

Assessment of the training framework for the Aboriginal and Torres Strait Islander Respiratory Infection POCT Program

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Background

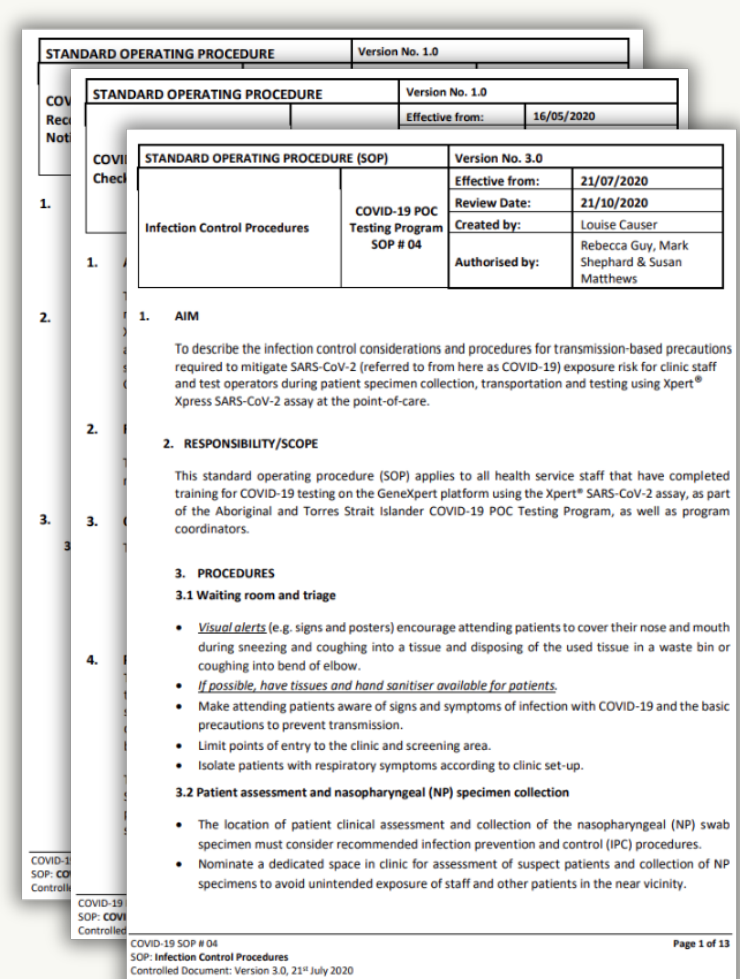
The Aboriginal and Torres Strait Islander Respiratory Infection Point-of-Care Testing (RIPOCT) Program (previously COVID-19 Point-of-Care Testing [POCT] Program) encompasses multiplexed molecular SARS-CoV-2 (COVID-19), Influenza A, Influenza B and Respiratory Syncytial Virus (RSV) testing using the Cepheid GeneXpert®. A total of 102 health services in regional/remote locations across six Australian states/territories are currently enrolled in the program, as endorsed by the National Aboriginal and Torres Strait Islander Health Protection Sub-committee of the Australian Health Protection Principal Committee (formerly the Aboriginal and Torres Strait Islander Advisory Group on COVID-19). The program has aligned with changes in the Australian public health COVID-19 response. Here we describe the training and competency framework essential to the conduct of POCT and analytical quality of test results.



