

1 November 2019

Executive Officer, Medical
Australian Health Practitioner Regulation Agency
GPO Box 9958
Melbourne
VIC 3001

Sent via email: bbvguidelines@ahpra.gov.au

Dear Executive Officer,

RE: Medical Board of Australia's draft guidelines for registered health practitioners and students in relation to blood-borne viruses

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback on the Medical Board of Australia's (MBA) *draft guidelines for registered health practitioners and students in relation to blood-borne viruses* (MBA's draft guidelines).

The RACGP has previously provided feedback on the MBA's draft guidelines during the preliminary consultation period, sent on 27 March 2019. We note that the revised draft guidelines circulated for feedback on 9 September 2019 have been updated to expand on the explanatory materials. However, the recommendations provided by the RACGP during the preliminary consultation have not been addressed.

In terms of our feedback regarding the draft guidelines, we would like to take this opportunity to reiterate our comments outlined in our previous submission. For your reference, we have included a copy of the RACGP's initial feedback and recommendations in Appendix 1 for your review, consideration and action.

In summary, the RACGP recommendations were:

- the word 'should' be replaced with 'must' in all instances to help reduce ambiguity in the guideline
- the adoption of Option two – to consult on proposed guidelines that require practitioners to comply with the Australian Health Ministers' Advisory Council endorsed Communicable Diseases Network Australia guidelines
- that the Medical Board of Australia seek specific guidance on Human T-Cell Leukemia Virus type 1 (HTLV-1) from the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Australian Government HTLV-1 Task Force
- that the guideline include a statement outlining how health practitioners/students should be under the care of an appropriate physician in the event of other potentially haematological

transmissible infections not covered in the Communicable Diseases Network Australia guidelines

- that the guideline be reviewed and revised every three years at a minimum
- both the review and update of both the Communicable Diseases Network Australia guidelines and Medical Board of Australia's guidelines occur in unison to ensure consistency and currency.

For clarification of any issues raised in this correspondence, please contact Ms Michelle Gonsalvez, National Manager, Policy and Advocacy on (03 8699-0490 or via michelle.gonsalvez@racgp.org.au.

Yours sincerely



Dr Harry Nespolon
President

Attachment: Appendix 1 – RACGP Response – Preliminary consultation on draft guidelines for medical practitioners and students in relation to blood-borne viruses (23 March 2019).

29 March 2019

Executive Officer, Medical
Australian Health Practitioner Regulation Agency
GPO Box 9958
Melbourne
VIC 3001

Sent via email: bbvguidelines@ahpra.gov.au

Dear Executive Officer, [REDACTED]

RE: Medical Board of Australia's draft guidelines for registered health practitioners and students in relation to blood-borne viruses

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback on the Medical Board of Australia's *draft guidelines for registered health practitioners and students in relation to blood-borne viruses*.

By way of background, the RACGP is Australia's largest general practice organisation, representing over 40,000 members working in or towards a career in general practice. The RACGP advocates for general practice and supports the profession in performing quality improvement activities to identify opportunities to make changes that will improve patient safety and care.

In summary, the RACGP recommends that:

- the word 'should' be replaced with either 'must' or 'could' as appropriate, to help reduce ambiguity in the guideline
- the adoption of Option two – to consult on proposed guidelines that require practitioners to comply with the Australian Health Ministers' Advisory Council endorsed Communicable Diseases Network Australia guidelines
- that the Medical Board of Australia seek specific guidance on Human T-Cell Leukemia Virus type 1 (HTLV-1) from the National Aboriginal Community Controlled Health Organisation and the Australian Government HTLV-1 Task Force
- that the guideline include a statement outlining how health practitioners/students need to be under the care of an appropriate physician in the event of other potentially haematological transmissible infections not covered in the Communicable Diseases Network Australia guidelines
- that the guideline be reviewed and revised every three years at a minimum
- the review and update of both the Communicable Diseases Network Australia guidelines and Medical Board of Australia's guidelines occur in unison to ensure consistency and currency.

The RACGP has addressed each question for consideration posed by the Medical Board of Australia below.

1. Is the guideline necessary?

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

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

The RACGP believes the guidelines are a necessary instrument to inform health practitioners and students of the actions the Medical Board of Australia might take if non-compliance with the Communicable Diseases Network Australia guidelines is reported or detected.

The draft guideline is necessary to explain the circumstances under which these actions will take place, and for health practitioners and students to have a clear understanding of the actions that may occur - such as a potential report to the relevant jurisdictional health department, and publication of relevant information on the Register of practitioners.

