National Standard for Accreditation of Community HIV s100 Prescriber Education, Continuing Professional Development and Certification of Community HIV s100 Prescribers and Nationally Endorsed Curriculum for HIV s100 Education Programs

Contents

This standard should be read in conjunction with the National Standards for Certification of Community HIV s100 Prescribers and the Nationally Endorsed Curriculum for Community HIV s100 Prescriber Education Programs.

The National HIV Standards Training and Accreditation Committee

1) A National HIV Standards, Training and Accreditation Committee (NHSTAC) shall be convened at least annually by the Australasian Society for HIV Medicine (ASHM) and supported by the Australian Government Department of Health and Ageing.

2) The NHSTAC should provide advice to the Highly Specialised Drugs Working Party and to the Australian Government Minister for Health via the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVS). Such advice should concern standards for the management of HIV infection and whether arrangements at state/territory level for the accreditation and education of community s100 prescribers of antiretrovirals and other HIV/AIDS drugs are satisfactory in all respects; and, if they are not, what steps should be taken. The NHSTAC will review and annually update the National Standards for Accreditation of Community HIV S100 Education Programs and continuing professional development arrangements to ensure their continued relevance to a changing epidemic.

3) The NHSTAC should satisfy itself that all certification, accreditation and education arrangements are fair, transparent, comprehensive and of adequate standard.

4) The NHSTAC 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 antiretrovirals and other HIV/AIDS 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 NHSTAC should be notified of any such agreements, and should satisfy itself as to their adequacy. Suitable programs of HIV related continuing professional development (CPD) must be available for all S100 prescribers.

6) Continuing medical education programs must reflect any standards, treatment guidelines, models of care and technical bulletins issued from time to time by the NHSTAC, Australian Government and its advisory committees. They should consider any state or territory policy or directive which could have national applicability, such as antiretroviral guidelines, government policy directives and guidelines. Regular and satisfactory participation in HIV related CPD programs must be a requirement for continuing prescriber certification – prescribers should be required to accrue a given number of HIV continuing professional development points each year (depending on each state or territory's program, but deemed equivalent to the National Standard for HIV continuing professional development (CPD) in HIV Medicine).

7) Special support should be considered (where necessary) to assist the participation of practitioners in HIV specific continuing professional development programs, particularly those from rural and remote areas.

8) Notwithstanding clause (5), a state or territory may reject applications from practitioners whom, it believes, are unlikely to attract a sufficient HIV 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 HIV 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 HIV clinician for mentorship and clinical advice, including shared care. Where possible, shared care arrangements with experienced HIV 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 HIV specialists and facilities.

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

For doctors wishing to become prescribers, but who cannot demonstrate substantial recent experience in HIV 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) HIV transmission prevention

    b) Gaining informed consent and delivering a positive result

    c) Monitoring of the health of people with HIV infection and the efficacy of their treatment

    d) Indications for initiation of antiretroviral therapy

    e) Antiretroviral therapies including mechanisms of action, contraindications, associated side-effects, interactions with other drugs, co-morbidities and their management

    f) Prevention of opportunistic infections other HIV-associated conditions

    g) Early recognition, diagnosis and appropriate primary care of possible opportunistic infections, tumours, or other complications of HIV 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 affected sub-populations including, but not limited to: men who have sex with men (MSM), people who inject drugs (PWID), women, Indigenous people, sex workers, people from culturally and linguistically diverse backgrounds, people with haemophilia and transfusion recipients

    i) The social impact of HIV on the patient, partners, friends, carers and family

    j) Mental health (including alcohol and other drug) issues relating to HIV care

    k) Prevention and management of common HIV co-morbidities

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

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Original Version Endorsed by the MACASHH and MACASHH HIV/STI Committee, 23 March 2005 Original Version Endorsed by the IGCAHRD, 5 April 2005

Reviewed and revised by the National HIV Clinical Sub-Committee 2006, 2007, 2008, 2010 Reviewed and unchanged by the National HIV Standards, Training and Accreditation Panel 2012 Reviewed and revised by the National HIV Standards, Training and Accreditation Committee 2014 Reviewed and revised by the National HIV Standards, Training and Accreditation Committee 2015

Nationally Endorsed Curriculum for Community HIV s100 Education Programs

As outlined in the National Standard for Accreditation of Community HIV S100 Education Programs a comprehensive introductory s100 prescriber education program must be available and be capable of providing an adequate background to the field.