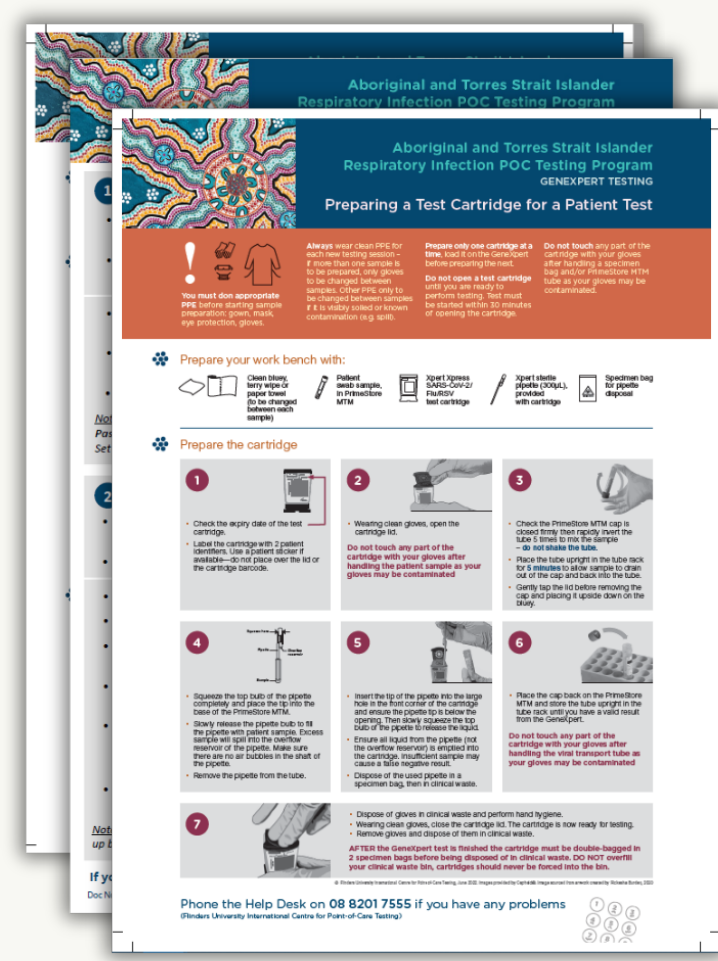
Fig 1. The Cepheid GeneXpert®

Methods

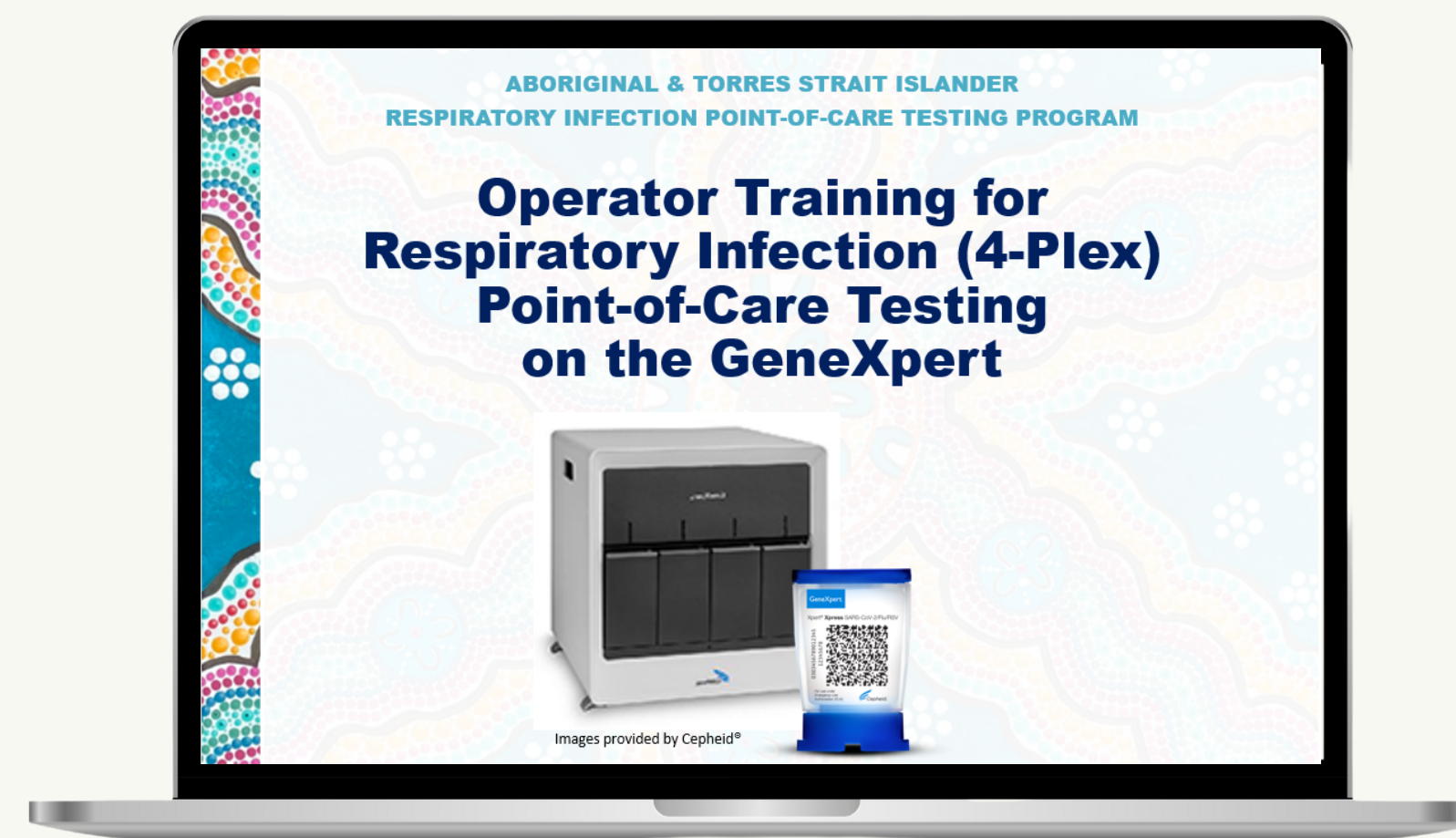
The operator training framework and resource package



