NSW HEALTH

Dr Joanna Flynn
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Dear Dr Flynn

Thank you for the opportunity to comment on the Medical Board of Australia's draft *'Guidelines for medical practitioners and medical students infected with blood-borne viruses'*.

Enclosed, please find a NSW Health response to the consultation paper.

The draft Guidelines are well conceived and prepared to a high standard. I commend the Board on their development to date.

I note that during the period of consultation, the Communicable Diseases Network of Australia (CDNA) has released the draft *Guidelines for Managing Blood-Borne Virus Infection in Health Care Workers.* At present, there is some overlap and inconsistency between the two documents. I recommend that the Medical Board of Australia liaise directly with the CDNA Secretariat to finalise these documents.

Thank you again for the opportunity to comment.

Yours sincerely

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7/6/11

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NSW Health Response to Medical Board of Australia Consultation Paper

Guidelines for medical practitioners and medical students infected with blood-borne viruses

General comments

This is a sound, clear, well-conceived and well-written document.

CDNA guidelines

As noted in the supporting materials provided by the Medical Board, the Communicable Diseases Network Australia (CDNA) has published *Guidelines for Managing Blood-Borne Virus Infection in Health Care Workers.* A revised draft of the CDNA guidelines has now been released for consultation. There is some overlap and inconsistency between the documents. It would be appropriate that the Medical Board and CDNA liaise closely in the finalisation of these documents.

Scope

The guidelines relate to all medical practitioners, not just blood-borne virus (BBV)-infected medical practitioners, to the extent that all medical practitioners are expected under these guidelines to know their BBV status (although see also comment below regarding differentiating medical practitioners based on their performance of exposure prone procedures (EPPs)). The document title could be amended to *Guidelines for medical practitioners and medical students regarding blood-borne viruses*.

Section 4 – Background

Reference to the Medical Board's *Good Medical Practice: A Code of Conduct for Doctors in Australia* is supported. The *Good Medical Practice* requirement that medical practitioners seek independent, objective medical advice relates to all medical practitioners, not just those with BBV infection and should be framed in the guidelines as such.

Section 5 – Responsibilities of all medical practitioners and medical students

At sub-paragraph one, reference to "know their HIV, HBV and HCV antibody status" should be amended to "medical practitioners should know if they have been infected with a BBV and if this infection may place their patients at risk".

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It is reasonable that the Medical Board have different requirements for medical practitioners who do and who do not perform EPPs. In some parts of the document, requirements for medical practitioners are not differentiated based on their performance of EPPs. Specifically, the Medical Board should require that medical practitioners who perform or may be required perform EPPs *must* know their BBV status and a framework should be proposed (or cross-referenced to CDNA guidelines) for those medical practitioners for testing prior to performance of EPPs, with regular testing thereafter, and in the event of a risk event. For medical practitioners who do *not* perform EPPs, there need be no special requirements for testing above those of the general community.

At sub-paragraph two regarding immunisation, this applies only to HBV so this should be mentioned specifically. There are situations where immunisation is inappropriate or unnecessary (for example, medical contraindication to vaccination or if the medical practitioner is immune from past infection).

At sub-paragraph three, it is recommended that the last sentence suggesting that medical practitioners need not discontinue EPPs immediately following an infection control incident be deleted. Medical practitioners in this circumstance should follow relevant post-exposure management protocols. (In NSW, a risk assessment prior to continuance of EPPs and prior to BBV test results being available would be considered appropriate under certain circumstances).

At sub-paragraph four, the reporting of infection control incidents is supported, but it is referenced only from the perspective of the medical practitioner being infected by the patient. There should also be a reference to incidents being reported where an incident involves potential transmission from the medical practitioner to the patient. In both cases, it is important to specify that the employer should be notified (to avoid the possible interpretation of reporting of the incident to the medical practitioner's GP or specialist).

At sub-paragraph four, the reference to standard precautions and infection control could be more strongly highlighted and moved to the top of this section.

Section 6 – Medical practitioners and medical students who are infected with a BBV

Reference is made at sub-paragraph one to medical practitioners with a BBV following the advice of their "specialist medical practitioner". This should be changed to "treating medical practitioner".

The section regarding ascertaining if the medical practitioner is viraemic (paragraph 3, page 6) need apply only to HBV and HCV and not to HIV (as medical practitioners with HIV are excluded from performance of EPPs).

Q1. 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 Australian expert consensus is that health care workers who are HIV antibody positive must not perform EPPs, and those who are hepatitis C PCR RNA positive should also be excluded.

There is evidence from overseas guidelines that low level hepatitis B viraemia might pose minimal risk of transmission in the healthcare setting. See for example Society for Healthcare Epidemiology of America (SHEA) Guidelines[1]. In Australia, CDNA has proposed in the draft revised guidelines to set a level of 'undetectable' for HBV DNA. The rationale of CDNA in part is that despite a lack of documented transmission of HBV below a certain viral level, undetected and undocumented transmission may have occurred at lower levels.