Upon completion of such a program, applicants should be able to demonstrate understanding of the following areas:

a) HIV transmission prevention

b) Gaining informed consent and delivering a positive result

c) Monitoring of the health of people with HIV infection and the efficacy of their treatment

d) Indications for initiation of antiretroviral therapy

e) Antiretroviral therapies including mechanisms of action, contraindications, associated side-effects, interactions with other drugs, co-morbidities and their management

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

Key competencies of the course

1) Describe the current HIV epidemiology at local, national and global levels

2) Demonstrate knowledge and understanding of the science of HIV infection, as well as its implications for the prevention of disease and the clinical management of patients with HIV and related infections

3) Demonstrate understanding of the principles of antiretroviral therapy and competence in selecting, prescribing and monitoring appropriate therapy in a range of clinical scenarios

4) Demonstrate understanding of scientific principles on which diagnostic and treatment decisions in HIV care are based

5) Demonstrate competence in interpreting clinical and other relevant information to guide effective care of people living with HIV infection

6) Demonstrate competence in planning, implementing and evaluating the clinical care of patients with HIV across all stages of the disease

7) Demonstrate competence in managing the complex health problems experienced by patients with HIV

8) Outline the importance of demonstrating respect for patients' choices and adhering to the legal obligations associated with HIV care

Learning outcomes of the course:

1. Clinical Science of HIV Medicine

After completion of the course participants will be able to:

a) Demonstrate a basic understanding of the likely origins of HIV and how these have led to the current distribution of HIV globally and in Australia
b) Demonstrate an understanding of the major risks of transmission according to exposure
c) Demonstrate a basic understanding of HIV virology at a conceptual level
d) Describe the stages of the HIV life-cycle
e) Describe the specific structure of HIV and how it attacks cells of the immune system, including genetic composition, components of genetic material and what they encode
f) Distinguish between HIV-1 and HIV-2 and explain this difference to patients
g) Outline the immune response to HIV and demonstrate a basic understanding of the impact of HIV on the immune system
h) Outline how differences in the immune system impact on outcome from HIV infection
i) Describe the clinical course of HIV infection, including how the factors related to disease progression may differ between patients
j) Describe the basic principles of antiretroviral therapy
k) Describe the classes of antiretroviral drugs in clinical use and demonstrate a basic understanding of the concept of combination therapy

2. The science of HIV and the principles and practice of testing

After completion of the course, participants will be able to:

a) Demonstrate an understanding of the current epidemiology of HIV, including at state/territory, national, regional and global level
b) Demonstrate an understanding of the principles of HIV testing, including point of care testing
c) Demonstrate an understanding of the surrogate markers for HIV disease and their clinical significance
d) Apply knowledge of the stages of HIV pathogenesis with respect to testing, interpretation of results, diagnosis, treatment and resistance
e) Demonstrate an understanding of the nature of HIV antibody testing (ELISA and Western Blot) and supplemental HIV testing (p24Ag, HIV proviral DNA, HIV RNA viral load), including the difference between HIV-1 and HIV-2
f) Interpret a range of HIV monitoring test results
g) Demonstrate competence in explaining the relationship between surrogate markers (CD4 and viral load) and disease progression to a newly diagnosed patient
h) Explain the significance of timing of risk exposure and testing in the interpretation of diagnostic test results
i) Describe the implications for treatment decisions using HIV RNA viral load, the likely results at different stages of HIV disease, the relevance of the set-point and the variability between different assay types
j) Choose appropriate testing approaches to diagnose and manage HIV infection
k) Demonstrate due appreciation of the sensitive nature of the testing, diagnostic process and communication of results to patients
l) Demonstrate competence in conveying a positive test result sensitively and appropriately to a patient, as well as a readiness to provide or referring the patient for additional counselling where appropriate