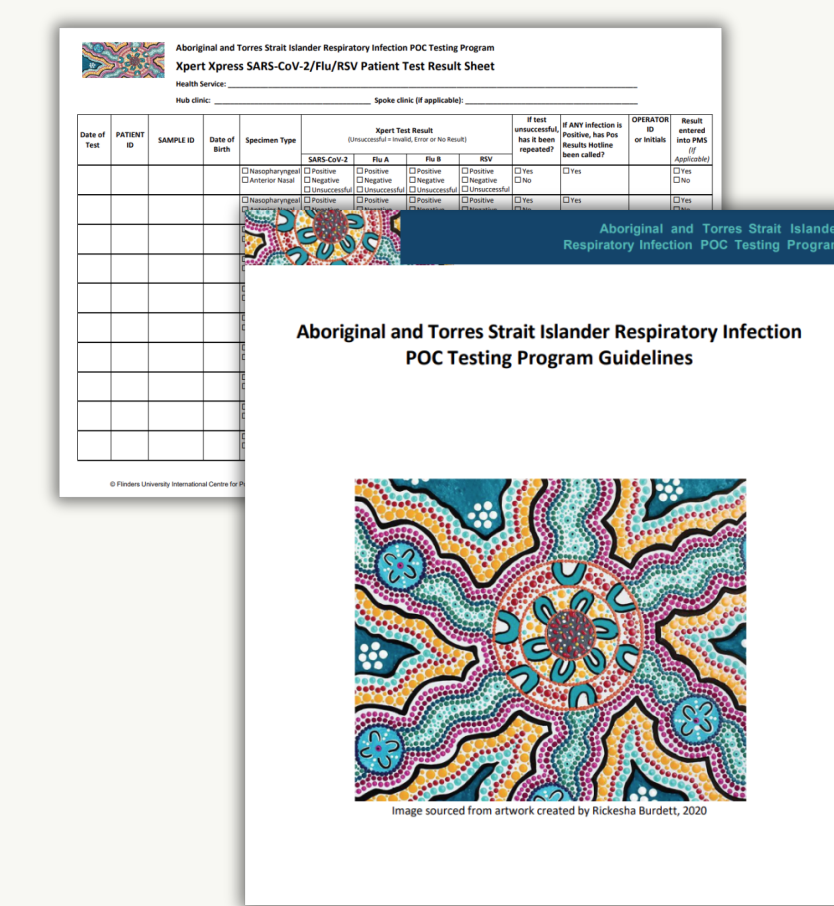
a) SOPs



b) Reference posters



c) Online theory and remotely observed practical training



d) Supporting documentation

Fig 2. Examples of RIPOCT training materials; a) Standard operating procedures (SOPs), b) Reference posters, c) Online theory and remotely observed practical training, and d) Supporting documentation

The operator training framework and resource package includes prerequisite work health and safety modules, online theory and remotely observed practical training, reference posters, standard operating procedures (SOPs), and supporting documentation. Successful completion of written and practical competency assessment underpins POCT operator certification for one year. For recertification and/or POCT operators transitioning from COVID-19 POCT to RIPOCT, completion of truncated online theory training, written assessment and self-directed practical assessment is required.

Results

Since the program began in May 2020...

- More than 1260 COVID-19 POCT and RIPOCT theory and practical training sessions (>1780 hours) have been delivered (as of January 2023).
- A total of 826 operators achieved competency in COVID-19 POCT and/or RIPOCT (Fig 3).
- The breakdown by location of POCT operators who completed the competency assessments are shown in Fig 4.
- Fig 5 displays competency achieved by health profession.

