates capacity to deliver innovative, NP-led clinical services within a peer-led community clinic. The model improves access, continuity of care, and client satisfaction while reducing pressure on existing clinical services within the peer walk in service and for the greater public sexual health system. It establishes a framework for HIV prevention, treatment, care, and support that can be replicated across Australia and internationally.