3. Care of the patient newly diagnosed with HIV

After completion of the course, participants will be able to:

a) Describe the natural history of untreated and treated HIV infection, as well as its implications for public health, risk management, primary prevention and treatment interventions

b) Demonstrate an understanding of the need for exclusion of opportunistic infection, other blood borne viruses and STIs prior to treatment
c) Demonstrate an understanding of the implications of co-morbidity for treatment decisions and toxicity management
d) Critically appraise test results, the need for treatment and the patient's readiness for therapy
e) Explain the goals of therapy to a newly diagnosed patient
f) Outline the importance of laboratory testing to monitor the patient's health and the response to therapy
g) Describe the appropriate management of a patient newly diagnosed with HIV infection, including strategies for prevention of opportunistic infections and co-morbidities
h) Demonstrate competence in developing a patient-oriented clinical management plan
i) Demonstrate an understanding of the impact of social, psychological and lifestyle factors on a patients' treatment outcomes
j) Demonstrate respect for and adherence to legal requirements and guidelines in relation to testing for, notification and documentation of HIV infection and other reportable infections

4. The use of antiretroviral drugs in HIV medicine

After completion of the course, participants will be able to:

a) Demonstrate understanding of the mechanisms of action of antiretroviral drugs, as well as their role in prevention of disease progression and further transmission
b) Describe the means by which they will keep up-to-date with the different antiretroviral drugs licensed in Australia
c) Explain the goals of anti-retroviral treatment
d) Demonstrate an understanding of the s100 prescribing regulations, as well as the purpose of treatment guidelines and the Australian Commentary on the USA Department of Health and Human Services (DHHS) Guidelines for the Use of Antiretroviral Agents in HIV-1 Infected Adults and Adolescents
e) Describe and explain effectively to a patient the importance of adherence to antiretroviral treatment in preventing viral treatment failure and resistance
f) Critically assess the risks and benefits associated with particular antiretroviral drugs in the context of concomitant conditions that may influence treatment strategies
g) Demonstrate an appreciation of the complexity of factors influencing patients' treatment decisions
h) Describe the principles for initiation of antiretroviral therapy
i) Describe the role of genetic testing before initiation of antiretroviral therapy
j) Demonstrate the importance of drug interactions in antiretroviral therapy and how to assess these on a case-by-case basis

5. Monitoring the patient

After completion of the course, participants will be able to:

a) Demonstrate an understanding of the prognosis of untreated and treated HIV disease
b) Demonstrate an understanding of the mechanisms through which HIV may develop antiretroviral resistance and appropriately request investigations to determine resistance patterns
c) Identify evidence of viral resistance and develop appropriate management strategies
d) Explore issues of under-adherence with a patient, with reference to its implications for resistance and disease progression, then develop appropriate management strategies
e) Demonstrate the ability to work in partnership with the patient in exploring the risks and benefits associated with treatment changes and the risks of patient initiated therapy interruptions

f) Demonstrate the ability to develop a clinical management plan with a patient on continuing therapy, incorporating strategies for primary prevention, health promotion and harm minimisation
g) Demonstrate understanding of the principles for the management of occupational and non- occupational exposures to HIV, as well as the ability to access and utilise national guidelines in this area

6. Clinical management of HIV drug toxicities and infections

After completion of the course, participants will be able to:

a) Recognise and evaluate the clinical manifestations of adverse reactions to antiretroviral therapy
b) Demonstrate an understanding of the factors contributing to the development of treatment toxicities and antiretroviral resistance
c) Assess patients for the presence of opportunistic infections and initiate appropriate investigations where they are suspected
d) Recognise virological and immunological evidence of treatment failure
e) Demonstrate competence in initial management of drug toxicity in a shared care model
f) Demonstrate an understanding of the implications of other associated illnesses on the prognosis and quality of life of people with HIV infection