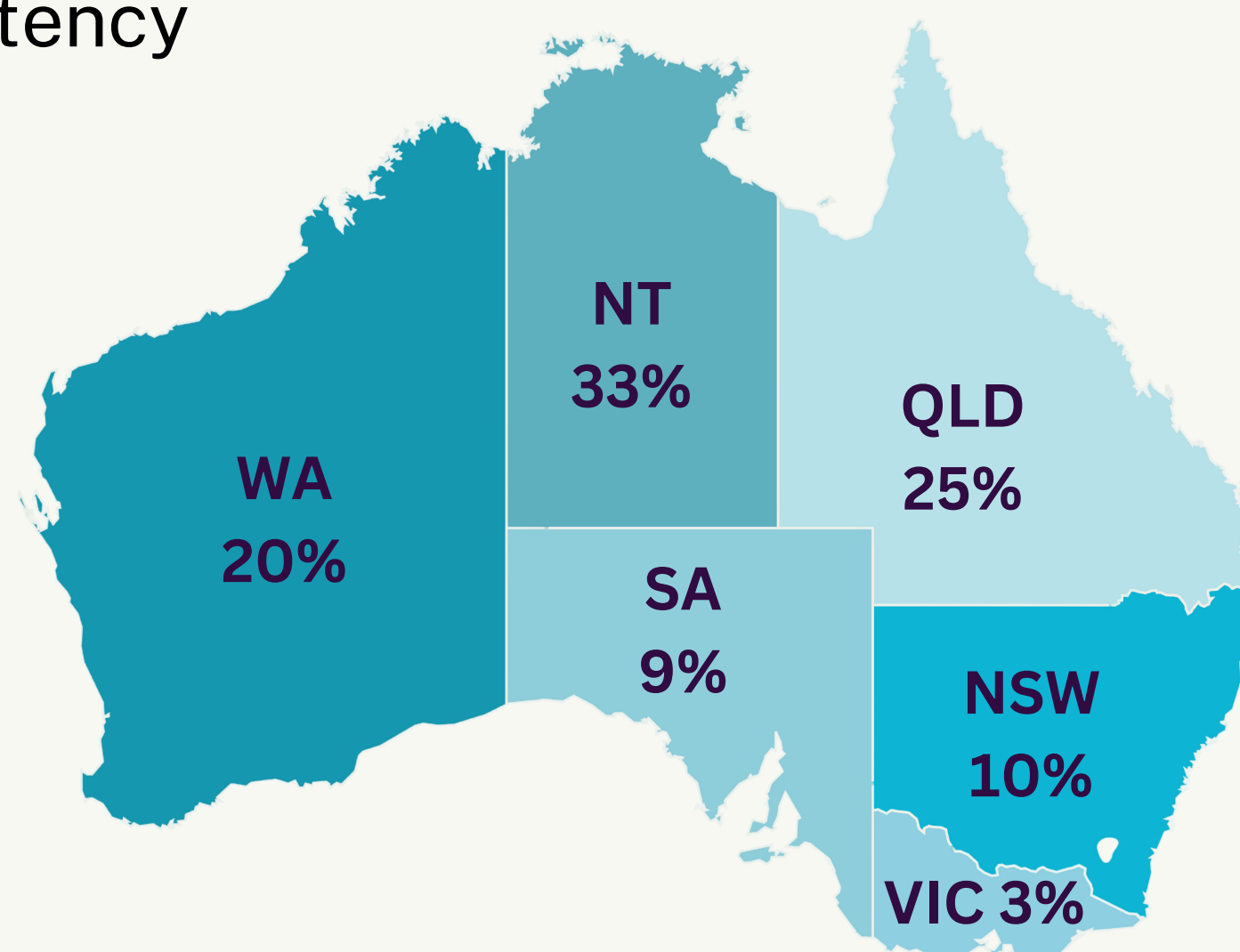


Figure 4. COVID-19 POCT and RIPOCT competencies achieved in each Australian state/territory as a percentage of total RIPOCT and COVID-19 POCT competencies achieved

