



National Standards for the Hepatitis B s100 Community Prescriber Program

Incorporating the:

1. [National Standard for Accreditation of Community HBV s100 Education Programs](#)
2. [Nationally Endorsed Curriculum for Community HBV s100 Education Programs](#)
3. [National Standard for Certification of Community HBV s100 Prescribers](#)



**AUSTRALASIAN
HEPATOLOGY
ASSOCIATION**

This version endorsed by GESA, ASID and AHA

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Abbreviations

AHA	Australasian Hepatology Association
ASHM	Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine
ASID	Australasian Society of Infectious Disease
BBVSS	Blood Borne Viruses and Sexually Transmissible Infections Standing Committee
GESA-ALA	Gastroenterological Society of Australia – Australian Liver Association
HBV	Hepatitis B Virus
HBVCSAP	Hepatitis B Virus Clinical Standards and Accreditation Panel
HIV	Human Immunodeficiency Virus
PBAC	Pharmaceutical Benefits Advisory Committee
VHHITAL	Victorian HIV and Hepatitis Integrated Training and Learning

1 National Standard for Accreditation of Community HBV s100 Education Programs

This standard should be read in conjunction with the [Nationally Endorsed Curriculum for Community HBV s100 Education Programs](#) and the [National Standard for Certification of Community HBV s100 Prescribers](#).

1.1 The National HBV Clinical Standards and Accreditation Panel

- a. A National HBV Clinical Standards and Accreditation Panel (HBVCSAP) shall be convened periodically by the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM). It will have representation from the Gastroenterological Society of Australia – Australian Liver Association (GESA-ALA), the Australasian Hepatology Association (AHA), and the Australasian Society of Infectious Disease (ASID).
- b. The HBVCSAP should provide advice to the Pharmaceutical Benefits Advisory Committee (PBAC) and to the Australian Government Minister for Health via the Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS). 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.
- c. The HBVCSAP will review and periodically update the National Standards for the HBV s100 Prescriber Program and continuing professional development arrangements to ensure their continued relevance to a changing epidemic.
- d. The HBVCSAP should satisfy itself that all certification, accreditation and education arrangements are fair, transparent, comprehensive and of adequate standard.
- e. This work is supported by the Australian Government Department of Health.

1.2 Responsibilities of States and Territories

- a. Each state and territory should establish a mechanism for the training (see clause 1.3) and certification of prescribers of antivirals and other hepatitis B drugs supplied under the Highly Specialised Drugs Program, in line with Australian Government standards.
- b. Suitable programs of hepatitis B related continuing professional development (CPD) must be available for all s100 prescribers. CPD programs must reflect any standards, treatment guidelines and technical bulletins issued from time to time by HBVCSAP, the 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 CPD points each year according to the CPD requirements laid out by HBVCSAP.
- c. Special support should be considered (where necessary) to assist the participation of prescribers in hepatitis B specific CPD opportunities, particularly those from rural and remote areas and those with other clinical or logistical barriers to CPD participation.
- d. Notwithstanding clause 1.2 (a), 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.

- e. 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.
- f. The states and territories should ensure that adequate processes exist by which 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 medical or nurse practitioner for mentorship and clinical advice. Shared care arrangements with experienced hepatitis B practitioners should be encouraged and supported.
- g. In addition, mechanisms should be made available to ensure that prescribers have access to appropriately skilled and experienced tertiary-facility-based hepatitis B specialists and facilities.

1.3 Training standards

Medical and nurse practitioners who wish to become authorised prescribers of hepatitis B s100 medicines, but who cannot demonstrate substantial recent experience in managing patients with hepatitis B, should complete a comprehensive hepatitis B s100 prescriber education program. Such a program should reflect the [Nationally Endorsed Curriculum for Community HBV s100 Education Programs](#).

1.4 Prescriber certification standards

Medical and nurse practitioners applying for hepatitis B s100 prescribing authority will be required to fulfil the criteria laid out in the National Standard for Certification of Community HBV s100 Prescribers.

2 Nationally Endorsed Curriculum for Community HBV s100 Education Programs

As outlined in the National Standard for Accreditation of Community HBV s100 Education Programs, a comprehensive hepatitis B s100 prescriber education program should be available and be capable of providing an adequate background to the field. The program currently administered by ASHM (and VHHITAL in Victoria) consists of a Hepatitis B s100 Prescriber Course, followed by continuing professional development opportunities and linkage to ongoing support. This curriculum outlines the content of the Hepatitis B s100 Prescriber Course as determined by HBVCSAP.

2.1 Course description

The Hepatitis B s100 Prescriber Course provides medical and nurse practitioners working in primary care and other settings with the necessary knowledge and skills to manage and treat patients living with chronic hepatitis B. The course consists of three introductory online modules, a one-day face-to-face course, and a post-course online multiple-choice assessment.

2.2 Expected course participants

This course is targeted at general practitioners, nurse practitioners and other community-based medical practitioners who are accredited to practice in Australia. The course will be of particular benefit to practitioners who see patients at higher risk of chronic hepatitis B, including Aboriginal and Torres Strait Islander people and people born in countries with intermediate or high prevalence of hepatitis B.

