National Standard for Accreditation of HBV S100 Community Prescriber Education Programs

Reviewed by:

Reviewed by the National Clinical Standards and Accreditation Panel April 2015

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This standard should be read in conjunction with the National Standards for Certification of Community HBV s100 Prescribers and the Curriculum for Hepatitis B: Advanced Management in primary care (which has been Nationally Endorsed).

The National HBV Clinical Standards and Accreditation Panel (derived from the National HBV Reference Committee)

1) A National HBV Clinical Standards and Accreditation Panel (HBVCSAP) shall be convened at least annually by the Australasian Society for HIV Medicine (ASHM), it will have representation from the ALA/GESA, AHA, ASID, supported by the Australian Government Department of Health.
2) The HBVCSAP should provide advice to the Pharmaceutical Benefits Advisory Committee and to the Australian Government Minister for Health and Ageing via the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVS). Such advice should concern standards for the management of chronic hepatitis B and whether arrangements at the state/territory level for the accreditation and education of community s100 prescribers of antivirals are satisfactory in all respects; and, if they are not, what steps should be taken. The HBVCSAP will review and annually update the National Standards for Accreditation of Community HBV S100 Education Programs and continuing professional development arrangements to ensure their continued relevance to a changing epidemic.
3) The HBVCSAP should satisfy itself that all certification, accreditation and education arrangements are fair, transparent, comprehensive and of adequate standard.
4) The HBVCSAP will review the adequacy of arrangements under clause (5) below.

Responsibilities of States and Territories

5) Each state and territory should establish a mechanism for the training (see clause 12) and certification of prescribers of antivirals and other hepatitis B drugs supplied under the Highly Specialised Drugs Program, in line with Australian Government standards. In some cases, this may take the form of a formal endorsement of a system operating in another state or territory. In such an instance, a formal agreement should be reached between the two state or territory Health Departments to allow practitioners to participate fully in continuing medical education and any other relevant programs. The National HBV Curriculum Standards and Accreditation Panel should be notified of any such agreements, and should satisfy itself as to their adequacy. Suitable programs of hepatitis B related continuing professional development (CPD) must be available for all s100 prescribers.
6) Continuing professional development (CPD) programs must reflect any standards, treatment guidelines and technical bulletins issued from time to time by the National HBV Curriculum Standards and Accreditation Panel, Australian Government and its advisory committees. CPD programs should also consider any state or territory policy or directive which could have national applicability, such as clinical guidelines, government policy directives and strategies. Regular and satisfactory participation in hepatitis B related CPD programs is a mandatory requirement for continuing prescriber certification – prescribers should be required to accrue a given number of hepatitis B continuing professional development points each year (depending on each state or territory's program).
7) Special support should be considered (where necessary) to assist the participation of practitioners in hepatitis B specific continuing professional development programs, particularly those from rural and remote areas and those with other clinical or logistical barriers to CPD participation.
8) Notwithstanding clause (5), a state or territory may reject applications from practitioners whom, it believes, are unlikely to attract a sufficient hepatitis B caseload to their practices or undertake sufficient ongoing CPD for a sufficient skill level to be maintained. States should also consider, however, that demand for services varies from place to place and that, in the interests of patient access, different criteria may need to be applied to applicants from certain rural and remote areas.
9) States and territories may allow prescription of s100 drugs by practitioners who are undertaking training to achieve the standards outlined in the National Standard for Certification of Community

HBV s100 Prescribers, provided that they are appropriately supervised by practitioners who are already accredited.

10) The states and territories should ensure that adequate processes exist by which medical practitioners with limited clinical experience (i.e. those recently certified and those with low caseloads), and those in rural, remote and outer suburban areas, can readily access an experienced hepatitis B clinician for mentorship and clinical advice. Shared care arrangements with experienced hepatitis B clinicians should be encouraged and supported.
11) In addition, mechanisms should be made available to ensure that community prescribers have access to appropriately skilled and experienced tertiary-facility-based hepatitis B specialists and facilities.

Training standards

(see also National Standards for Certification of Community HBV s100 Prescribers and the endorsed curriculum for HBV s100 prescriber education programs).

For doctors wishing to become prescribers, but who cannot demonstrate substantial recent experience in hepatitis B medicine and a high skill base, comprehensive introductory s100 prescriber education programs must be available which are capable of providing an adequate background to the field.

12) Upon completion of such a program, applicants should be able to demonstrate understanding of the following areas:
    a) HBV transmission prevention and the role of vaccination in prevention
    b) Epidemiological data and its application in the practitioner's local setting
    c) Pre- and post-HBV test discussion including the need for
        i. routine monitoring for viral replication,
        ii. disease progression and associated sequelae such as cirrhosis and hepatocellular carcinoma (HCC)
        iii. appropriate screening and vaccination of sexual, family and other contacts
    d) Monitoring the health of people with HBV infection, disease progression and the efficacy of treatment where applicable
    e) Indications for initiation of antiviral therapy
    f) Antiviral therapies including mechanisms of action, contraindications, associated side-effects, interactions with other drugs, co-morbidities and their management
    g) Early recognition, diagnosis and appropriate primary care of cirrhosis and possible HCC, or other complications of HBV infection or its treatment, including appropriate referral to specialist services where indicated

Such a course should include case scenarios that cover:

    h) A majority of priority populations including, but not limited to: people from culturally and linguistically diverse backgrounds; Aboriginal and Torres Strait Islanders; men who have sex with men (MSM); injecting drug users (IDU); people in custodial settings; people living with HIV and/or HCV infection; managing HBV in the setting of immunosuppression. This range will cover the varying interests of practitioners.
    i) The social impact of hepatitis B on the patient, partners, friends, carers and family, including living with a chronic disease
    j) Mental health issues relating to hepatitis B care (including the impact of living with a chronic disease, and the experience of stigma and discrimination in the family or community)
    k) Prevention and management of important HBV co-morbidities and the specific management issues associated with managing immune reconstitution flares in patients with HIV and HBV co-infection, and managing HBV in the setting of immunosuppressive therapy or cancer chemotherapy.

S100 prescriber programs should reflect the Nationally Endorsed Curriculum for Community HBV s100 Education Programs.