7. Managing the complex needs of a patient living with HIV

After completion of the course, participants will be able to:

a) Demonstrate an understanding of the life-long psychosocial, behavioural and lifestyle factors influencing the management of people living with HIV infection over the long term
b) Describe the likely impact of treatment effects, new treatment and ageing on clinical decisions made in partnership with people living with HIV over the long term
c) Monitor and manage the effects of treatments, lifestyle, psychosocial illness, the risk of opportunistic infections and risk of transmission on the wellbeing of people with HIV infection
d) Recognise and assist people living with HIV infection to manage impairments and any resulting disability
e) Implement strategies for the effective management of symptoms in people living with HIV infection
f) Ensure that services are culturally appropriate and sensitive to the needs of people with HIV from all population groups
g) Work in partnership with other health care professionals to develop a plan for an integrated approach to community management of people with HIV infection over the long term
h) Demonstrate knowledge of appropriate referral pathways for people with complex HIV-related issues, including extensive antiretroviral resistance, reproductive considerations, co-infection with hepatitis B or C and unrelieved symptoms
i) Recognise their own professional needs and limitations, embracing a lifelong learning approach to ensure that they are able to maintain the currency of their understanding of HIV infection and practice
j) Demonstrate knowledge of risk of teratogenicity and antiretrovirals in pregnancy and the need to refer for specialist care during pregnancy.

1.0 Rationale

Effective Continuing Professional Development (CPD) is a cornerstone of medicine in Australia. S100 HIV community-based prescribers across Australia are required to participate in a dedicated CPD program to maintain quality of care and knowledge of HIV medicine in this evolving field of medicine.

2.0 Origin of this Document

This National Standard has been prepared by the National HIV Standards Training and Accreditation Committee that is hosted by the Australasian Society of HIV Medicine (ASHM) on behalf of the Ministerial Advisory Committee for Blood Borne Viruses (MACBBVs). MACBBVs is an Advisory Committee of the Commonwealth Department of Health and Ageing (DoHA).

The National HIV Standards Training and Accreditation Committee comprises multidisciplinary experts in HIV medicine from across Australia.

3.1 History of CPD in the HIV Sector

Some form of regulation of the prescription of HIV antiretroviral therapies (ART) has existed in Australia since the introduction of the first ART, Zidovudine, in 1987. CPD requirements have been integral to this regulatory system.
In 1995 with the advent of the promise of effective combination therapy, Commonwealth and State Health departments began examining the rationale, methodology and practice of dispensing HIV ART. This resulted in HIV ART being made available to People Living with HIV (PLHIV) through Section 100 (S100) of the Pharmaceutical Benefits Scheme (PBS). S100 is known as the Highly Specialised Drugs Program (HSDP). The process by which a medical practitioner was able to prescribe HIV S100 listed drugs was delegated to state health departments.
State health departments undertook this process in different ways. All mechanisms involved some form of CPD. From the outset, three states – NSW, Victoria and Queensland – set up separate entities to develop the CPD related components of the state health department mechanisms. Other state health departments have instigated similar activities or engaged the services of existing entities. Over time the methods and practice of these different education entities have become very alike.

In 2010 the National HIV Clinical Subcommittee began examining the possibility of standardising the CPD processes across Australia for two reasons:

1) this is a natural progression along the continuum of collaboration that exists between the organisations responsible for CPD;
2) this will enable smooth transfer of accreditation to prescribe across states.

This document is a result of this examination and discussion.

4.1 Accreditation Requirements

A community-based prescriber is required to participate in CPD to maintain accreditation to prescribe s100 HIV drugs in Australia. This is a requirement set out in the Highly Specialised Drugs Program (HSDP).

4.2 The point system

To assist the regulation of the diversity of CPD available to S100 HIV community-based prescribers, a point system has been developed.

S100 HIV community-based prescribers are required to accrue a minimum of 7 HIV CPD points annually.

Please note that prescribers in South Australia are required to accrue 5 of their 7 annual points partaking in South Australian based CPD activities.

