



8 June 2011

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Dear Sir/Madam,

Re: RACGP Submission to the Medical Board of Australia – Draft Guidelines for medical practitioners and medical students infected with blood-borne viruses.

The Royal Australian College of General Practitioners (“the College”) thanks the Medical Board of Australia (MBA) for the opportunity to provide comment on the draft guidelines for medical practitioners and medical students infected with blood-borne viruses.

The College respectfully encloses its submission regarding this guideline and hopes that the recommendations and comments made in this document will assist the Medical Board of Australia in its deliberation of this draft guideline.

If you have any questions or comments regarding this submission, please contact Ms Leanne Rich, Program Manager Standards for General Practices during business hours.

Yours sincerely,

Professor Claire Jackson
President



The Royal Australian
College of General
Practitioners

RACGP Submission to Medical Board of Australia

*MBA Consultation on the Communicable Diseases
Network of Australia (CDNA) draft guidelines for
medical practitioners and medical students infected
with blood-borne viruses.*

3rd June 2011

1. Introduction

The Royal Australian College of General Practitioners (RACGP) thanks the Medical Board of Australia for the opportunity to comment on the Draft guidelines for consultation 30 March 2011 Guidelines for medical practitioners and medical students infected with blood-borne viruses.

The RACGP is the specialty medical college for general practice in Australia, responsible for defining the nature of the discipline, setting the standards and curriculum for education and training, maintaining the standards for quality clinical practice, and supporting general practitioners in their pursuit of excellence in patient care and community service.

2. Overview of response

The RACGP acknowledges that the Medical Board of Australia has a mandate to protect the public by ensuring that only medical practitioners who are competent and safe to practice are registered.

The RACGP also accepts that the Board has a certain level of responsibility to define the limits on the scope of practice of medical practitioners who are infected with a blood-borne virus to ensure safe practice.

The College has an established history and an ongoing commitment to the delivery of safe and high quality care to all patients. Given this commitment, the College encourages all general practices to establish, implement and maintain reasonable monitoring processes to improve the quality of health services.

The RACGP has previously published the RACGP Infection Control Standards for office-based practices (4th Edition – 2006) (RACGP IC Standards). The RACGP IC Standards includes a comprehensive section on protecting the health of staff, including chapters on staff immunisation, and management of blood and body fluid exposure.

The RACGP's submission outlines concerns regarding the following areas:

- Restriction of registration of BBV infected medical practitioners and medical students.
- Jurisdictional boundaries and responsibilities and individual student/trainee rights, and how this policy impacts upon education providers

3. RACGP response to the draft guidelines

Question 1

Should medical practitioners with any level of viraemia be permitted to perform exposure prone procedures? If you believe that they can safely perform exposure prone procedures in some circumstances, define the circumstances (for example, which viruses and what maximum level of virus?)

The RACGP believes that infectious diseases specialists are better able to provide guidance on this issue.

Question 2

Is it reasonable to expect that medical practitioners and medical students infected with a blood-borne virus will comply with the Board's guidelines and their treating specialist doctors' advice, or should they have conditions imposed on their registration that prevent them from performing exposure prone procedures?

It is the RACGP's position that it is reasonable to expect that medical practitioners and medical students comply with the CDNA guidelines and specialist advice and thus it is unnecessary for the Board to impose restrictions on registration.

A blood-borne virus MBA policy must be transparent and explicit about jurisdictional boundaries and responsibilities and individual student/trainee rights, and how this policy impacts upon education providers.

It is the RACGP's understanding that under Section 12 of the Act the Ministerial Council that empowers AHPRA cannot approve a registration standard if an accreditation standard for that organisation already exists e.g. The Australian Medical Council accredits the Medical Schools. This issue needs to be resolved as there is potential confusion of jurisdictions.

Question 3

Should these guidelines include details about the management of practitioners who appear to have cleared the HBV or HCV, whether that is the result of treatment or whether it is spontaneous? Should that be left to the treating specialist doctors' discretion?

The RACGP is in agreement with the CDNA guidelines regarding the management of medical practitioners who appear to have cleared the HBV or HCV. The minimum follow up as listed in the CDNA guidelines is suitable at present.

It is necessary to ensure the MBA guidelines are regularly reviewed to ensure they reflect current knowledge and treatments. The MBA consultation paper states that the MBA guidelines will be reviewed at a minimum of 3 years from the commencement date. It is the view of the RACGP that this interval may be too long.

Question 4

Which of the following groups of medical practitioners infected with a blood-borne virus should be monitored by the Board and if so, how? For example, should they be required to provide regular results of tests to the Board?

- a. all registered medical practitioners; or*
- b. only registered medical practitioners who perform exposure prone procedures; or*
- c. only registered medical practitioners that may place the public at risk of harm because of their practice.*

The RACGP believes it is only necessary for the Board to monitor medical practitioners that may place the public at risk of harm because of their practice, i.e. practitioners that perform exposure prone procedures as defined in the CDNA guidelines.

Question 5

Are there any other measures the Board should put into place (within the scope of its powers) to protect the public from potential infection by medical practitioners with a blood-borne virus?

The RACGP believes that the Board needs to be more vigilant in monitoring drug dependant doctors, especially in the speciality of anaesthetics.

The RACGP has some other concerns about the draft guidelines that will be raised with CDNA.

For your information these are as follows:

- The requirement that good medical practice includes being ‘immunised against relevant diseases for which a vaccine is available’ is perhaps a bit excessive and should be preceded by the words ‘consideration of’ as practitioners should have some rights to refuse treatments.
- The guidelines seem to imply that everyone must be vaccinated (is it then a reportable ‘offence’ if a medical practitioner or medical student refuses to have a flu shot every year?)
- They seem to imply that every medical practitioner and student needs to be tested every year
- They seem to imply that the most sensitive test available be used (presumably at the cost to the practitioner)
- The use of terms ‘should’ and ‘must’ are not consistent and cause uncertainty
- The draft CDNA guidelines do not include an indication of the next review date. The last guidelines were issued in 2005, and are now close to completion in 2011. It is the view of the RACGP that this interval is too long.

4. Conclusion

The RACGP would welcome any future opportunities for engagement and progression of the issues discussed in this paper.