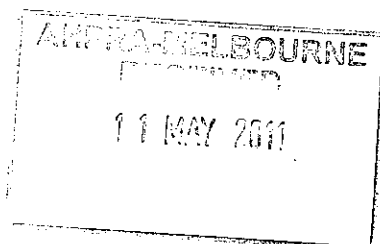


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Dr Joanna Flynn
Chair
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Dear Dr Flynn

RE: CONSULTATION PAPER ON "GUIDELINES FOR MEDICAL PRACTITIONERS AND MEDICAL STUDENTS INFECTED WITH BLOOD-BORNE VIRUSES"

Thank you for the opportunity to comment on the Medical Board of Australia's (the Board) draft guidelines.

I agree with you that it would be preferable for the Board's guidelines to be consistent and complementary with those of the Communicable Disease Network Australia (CDNA), which I understand are to be sent around for a final consultation phase shortly. This would be likely to make implementation of both much simpler.

In response to your specific questions:

Question 1 – Should medical practitioners with any level of viraemia be permitted to perform exposure prone procedures?

As a general principle, no level of viraemia for any of the blood-borne viruses is acceptable.

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 would be optimistic to assume that infected Health Care Workers (HCWs) will all and always comply; therefore there may need to be conditions imposed on their registration (although this should not be publicly available). The Board should consider that they not only have a regulatory role in this, but also a support role.

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 discretion of the treating specialist doctors?

There will be protocols on this outlined in the national guidelines, and my recommendation is that these are adopted. You will need to take advice from the

treating specialist regarding assessment of clearance, and after that, there should be no further need to 'manage' the HCW.

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;*
- (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.*

All registered medical practitioners and students who are infected with a BBV should be assessed by the Board re EPP nature of their work, and case by case decisions made. Then those who do perform EPPs should continue to be monitored by the Board (annual review, and/or following clearance of virus if this occurs). Practitioners should advise the Board if the nature of their work changes, eg the may move from a role where they were not performing EPPs to one where they are now required to perform these, such as moving to a remote location where they may have no option but to undertake a wider range of procedures. The Board may choose to have the HCW sign an undertaking not to perform EPPs and also to advise the Board if the nature of their work changes. Suggestion (c) is open to wide interpretation and unenforceable.

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?

This is not within the scope of the Board, other than to promote education to medical practitioners about treatment options for BBVs in a supportive manner.

Once again, thank you for the opportunity to comment.

Yours sincerely



**Dr Stephen Christley
CHIEF PUBLIC HEALTH OFFICER
EXECUTIVE DIRECTOR
PUBLIC HEALTH AND CLINICAL COORDINATION**

4 / 5 / 2011