The 7 HIV CPD points should be composed of a mix of training courses, clinical updates, clinical mentoring, clinical placement, clinical audit, conference attendance or online activities. Variety is encouraged. This is further explored in Section 5.

4.3 Links with HIV specialist

S100 HIV community-based prescribers are required to demonstrate an established link with an experienced HIV specialist located within a recognised HIV treatment unit. This may be in a public hospital or may be in a recognised specialist General Practice. Different local jurisdictions have different requirements about the location of the specialist however this National Standard requires that all S100 HIV community-based prescribers are able to demonstrate this relationship.

4.4 Mentoring

S100 HIV community-based prescribers are required to maintain and demonstrate a relationship with a mentor in the first full year following initial accreditation to prescribe HIV ART. The mentor may (or may not) be the specialist described in section 4.2. Subsequent to this the continuing relationship with a mentor is strongly encouraged but is not mandatory.

4.4.1 The Mentor

The Mentor is required to be a registered Medical Practitioner currently working in HIV Medicine and needs to have demonstrated ongoing contemporary experience in HIV Medicine and a demonstrated commitment to CPD in HIV Medicine.

4.4.2 The accredited prescriber

In the first 12 months, S100 HIV community-based prescribers are required to maintain contact with their nominated mentor to discuss treatment and management options. In the first instance, responsibility for contact remains with the prescriber.

Times and reasons for making contact vary and may include:

- diagnosis of a new patient with HIV
- initiating treatment regimens,
- changing treatment regimens,
- suspicion of adverse reactions to antiretroviral therapies.

- potential drug interactions

Prescribers with no current caseload of people with HIV still are asked to contact their mentor every three months.

The continuation of this relationship is encouraged after the initial 12 month period.

4.4.3 Reporting

Other than on initial documentation, the relationship between mentor and prescriber is not formally evaluated or reported unless:

1. The prescriber wishes to register this relationship as one of the activities to gain CPD points. See section 5.7 for point allocation for this activity.
2. The prescriber allows their ongoing accreditation to prescribe HIV ART to lapse and seeks re-accreditation.

5.1 CPD Point Allocation

Points are allocated within the framework of the following principles:

1. Relevance to prescription of HIV ART
2. Relevance to overall management of an individual with HIV
3. Quality of the education experience
4. Demonstration of lack of pharmaceutical industry bias in content

5.2 Prescription of ARV

It is expected that the majority of CPD points accrued be directly related to S100 HIV drug prescription.

5.3 Management of PLHIV

S100 HIV community-based prescribers are able to apply for (HIV) CPD points to be awarded for some non-HIV specific educational activities such as, hepatitis, diabetes, mental health issues or cardiovascular disease. If adjudication is successful, these will be awarded a maximum of 1 (HIV) CPD point per activity and can account for up to 2 (HIV) CPD points per year.

5.4 Quality of educational event

In general, a greater number of points are awarded for activities with stronger emphases on learning. This includes the organisation of the educational event (e.g. aim, objectives, defined learning strategies and outcomes, evaluation) as well as the structure of the activity itself (e.g. active structured discussion with peers and experts versus didactic presentations).

5.5 Lack of pharmaceutical company bias

In general, a greater number of points are awarded for activities that have a demonstrated lack of pharmaceutical company bias.

Education activities organised by companies working in the pharmaceutical industry deserve particular focus. Adjudication and award of points will be undertaken according to the Medicines Australia Code of Conduct and Royal Australian College of Physicians (RACP) guidelines for ethical relationships between physicians and industry.

Adjudication of education activities adheres to the principles of the RACP:

1. Full disclosure of sponsorship and declaration of conflicts of interest
2. Independence of planning, content and speaker selection
3. Independent organising group, to include a majority of individuals without conflict of interest

4. Clear guidelines and disclosure statements for speakers
5. Accreditation of educational activity, including evaluation and feedback mechanism.

5.6 RACGP and ACRRM accreditation

As a general rule activities relevant to HIV medicine (see section 5.2) that have been accredited by the Royal Australian College of General Practitioners (RACGP) or the Australian College of Rural and Remote Medicine (ACRRM) will receive rapid and favourable adjudication as the education activity has already progressed through a rigorous review process.