2.3 Learning outcomes

Upon completion of the course, applicants should be able to:

- Outline the critical role of primary care in the diagnosis, management and treatment of people living with chronic hepatitis B
- Plan long-term care, including guideline-based monitoring and hepatocellular carcinoma screening, for patients with chronic hepatitis B
- Select and prescribe first-line antiviral treatment when clinically indicated
- Identify situations where specialist advice or referral is required
- Integrate principles of person-centred and culturally competent care into hepatitis B management

2.4 Case scenarios

The course should include case scenarios that cover:

- a. Patients from priority populations including, but not limited to:
 - people from culturally and linguistically diverse backgrounds
 - Aboriginal and Torres Strait Islander people
 - men who have sex with men
 - people who inject drugs
- b. The social and mental impact of chronic hepatitis B on the patient, partners, friends, family and carers, including the experience of stigma and discrimination in the family or community.

Additional cases covering scenarios less likely to be managed in primary care settings should be made available to accredited prescribers as part of the continuing professional development program. This will allow prescribers to selectively engage with advanced content based on their own interests and relevance to their practice. Such case scenarios may include management of hepatitis B:

- during immunosuppression
- during and after pregnancy
- in people who have spent time in custodial settings
- in people living with HIV and/or hepatitis C coinfection

2.5 Curriculum content

The curriculum reflects the learning objectives outlined below:

Online Modules

Module 1: Priority populations, testing and interpreting results

- Define the priority populations for hepatitis B in Australia
- Describe guideline-based testing for chronic hepatitis B
- Interpret serology to determine a patient's hepatitis B status

Module 2: Importance of learning your patient's family history

- Explain the importance of taking a family history for patients with hepatitis B
- Describe modes of hepatitis B transmission
- Discuss principles of cultural competency relating to hepatitis B management

Module 3: Diagnosis, assessment and initial management

- Describe the natural history of hepatitis B infection
- Identify components of initial clinical assessment of patients with chronic hepatitis B
- Interpret test results to determine a patient's phase of disease
- Explain the importance of regular lifelong monitoring for patients with chronic hepatitis B

Face-to-face Course

Hepatitis B and the role of primary care

- Relate hepatitis B epidemiology to implications for clinical practice
- Explain transmission of hepatitis B and the principles of prevention, including contact tracing and vaccination
- Outline the critical role of primary care in the diagnosis, management and treatment of people living with chronic hepatitis B

Testing and diagnosis

- Explain principles of guideline-based testing for hepatitis B
- Interpret serology to determine a patient's hepatitis B status
- Demonstrate how to convey a positive test result for hepatitis B

Initial assessment

- Plan initial clinical assessment of patients with chronic hepatitis B
- Apply knowledge of the natural history of hepatitis B to determine phase of disease
- Explain the importance of regular monitoring for patients with chronic hepatitis B, including hepatocellular carcinoma surveillance for those at high risk

The decision to initiate treatment

- Summarise aims of treatment for chronic hepatitis B
- Evaluate patients' suitability for antiviral treatment

Choice of therapy

- Select appropriate first line antiviral treatment for patients with chronic hepatitis B
- Appraise treatment duration and definitions of response

Prescribing treatment

- Explain the process for prescribing hepatitis B s100 medication, including use of streamlined authority codes

Models of primary care

- Evaluate the suitability of chronic disease models of care for chronic hepatitis B management
- Examine primary care practitioners' roles and responsibilities in chronic hepatitis B shared care

On-treatment monitoring and adherence

- Plan clinical monitoring for patients receiving antiviral therapy
- Analyse the risks associated with non-adherence
- Outline circumstances under which antiviral treatment for chronic hepatitis B may be stopped

Specialist advice and referral

- Identify situations where specialist advice or referral is required

What's next? Becoming a hepatitis B s100 community prescriber

- Evaluate the critical role of primary care in the diagnosis, management and treatment of people living with chronic hepatitis B
- Explain the hepatitis B s100 prescriber program accreditation and maintenance procedures

3 National Standard for Certification of Community HBV s100 Prescribers

Medical and nurse practitioners applying for authority to prescribe highly specialised drugs independently for the treatment of people with chronic hepatitis B in a community setting must fulfil each of the following four criteria.

- a. They must have:
- i. successfully completed a Hepatitis B s100 Education Program endorsed by their state or territory health department including any associated assessment; contact ASHM or VHITTAL (Victoria only) for information

Or

- ii. had substantial experience as either:
 - a consultant physician with responsibility for the management of patients with hepatitis B in a teaching hospital with a significant hepatitis B caseload, or
 - a sexual health practitioner with responsibility for the management of hepatitis B in a sexual health clinic with a significant hepatitis B caseload, or
 - a general practitioner with responsibility for the management of hepatitis B in a practice with a significant hepatitis B caseload, or
 - a nurse practitioner with responsibility for the management of hepatitis B in a health service setting with a significant hepatitis B caseload, **and**
- iii. been deemed by the ASHM National HBV Clinical Standards and Accreditation Panel or an appropriate state or territory approving body to have appropriate grounding and experience in the practice of hepatitis B medicine

Or

- iv. Been an authorised prescriber in another Australian state or territory
- b. They must be linked to appropriate support from senior clinicians in a tertiary setting with expertise in the management of hepatitis B infection
- c. They must demonstrate commitment to ongoing education in relation to hepatitis B and a willingness to comply with the continuing professional development requirements outlined by HBVCSAP.