



**Australian Commission on Safety and Quality in Health Care
Draft Point of Care Testing Standard**

Submission from Hepatitis Australia

12 December 2025

Submitted by:

Hepatitis Australia, incorporated in 1997, is the peak community organisation progressing national action on issues of importance to people affected by hepatitis B and hepatitis C. Our members consist of the eight state and territory community hepatitis organisations. Our vision is to eliminate viral hepatitis for all, and our purpose is to enable everyone to live free from the impact of viral hepatitis. For more information, please visit our website <https://www.hepatitisaustralia.com/> .

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Our role

Hepatitis Australia leads the community response towards elimination of viral hepatitis, enabling everyone to live free from the impact of viral hepatitis. We serve people and communities impacted by viral hepatitis and the community hepatitis organisations who serve them by:

- listening to, understanding and articulating the needs of people impacted by viral hepatitis
- promoting public health policies and investment decisions that support the elimination of viral hepatitis
- providing viral hepatitis information and education to improve health literacy and health outcomes
- supporting our member organisations to deliver best practice programs at a local level, and
- working collaboratively with our member organisations and national partners to drive required action.

General remarks

Hepatitis Australia welcomes the development of the ACSQHC Point of Care Testing Standard and is grateful for the opportunity to review a draft and make this submission. Our comments are informed by input from member organisations incorporating relevant knowledge and expertise in service delivery with affected communities, including provision of POCT.

The content of our submission addresses all five areas of suggested scope for feedback. For simplicity, we present comments in a table with suggestions alongside the relevant section and current content.

We are happy to provide further information or explanation should it be helpful to discuss any aspect of our submission.

Attachments:

- A. Hepatitis Australia's detailed comments.

Attachment A – Hepatitis Australia detailed comments

Section / current content	Comments
<p>Introduction POCT occurs in acute primary, community, residential and domicillary care settings</p>	<p>POCT is a key and increasing feature of bloodborne virus testing in prisons, remand centres and other places of held detention. Consider including “detention settings”.</p>
<p>Introduction To address these concerns, there needs to be:</p> <ul style="list-style-type: none"> • [list] 	<p>Given the use of POCT for infectious diseases, consider reflecting (e.g., in the “adequate training” point]</p> <ul style="list-style-type: none"> • Communicating results to patients, and • Making notifications to public health units (following detection of a notifiable disease case or event).
<p>Introduction Application of the standards Implementing the POCT standards will protect patients ...</p>	<p>Consider “will help protect patients ...”</p>
<p>Terminology Clinician Health service provider</p>	<p>There is a typo (missing word; “care”) in this definition (“ ... and students who provide health [-----] under supervision.”)</p> <p>Whilst the definition of “Clinician” includes “non-registered practitioners” and “other professionals”, the feedback we have received from community organisations includes that peer and non-peer community workers (already trained for and delivering POCT) don’t see themselves in the description. These definitions and the Standard more broadly would be strengthened by better accounting for POCT undertaken by community workers (including peers) with appropriate training.</p> <p>For example, Hepatitis SA (amongst others) already has peer and non-peer community workers who are trained in hepatitis C POCT. Approved</p>

	<p>by the SA Viral Hepatitis Nursing Model of Care Group, these workers undertake pre and post-test counselling, complete consent forms, implement patient surveys when required, and deliver POCT with both <i>Insti</i> and <i>GeneXpert</i> technology. These POCT operators refer confirmed cases for treatment, notify cases, and record medical information in patient records. We understand the South Australian Health Department is in discussions with Hepatitis SA about expanding hepatitis C POCT currently delivered two days per week (by Hepatitis SA) at the Adelaide Remand Centre to include syphilis POCT.</p> <p>In addition to the definition of ‘Clinician’, there are many other sections of the draft Standard (i.e., the 58 occasions in which the draft Standard refers to “clinician” or “clinicians”) needing to better account for and be more exclusive of POCT delivered by trained peer and non-peer community workers. Might it be an option to consider “POCT operators” instead of or in addition to “clinicians”?</p>
<p>2. Workforce performance and effectiveness Explanatory notes Where there is a gap between training and patient testing ...</p>	<p>For clarity, consider replacing “gap” with “delay”.</p>
<p>3. Partnering with consumers Actions 3.03 (e) provides advice on accessing follow-up care.</p>	<p>This could be strengthened so that this section places a greater responsibility on the service provider (i.e., beyond “advice”) for linkage to care and follow-up. Although “clinical decision making” is included in section 7, we believe a focus on linkage to care should be articulated as a feature of “Partnering with consumers”.</p>

<p>7. Results interpretation and reporting</p>	<p>This section could be strengthened by elevating ‘linkage to care’. As currently drafted the logic of heading (and the sentence that follows the heading) ends with communication and recording of a result. Instead:</p> <ul style="list-style-type: none"> • the heading could read “Results interpretation, reporting and linkage to care” • the sentence could read “... explicit procedures to support the accurate interpretation of test results, processes to communicate and record the results effectively, and a clearly defined pathway for linkage to care and follow-up” or words to that effect. <p>This section’s actions (7.01 – 7.06) do not reflect service providers’ responsibility for linkage to care and follow-up. We believe this should be incorporated.</p>
<p>7. Results interpretation and reporting Recording results POCT results are usually used immediately for patient management ...</p>	<p>Consider including “Where results are not used immediately for patient management, processes must ensure follow-up and/or referral to appropriate care” or words to that effect.</p>
<p>3. Partnering with consumers 7. Results interpretation and reporting</p>	<p>Aboriginal and Torres Strait Islander identification status completion is suboptimal in both hepatitis B and hepatitis C notifications. This undermines monitoring and surveillance for these conditions and leads to likely underestimates. Consider, where most appropriate (e.g., Action 3.02(e) or 7.02(d) or elsewhere) specifying Indigenous status because around half of all hepatitis B and hepatitis C notifications have been made without these important data.</p>