5.7 Adjudication

Adjudication of CPD to accrue HIV points is undertaken by local authority within each jurisdiction. The local authority may choose to seek the advice of the National HIV Clinical Subcommittee as outlined in section 5.9.

While each jurisdiction designs and maintains its own processes for S100 HIV community-based prescribers to apply for recognition of CPD and rollover of accreditation to prescribe, the following principles guide this process:

1. The process is not onerous for S100 HIV community-based prescribers
2. The process acknowledges the limited time S100 HIV community-based prescribers are able to devote to this activity.
3. The process does not penalise S100 HIV community-based prescribers.

5.8 Pre adjudicated activities

There are many activities that are regular and are standard across time periods and across geographic regions. These activities will receive approval.

There are also distinct types of activities (e.g. case conferencing) that are able to receive approval if the activity is undertaken in the same manner and content is similar each time it is staged.

Examples of activities that fall into these two groups that may be pre-adjudicated appear below.

	Activities that may be pre-adjudicated by the local authority			
	Activity	**Suggested Individual Points**	**Suggested Max points per year**	**Comments**
5.7.1	Prescriber course in HIV Medicine that enables accreditation to prescribe HIV ART	8 per course	8	Courses offered by any accredited body, nationally and internationally. Assessment must be completed. Without assessment – 4 - 6 points at discretion of local authority. Reflective of the importance of access to contemporary treatment information.
5.7.2	Annual update session organised by local education unit	6 per course	6	6 points recorded if attend whole day. Otherwise 1 point per hour recorded
5.7.3	Attendance at HIV conference	3 per day	6	Record of attendance as per RACGP sign in register required. (For international conferences disclosure or relevant sessions and time spent on HIV is required). Less points at discretion of the local authority
5.7.4	Feedback from HIV conference to peers	2 for each session delivered	4	These points are in addition to attending a conference. Points allocated for preparing and delivering information from conference to peers. Reporting may take a variety of forms: - formal presentation - small group learning - written report

	Activities that may be pre-adjudicated by the local authority			
	Activity	**Suggested Individual Points**	**Suggested Max points per year**	**Comments**
5.7.5	Involvement in presenting to, and assessment of, HIV prescribers	1 per hour	4	
5.7.6	RACGP Clinical audit in an HIV field	2 per hour	2	May be over the course of the year or cross over two years. Evidence of steps of clinical audit provided to RACGP sufficient for this activity.
5.7.7	Clinical meetings in HIV	2 per session	6	Meeting must be at least one hour in length. Meetings with Pharmacy Company involvement fall under the principles of point 5.4 of this document and may attract different points at the discretion of the local authority.
5.7.8	Participation in (and demonstration of active learning) existing regular HIV case conference activities.	2 per hour	6	Case conferences that have an appropriate peer review component
5.7.9	Membership of HIV professional body	2 per membership	2	In Australia, membership of the Australasian Society for HIV Medicine
5.7.10	Online learning at reviewed sites.	1 per hour	6	Sites reviewed by ASHM or other professional body. Must be able to provide to local authority certificate outlining completion and assessment completed
5.7.11	Demonstrated involvement in use of mentorship (as mentor or mentee)	2 per hour	6	Per hour of involvement. Contact with mentor is to made to determine demonstrated involvement in this activity
5.7.12	Clinical Attachment	2 per hour	6	Clinical attachment with unit recognised in expert HIV care.

	Activities that may be pre-adjudicated by the local authority			
	Activity	**Suggested Individual Points**	**Suggested Max points per year**	**Comments**
5.7.13	Non HIV related CPD	1 per CPD activity	2	Submitting CME which meets the requirements of the Royal Australian College of General Practitioners QA & CPD program may be suitable. This remains at the discretion of the local authority. Prescribers can apply to the local authority for adjudication on specific activities.
5.7.14	Other activities relevant to HIV medicine			Adjudicated on a case by case basis. See section 5.8

5.9 Individually adjudicated activities

In addition to the list of activities described in section 5.7, S100 HIV community-based prescribers and/or activity organisers may submit individual education activities for adjudication by their local authority.