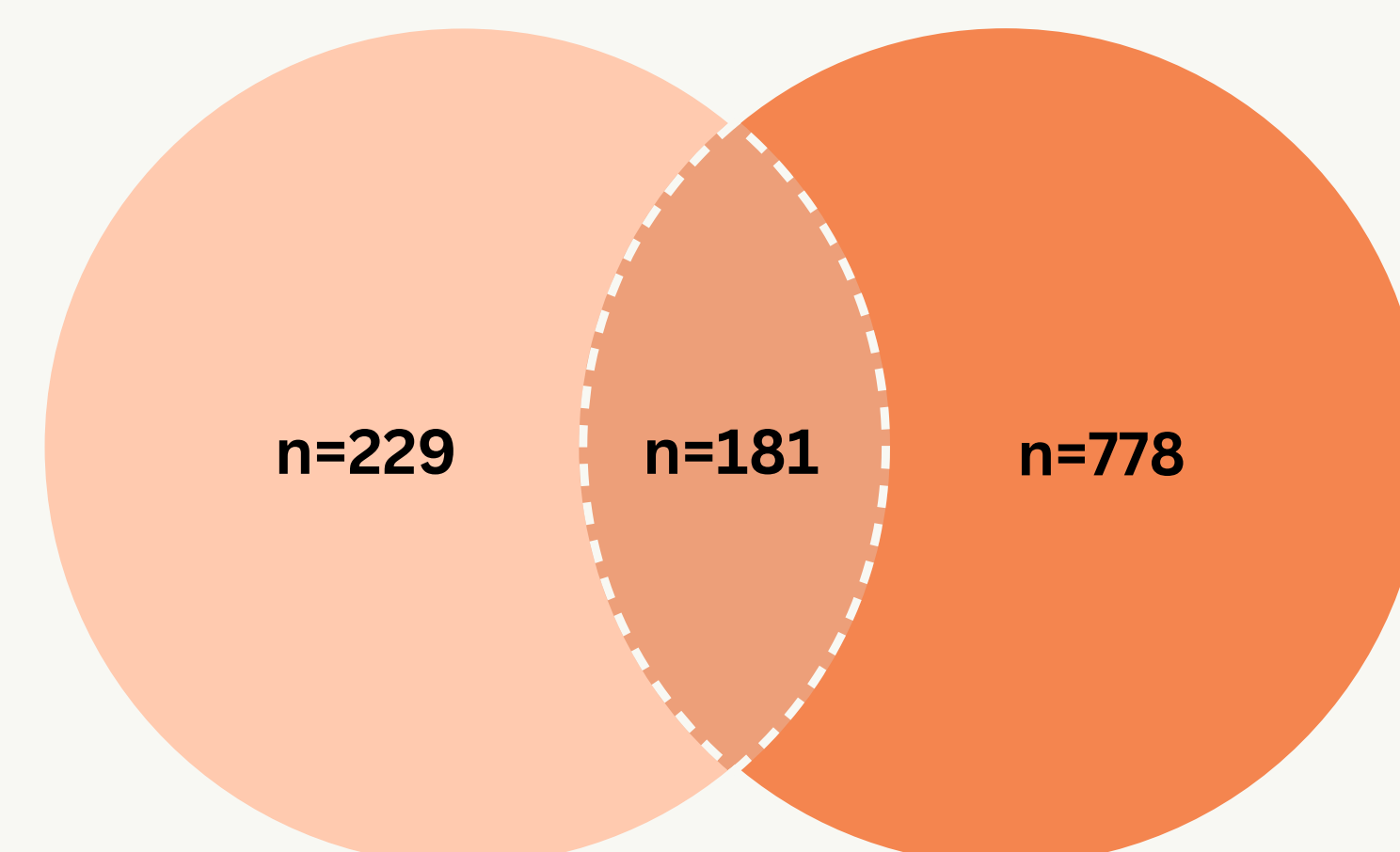


Figure 3. Breakdown of COVID-19 POCT and RIPOCT competencies achieved

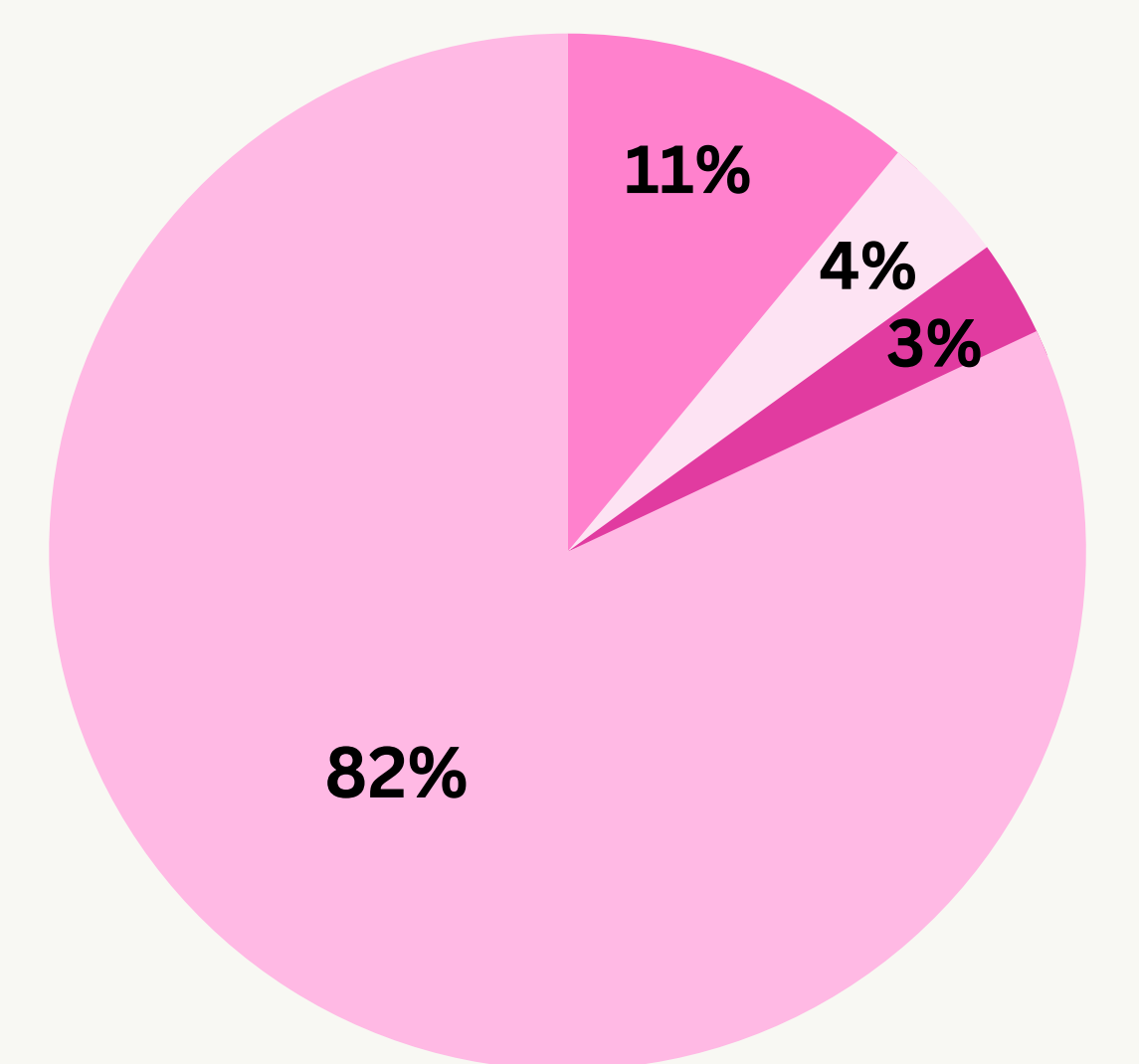


Figure 5. Descending breakdown of total COVID-19 POCT and RIPOCT competencies achieved by profession

Conclusion

- The training framework described here has facilitated a strong workforce of local POCT operators that are able to conduct RIPOCT safely in regional/remote primary health care settings.
- The training system will be further developed to continue to align with national POCT regulations, but offered in more flexible formats for health service staff, including integrated training modules via an online learning management system.

Disclosure of Interest Statement: The Aboriginal and Torres Strait Islander Respiratory Infection Point-of-Care Testing Program has been funded by the Australian Government Department of Health and Aged Care. The authors acknowledge the contribution to the program of many stakeholders including the National Aboriginal and Torres Strait Islander Health Protection Sub-committee of the Australian Health Protection Principal Committee, participating Aboriginal community controlled and government health services, national, jurisdictional and local Aboriginal Community Controlled Health Organisations, State and Territory health departments, and other government services, industry and pathology providers. The authors have no conflict of interest to declare.



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