It is recommended that the Medical Board document fully reference to the CDNA guidelines on these matters.

Q2. 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?

[1] http://www.premierinc.com/safety/safety-share/02-10-downloads/12_HBV_HCV_HIV.pdf

Current and proposed arrangements are sufficient and appropriate in defining the obligations and responsibilities of medical practitioners and other parties. Care is required to ensure that policy arrangements support (and do not deter) the voluntary testing by medical practitioners for BBVs and the voluntary disclosure of BBV-infection by medical practitioners. Any concern by medical practitioners that testing or disclosure may result in a loss of control of personal information or the over-generalisation of those test results to other aspects of a medical practitioner's practice would be counter-productive to the intent of the guidelines. The question pre-supposes that infection with a BBV would be reportable to the Medical Board – this is not specified in the current draft of the guidelines. Question 4 (below) addresses the issue of notification more specifically.

Q3. 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?

These issues (and the sub-questions listed under Question 3) are too detailed for this guideline, but could be indentified and cross-referenced to the CDNA guidelines if required.

Section 8 – Notifications about an impairment

Care must taken to place matters of impairment for medical practitioners in their full context. Impairment is a serious matter for all medical practitioners, irrespective of their BBV status. It is important that BBV-infection not be implied to be an impairment or that matters of potential impairment be overly associated with the fact of having a BBV. Identification of the issue and cross-referencing to Medical Board policy regarding impaired practitioners would be appropriate.

Q4. 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 current wording of the guidelines regarding notification (section 8, sub-paragraph 2) is supported ("...it is not necessary to notify AHPRA where a practitioner or student who has a blood-borne virus is practising safely and is complying with these guidelines, and with the advice of their treating [specialist] doctor".

(a) No.
(b) No. The guidelines make no reference to notification of BBV-status to the Board (excepting in the reporting of impaired workers to AHPRA). The reporting of test results would imply a continuing and direct monitoring role for the Board of individual medical practitioners who have a BBV and who are performing EPPs. The monitoring and management of these individuals currently occurs via local (State, employer and treating doctor) arrangements, supported by local policy and operational arrangements. The guidelines make no reference to the decision-making, liaison, advisory and governance arrangements by which direct monitoring by the Board of individual medical practitioners would occur.
(c) If this item is referring to impaired medical practitioners and those with a history of unprofessional conduct, the arrangements proposed at section 8 are supported.

Supervisor reports may be an appropriate way of monitoring professional conduct, where relevant.

Q5. 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?

Arrangements for communication between jurisdictions are required for circumstances where medical practitioners who have a BBV and who have work restrictions transfer to work in another jurisdiction.

Editing suggestions

Page 4 – States that the guidelines will use the term 'medical practitioner' to include students, but the guidelines refer to medical students separately throughout.

Page 5, Section 5:
- 1st sub-paragraph: [Notwithstanding above comment regarding performance of EPPs] "Medical practitioners should **also** undergo testing..."
- 3rd sub-paragraph last line: "..infected with **a** blood-borne virus." (not 'the')
- 4th sub paragraph: delete "therefore"; and "...by adhering **strictly** to infection control guidelines.."

Page 6
- 1st paragraph: Add to "..if they were previously performing EPPs, **or wish to in the future.**"

Page 7, Section 8:
- 3rd sub-paragraph: "..to practi**s**e.." (not practi**c**e); and insert "..and **on** annual renewal..".

Note regarding the CDNA draft Guidelines for Managing Blood-Borne Virus Infection in Health Care Workers

Subsequent to the release of the draft CDNA guidelines, CDNA has provided further guidance regarding Item 15 and proposes that the final CDNA guidelines will reflect the following matters:

- All HCWs who may be required to perform EPPs are required to know their BBV status.
- HIV positive HCWs are excluded from performance of EPPs.
- The CDNA guidelines will include a section on HCW impairment and note that BBV infection in a HCW who is impaired may be a relevant consideration in the supervision of that impaired HCW. The CDNA policy will cross-reference these matters to the relevant primary HCW impairment documents.
- The CDNA guidelines will cross-reference to professional Codes of Conduct in relation to HCW responsibilities for seeking independent, objective advice regarding their health, including BBV-status.
- As HIV positive HCWs are excluded from performance of EPPs, there need be no compulsory requirement for disclosure to the employer or requirement for occupational monitoring of the HCW by the employer.
- The CDNA guidelines will reinforce standard precaution principles and cross-reference to existing requirements for mandatory reporting of incidents where there is a potential infection control breach between a health care worker and a patient. The CDNA guidelines will also describe and reinforce the environments necessary to support HCWs who know themselves to have a BBV to disclose that fact in the event of an infection control breach.