S100 HIV community-based prescribers may submit individual education activities for adjudication before or after the activity has taken place. Any outcome of this adjudication will apply to all S100 HIV community-based prescribers (across Australia) who have attended that particular event.

Example: Dr X attends a pharmaceutical evening in Adelaide and a short period of time after submits information about this activity to the local decision making authority in line with the guidelines for that area. The decision reached is that the activity is allocated 1 HIV CPD point. This allocation applies to all S100 HIV community-based prescribers who attended that event and there were 3 S100 HIV community-based prescribers from South Australia, 1 from Perth and 2 from Queensland.

Activity organisers may also submit their activities for adjudication to their local authority. Activity organisers are required to submit this application prior to the event being staged. This will enable local authorities to include this event in any notifications to the group of local S100 HIV community-based prescribers and to include reference to the HIV CPD point allocation as is local practice.

It is anticipated that new activities from new organisers generally will be placed on the agenda of the National HIV Standards, Training and Accreditation Committee or the regular National HIV Educator Meetings by the local authority to continue and foster cross – jurisdictional collaboration and to maintain standardised practice. This may be before or after the activity has been staged and HIV CPD points awarded locally.

Activity organisers are to abide by the following terms and conditions for submission of an activity for HIV CPD adjudication:

1. All applications and supporting documentation to be submitted electronically;
2. Activity Organisers are to supply details of the entire program and all available training materials. This includes any PowerPoint presentations;
3. Direct marketing of an industry drug is not acceptable and is prohibited at an event being considered for HIV CPD accreditation;
4. Attendance lists supplied to the local authority in electronic format within two weeks of the event;

5.10 Role of National committee in direct adjudication.

There may be occasions where the NHSTAC (National HIV Standards, Training and Accreditation Committee) participates in the adjudication process directly.

Examples include:

1. Where an individual local authority chooses to raise a specific activity because of its complexity and seeks advice from the NHSTAC
2. Where an activity is being conducted in multiple sites across the country and adjudication at a national level will offer standardisation and time savings
3. Where an activity is attended by individuals from across the country (e.g. national conference).

6.1 Accreditation

Initial accreditation to prescribe HIV ART in a community setting is dependent on participating in education and successfully passing assessment. The exact method of this education and assessment is determined by the local education authority and is governed by the 'National Standards for Accreditation and Certification'.

Yearly ongoing accreditation is dependent on successfully accruing 7 HIV CPD points per year. The S100 HIV community-based prescriber is notified by their local education authority of their success (or otherwise) in accruing the required points. Consequent application for roll-over of accreditation to prescribe HIV ART to the local state health department rests with the individual. However, it is noted that some local authorities have entered into an arrangement with their state health department to assist the individual S100 HIV community-based prescriber with this requirement.

6.2 Yearly Rollover

At the end of each reporting year the S100 HIV community-based prescriber is required to have accrued a minimum of 7 HIV CPD points. The S100 HIV community-based prescriber submits this list to the local education authority and the local education authority informs the S100 HIV community-based prescribers of their success (or otherwise) in accruing the required points.

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6.3 Allowable time period

A period of 'grace' exists for those S100 HIV community-based prescribers unable to submit their end-of-year paperwork on time. The exact time period is to be determined on a case-by-case basis by the local authority however as a general guide this period of grace should not move beyond 6 months into the following year before formal renewal processes are required (see section 7.0).

7.1 Renewal

There are various circumstances in which an existing S100 HIV community-based prescriber may cease being an accredited prescriber and may, after a period of time, wish to renew their accreditation. Examples may include leaving the medical workforce for a period (long service leave, maternity leave, extended travel) or having no requirement to prescribe HIV ART (no patients with HIV, patients with HIV not requiring treatment) or transfers and changes (moved into another specialty).