The RACGP acknowledges that the Medical Board will not publish information on the Register of practitioners that states that a practitioner has a blood-borne virus. Instead, the Register will state that the practitioner has conditions imposed or has accepted undertakings related to their health, and any subsequent limitations to the practitioners' scope of practice.

2. Is the content of the guideline helpful, clear and relevant?

The RACGP recognises that the draft guidelines have been written in plain English.

The purpose of the guideline is clear and explains concisely the necessity to comply with the Communicable Diseases Network Australia guidelines, and explicitly sets out how the Medical Board of Australia responds to a registered health practitioner or student living with a blood-borne virus.

3. Is there any content that needs to be changed, added or deleted in the guideline?

There is inconsistent use of the terms 'must' and 'should' which will cause uncertainty. The RACGP recommends that 'should' be replaced with either 'must' or 'could' as appropriate.

4. Do you agree with the proposal that the Boards expect registered health practitioners and students to comply with Communicable Diseases Network Australia Australian national guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses? That includes testing requirements set in the guidelines.

It is reasonable to expect health practitioners and medical students comply with the Communicable Diseases Network Australia guidelines and the National Health and Medical Research Council Guidelines. The RACGP believes it is only necessary for the Medical Board of Australia to monitor health practitioners that may place the public at risk of harm because of their practice, ie health practitioners that perform exposure prone procedures as defined in the Communicable Diseases Network Australia guidelines.

The RACGP agrees with the management of health practitioners and medical students who appear to have cleared the Hepatitis B Virus or Hepatitis C Virus as outlined in the Communicable Diseases Network Australia guidelines. The minimum follow up activities as listed in the Communicable Diseases Network Australia guidelines is suitable at present.

The RACGP recommends the adoption of Option 2 — with the provisions mentioned below — as this is the most appropriate evidence based approach for the Australian context. The RACGP also agrees that this option provides guidance to practitioners with minimum regulatory burden.

5. Do you have any other comments on the guideline?

Under the Australian Health Practitioner Regulation Agency guidelines section 3 'What is not covered in these guidelines?' readers requiring guidance on other infections are referred to the [Australian national guidelines for the management of healthcare workers living with blood-borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses](#).

One significant area of growing importance that does not appear to be covered is the Communicable Diseases Network Australia or National Health and Medical Research Council guidelines is Human T-Cell Leukemia Virus type 1 (HTLV-1) in healthcare workers. As this is an emerging issue, especially for Aboriginal and Torres Strait Islander peoples, this would need to be covered in future CDNA or NHMRC the guidelines.

The National Health and Medical Research Council guidelines only mention HTLV-1 as a potential source of infectious risk to healthcare workers and offers no advice to healthcare workers on prevention or management and treatment. This is insufficient official guidance.

The RACGP recommends seeking specific guidance on this matter from the National Aboriginal Community Controlled Health Organisation and the Australian Government HTLV-1 Task Force. While there is currently limited information on this matter, a general statement about being under the care of an HTLV-1 experienced clinician, may need to be included as the current guidance is insufficient.

Please also, note that the National Health and Medical Research Council guidelines, published in 2010, are currently under review. There are some inconsistencies between these guidelines and the Communicable Diseases Network Australia guideline. These would need to be reconciled if they are to be included as a support reference.

In addition, there are other blood borne infectious diseases transmissible from healthcare workers (e.g. Epstein Barr Virus, Cytomegalovirus and others), as well as potentially new emerging future infections. The RACGP recommends that an additional section be developed which includes a general statement regarding health practitioners or students being under the care of an appropriate physician in the event of other potentially haematological transmissible infections not covered in the Communicable Diseases Network Australia guidelines.

RACGP advocates for a 3 year time frame at a minimum for a review of the draft guideline to be conducted. The RACGP supports the review of both the Communicable Diseases Network Australia guidelines and Medical Board of Australia's guidelines occur in unison to ensure consistency and currency.



RACGP

Royal Australian College of General Practitioners

Healthy Profession.
Healthy Australia.

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

The RACGP [Infection control standards for general practices and other office-based and community practices](#) (5th edition) include a comprehensive section on protecting the health of staff, including chapters on staff immunisation, and management of blood and body fluid exposure.

Thank you for the opportunity to comment on the draft guidelines for registered health practitioners and medical students in relation to blood-borne viruses. Please contact Michelle Gonsalvez, National Manager, Policy and Advocacy on [REDACTED] or via [REDACTED] for any further information.

Yours sincerely

Dr Harry Nespolon
President