MONASH University

Dr Joanna Flyn,
Chair
Medical Board of Australia

Dear Dr Flynn

Re: Blood-borne Virus Guidelines

Please find attached a submission from Monash University regarding the Blood-borne Virus Guidelines. This submission has been informed by extensive discussion among those in the faculty responsible for medical student training. Specifically, our comments relate to the circumstances surrounding a registered medical student.

We would be pleased to expand upon any of our comments, if required.

Yours sincerely

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MONASH UNIVERSITY FEEDBACK ON DRAFT GUIDELINES ON MANAGEMENT OF BLOOD-BORNE VIRUSES
27 May 2011

Please note that we provide this feedback with specific reference to the situation of registered medical students.

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?)

Answer 1:

We believe the appropriate answer to this question, in the case of medical students, is a qualified yes.

It is, of course, recognised that exposure-prone procedures range in their potential for extremely low risk (eg simple phlebotomy), to the somewhat greater risk (eg surgical procedures in a confined area). Recent literature from both the UK and US adopts a three tier system for the definition of procedures, as follows –
Category 1 - procedures of minimal risk where typically there are no sharps used or the latter are used outside the body where there is good visibility of both hands and sharps and thus the risk of blood-blood contact is minimal eg phlebotomy
Category 2 – hands and sharps mostly visualized, devices only used in deep spaces, hands and sharps not in close proximity eg endoscopy
Category 3 – definite risk of transmission (provider to patient cases of transmission documented) or deemed high risk due to proximity of fingers and sharps often in body cavities or spaces with poor visibility, increasing the risk of exposure and the risk that exposure is either undetected or noticed late eg abdominal and other surgery. Whilst we concur with this overall assessment, it must be pointed out that blood-borne viruses exhibit a range of infectiousnessand thus a procedure might be "exposure-prone" for one virus and less so for another. Against that analysis is the recognition that transmission from infected practitioner to patient, in the absence of deliberate, malicious behavior, is a rare event..

Conversely, medical students are in-training, and almost by definition, inexpert, therefore posing a greater risk of transmission. In addition, medical students largely undertake exposure prone procedures to advance their education and training, and while patient care underpins the need for the procedure, there may be safer ways of delivering the care.

It could be argued, therefore, that viraemic medical students should not undertake any exposure-prone procedures, but this argument somewhat ignores the fact that they, at some stage, will presumably become registered practitioners, and that they need to be appropriately trained.

We argue that viraemic medical students should be able to undertake exposure-prone procedures, but only those procedures deemed low risk (eg phlebotomy) based on the best available evidence and current expert consensus, and only after adequate, verified training using simulation or task training methodologies.

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?

Answer 2:
We believe it is appropriate for the advice of the Board and the treating specialist physician to be strictly adhered to by infected medical students. As argued above, students should be able to perform procedures, but must adhere to conditions and advice. We would support restrictions being placed on students' registration where there are grounds to believe that the Board's guidelines and/or treating physician's advice is not being followed

Question 3:
Should these guidelines include details about the management of medical 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? In particular, should the following advice be included?

1. An untreated HBsAg positive practitioner can perform exposure prone procedures if they are HBV DNA undetectable and HBeAg negative, if there is regular three monthly testing overseen by a specialist and the HBV DNA remains negative
2. A medical practitioner who was HBsAg positive and after treatment becomes HBsAg undetectable on two consecutive occasions at least three months apart, and becomes HBV DNA undetectable and HBeAg negative, can perform exposure prone procedures but must be tested annually.
3. A medical practitioner who was HBsAg positive and after treatment remains HBsAg positive but HBV DNA undetectable and HBeAg negative may perform exposure prone procedures if there is regular three monthly testing overseen by a specialist, and the HBV DNA remains undetectable.

Answer 3:
We do not believe the guidelines should contain such specific guidelines. There are several reasons behind this position which include:

- lack of international consensus about appropriate conditions;
- changing opinion and guidelines from a variety of learned sources putting any instructions at almost immediate risk of being outdated, and
- a risk of students not engaging in appropriate health care should restrictive conditions be mandated.

We believe, however, that registered persons should be required to seek appropriate medical care, from a practitioner in whom the Board has confidence that they able to provide expert, current care. In addition, the Board should consult clinical experts in the field as needed.

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.

Answer 4:
We believe that all infected, registered medical students should be monitored by the Board. We recognize that this advice may differ from that which we would suggest for practitioners, and feel that students are more at risk, from both a procedural and professional perspective, as they are beginning practitioners. This monitoring should consist of a requirement to be under the care of a specialist recommended, or approved, by the Board, and a requirement that that specialist is obliged to contact the Board when he or she sees fit (eg changing virus levels or disease state). The Board should also be free to communicate with that specialist.

Question 5:
Are there any other measures the Board should put into place (within the scope of their powers) to protect the public from potential infection by medical practitioners with a blood-borne virus?

Answer 5:
At this stage we have none to recommend.