While the reason for the absence is non-consequential, both the period of the absence and whether any HIV related work or training has been undertaken during the absence are important.

7.2 Short absence

A short absence is described as a period of 12 months or less.

If a S100 HIV community-based prescriber wishes to renew their accreditation to prescribe HIV ART after a short absence there is no additional onus on them to undertake education activities prior to recommencing prescription of HIV ART. The requirement for a relationship with a specialist in HIV and the requirement for a mentor remains the same (see sections 4.2 and 4.3).

S100 HIV community-based prescribers returning to practice after an absence of less than 12 months are encouraged to participate in education as soon as is practically possible.

Accumulation of HIV CPD points will operate pro-rata for the year of the short absence.

Example: If the S100 HIV community-based prescriber has been absent for 3 months of one calendar year they will be required to accrue 5 HIV CPD points for that year rather than 7.

7.3 Long absence

A long absence is described as a period of more than 12 months.

If a S100 HIV community-based prescriber wishes to renew their accreditation to prescribe HIV ART after a long absence they are required to accrue a full 7 HIV CPD points prior to be accredited to prescribe HIV ART. This will usually be through attending the prescriber education course in the local area that enables accreditation to prescribe HIV ART however it may also be through a combination of other activities (e.g. attendance at a yearly update and involvement in peer reviewed case discussions). If a prescriber has undertaken training in HIV medicine or treatment of HIV patients during their period of absence from the programme they can apply to have this activity recognised as CPD in the usual manner as described in this document.

8.0 Appeal

Appeals to adjudication results are conducted through local authorities and decisions about appeals will be consistent with the principles outlined in this document.

Ratified and approved by the National HIV Standards, Training and Accreditation Panel 26 Sept 2011 Reviewed and revised by the National HIV Standards, Training and Accreditation Committee 2014

Reviewed and revised by the National HIV Standards, Training and Accreditation Committee 2015

General practitioners and community-based medical practitioners applying for authority to prescribe highly specialised drugs independently, for the treatment of people with HIV in a community setting, must fulfil each of the following five criteria.

1. They must have:

i. successfully completed an HIV medicine course endorsed by their state or territory health department and any associated assessment (contact ASHM for information on course providers)

or

ii. **(a)** had substantial experience as either: a consultant physician with responsibility for the management of HIV/AIDS in a teaching hospital with a significant HIV caseload or as a sexual health practitioner with responsibility for the management of HIV/AIDS in a sexual health clinic with a significant HIV caseload, or as a general practitioner with responsibility for the management of HIV/AIDS in a practice with a significant HIV caseload, **and**

(b) been deemed by the ASHM National HIV, Standards, Training and Accreditation Committee to have appropriate grounding and experience in the practice of HIV medicine

or

iii. Been an authorised prescriber in another Australian state or territory

or

iv. completed at least one year full-time (or equivalent) supervised advanced training in a relevant area, provided that the training includes regular responsibilities in the assessment of patients with HIV in the outpatient setting and the supervised prescribing of highly specialised drugs for their treatment

or

v. **(a)** completed 40 half-day sessions (or their equivalent) in a specialised HIV clinic with access to a senior on-site HIV physician or practitioner and other direct supervision or peer review of case management **and**

(b) been deemed by the ASHM National HIV, Standards, Training and Accreditation Committee to have appropriate grounding and experience in the practice of HIV medicine

2. They must demonstrate knowledge of guidelines for the management of exposure to HIV.

3. They must demonstrate adequate knowledge of relevant legal issues including:

a. Power of attorney, medical power of attorney and next-of-kin issues
b. Their duties in relation to HIV specific aspects of relevant public health legislation and patient responsibilities in terms of transmission prevention and/or partner notification

4. They must provide evidence of appropriate support from senior clinicians from a public hospital with a designated HIV/AIDS unit, and demonstrate knowledge of highly specialised drugs for the treatment of HIV.

5. They must demonstrate commitment to ongoing education in relation to HIV and compliance with the program of continuing professional development recognised by the relevant state or territory.

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