

National Standard for Accreditation of HCV s100 Community Prescriber Education Programs

- 1 Each state and territory should establish a mechanism for the accreditation and training of prescribers of drugs supplied under the Highly Specialised Drugs Program. In some cases, this may take the form of a formal endorsement of a system operating in another state. In such an instance, a formal agreement should be reached between the two state Health Departments to allow practitioners to take full part in continuing medical education and any other relevant programs. The Commonwealth should support the flow of information and communication between states and territories participating in the program, to ensure national parity.
2. Standards for accreditation and continuing medical education arrangements should be reviewed and updated annually and implemented at state and territory level to ensure their continued relevance to a changing epidemic.
3. Continuing medical education programs must reflect any standards, treatment guidelines, models of care and technical bulletins issued from time to time by the Australian Government and its advisory committees, and should consider any state or territory policy or directive which could have national applicability such as antiviral guidelines, models of care, government directives and health circulars.
4. For doctors wishing to become prescribers, comprehensive introductory courses must be available which are capable of providing an adequate background to the field. Upon completion of such a course, applicants should be able to demonstrate an appropriate level of knowledge, include:
 - (a) HCV transmission and prevention;
 - (b) Pre- and post-antibody testing counselling;
 - (c) Monitoring of HCV infection, including genotyping, the role of PCR, viral load and liver biopsy, including an understanding of the risks associated with liver biopsy and its function in staging disease;
 - (d) Antiviral therapies and indications for antiviral therapy, including associated side-effects, adverse events, interactions with other drugs, co-morbidities and their management;
 - (e) Management of life style factors including alcohol and other drug use;
 - (f) Early recognition, diagnosis and appropriate primary care or referral of possible complications of HCV, and
 - (g) Monitoring of patients on therapy and a good understanding of the conditions requiring cessation of therapy under s100 guidelines.

In addition mechanisms should be made available to ensure that community prescribers have appropriate access to appropriately skilled and experienced tertiary facility based specialists, ancillary and support staff and facilities.

5. For all prescribers, suitable programs of continuing medical education must be available. Regular and satisfactory participation in such programs is a requirement for continuing prescriber accreditation. Prescribers must accrue a specified number of HCV continuing medical education points (depending on each state's program, but deemed equivalent to a National Standard) each year. Where necessary, special support should be

considered to assist the participation of practitioners in continuing medical education programs, particularly those from rural and remote areas. These programs must be responsive to conveying any changes to arrangements governing HCV s100 prescribing

6. All prescribers must have an adequate knowledge of:
 - (a) Co-infections common in HCV and their management;
 - (b) Pain relief and symptom control (particularly in relation to injecting drug users);
 - (c) Legal issues (including power of attorney and medical power of attorney); and next-of-kin issues.

7. All prescribers must have an adequate knowledge of the psychosocial management of HCV infection and treatment, including:
 - (a) The specific needs (in the context of HCV) of injecting drug users, women particularly in relation to issues around therapy and teratogenicity, indigenous people, people from culturally and linguistically diverse backgrounds, people with haemophilia and transfusion recipients;
 - (b) Its social impact on the patient, friends, carers and family

8. The Commonwealth should satisfy itself that all selection, accreditation and education arrangements are fair, transparent, comprehensive and of adequate standard.

9. Notwithstanding (8), a state or territory may reject applications from practitioners whom it believes are unlikely to attract a sufficient HCV caseload to their practices 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.

10. States and territories may allow prescription of s100 drugs by practitioners who are undertaking training to achieve these standards, provided that they are appropriately supervised by practitioners who are already accredited.

11. The states and territories should ensure that adequate processes exist by which physicians with low caseloads, and those in rural, remote and outer suburban areas, can readily access specialist clinical advice. Where appropriate, arrangements by which patients can be co-managed should be considered.