UK Foundation Programme

UKFP 2019

Foundation doctors with blood-borne virus infection

England
Northern Ireland
Scotland
Wales

UK Foundation Programme
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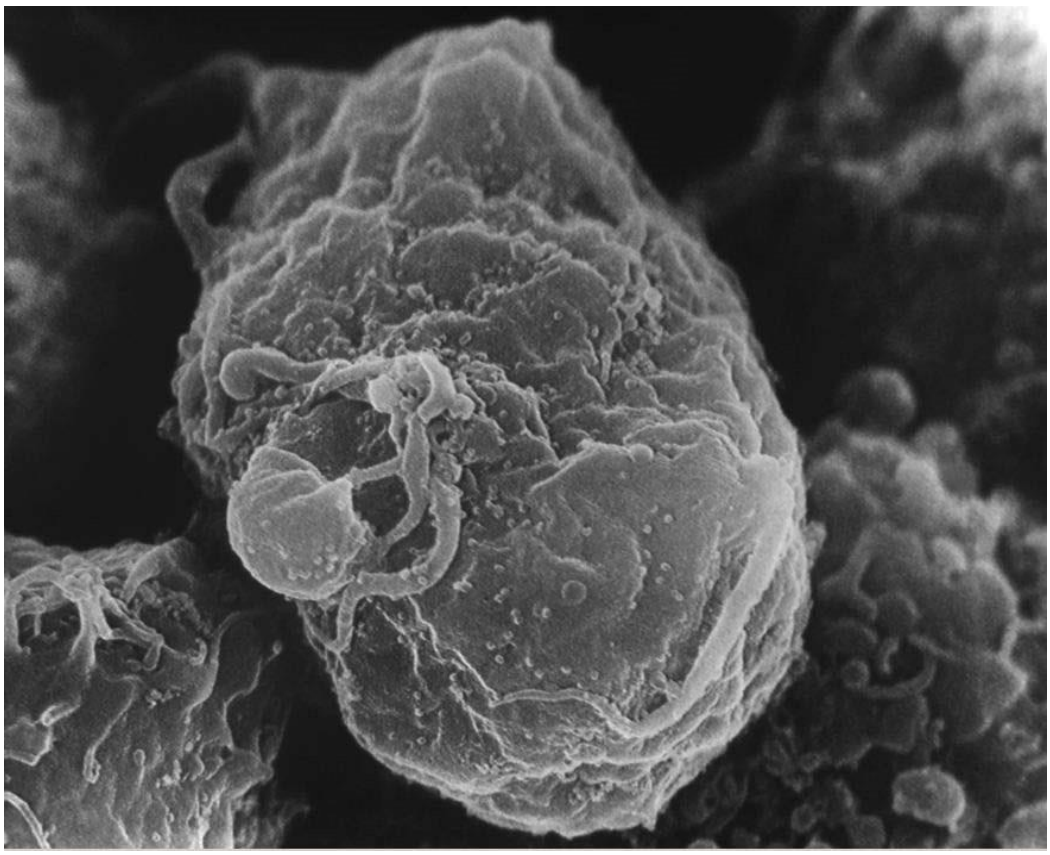
(South Thames Foundation School)



Cover EM image of HIV from CDC image bank by Cynthia Goldsmith

1.Introduction

The Thames Foundation Schools are committed to supporting the training of foundation doctors (FDs) with blood borne virus (BBV) infection, while recognising that patient safety must not be compromised.

Most foundation training programmes include posts in which exposure prone procedures (EPPs) are common, and these posts may therefore be unsuitable without agreed adjustments for a minority of doctors with BBVs. Suitable training programmes can be identified or developed, but they need to be planned in advance.

This policy aims to facilitate the careful planning of foundation training for doctors with blood-borne virus infection who consequently may be unable to perform EPPs. The cornerstone of successful planning is early communication between the FD, the foundation school director and the occupational health (OH) physician.

The advent of effective antiviral agents has led to changes in the national guidance for blood-borne viruses, enabling restrictions on EPPs to be lifted in many cases. Advice about the transmission and management of bloodborne viruses among healthcare workers is given by the UK Advisory Panel for Healthcare Workers Infected with Bloodborne Viruses (UKAP).

https://www.gov.uk/government/groups/uk-advisory-panel-for-healthcare-workers-infected-with-bloodborne-viruses

Currently it is important that any FD with a BBV has early review by a specialist Occupational Health Physician to determine whether EPP restrictions and monitoring are required and make the necessary arrangements, if so. All new FDs are therefore asked to arrange to see the foundation school director, in confidence, on entry to the school so that this can be discussed and planned. See also section 16 below.

Students and foundation doctors are not required to disclose any details of the BBV other than its existence. If they do disclose additional information to the foundation school director in confidence, it will not be transferred.

THE ONLY INFORMATION PASSED ON IS THE EXISTENCE OF A BLOOD BORNE VIRUS AND WHETHER THE DOCTOR IS CLEARED FOR EXPOSURE PRONE PROCEDURES

THIS INFORMATION IS TRANSFERRED ONLY TO OCCUPATIONAL HEALTH AND THE SENIOR EDUCATOR/S OF THE EMPLOYING TRUSTS

2.Background

The three common BBVs are hepatitis B, hepatitis C and HIV.

Medical students and doctors with BBV infection can train and work as doctors with appropriate adjustments to their training and work. Such adjustments must take account of professional standards set by the General Medical Council (GMC) and legal requirements relating to disability discrimination, as set out in the disability provisions of the Equality Act 2010.

http://www.direct.gov.uk/en/DisabledPeople/Employmentsupport/YourEmploymentRights/index.htm?CID=DWP&TYPE=Spons oredsearch&CRE=YourEmploymentRights

The GMC documents set out responsibilities.

Achieving good medical practice states in para 36 that:

Students with blood-borne viruses can study medicine, but they may not be able to perform EPPs and may have restrictions on their clinical placements. They must also complete the recommended health screening before they carry out any EPPs and must limit their medical practice when they graduate.

https://www.gmc-uk.org/education/undergraduate/achieving_good_medical_practice.asp

The proposed revised Outcomes for Graduates (due 2018) states that:

Newly qualified doctors must demonstrate awareness of the importance of their personal wellbeing and incorporate self-care into their personal and professional life. They must be able to: self-monitor, self-care and seek appropriate advice and support, including by being registered with a GP and engaging with them, to maintain their own physical and mental health and protect patients from any risk posed by their own health.

http://www.gmc-uk.org/Outcomes_for_graduates_Jul_15_1216.pdf_61408029.pdf

Their approach is emphasised in the GMC guidance for Medical Students: professionalism and fitness to practise. Table 1, on page 41, of reasons for impaired fitness to practise in medical students, includes the example of 'Wilful withholding or misrepresentation of health issues (eg blood-borne viruses).

https://www.gmc-uk.org/education/undergraduate/studentftp.asp

The GMC's Gateways guidance

http://www.gmc-uk.org/education/undergraduate/8_confidentiality_and_disclosure.asp

the currently (revised document due 2018) states that:

A disabled student has the right to ask that the existence or nature of their impairment or health condition is treated as confidential. In deciding whether it is reasonable to make an adjustment, the medical school must consider how far making the adjustment is consistent with a disabled person's request for confidentiality. It is possible to share information with staff, with a disabled student's permission, that identifies the reasonable adjustment and not the impairment.

The Medical Schools Council and other bodies including Public Health England published have published guidance about health clearance for hepatitis B, hepatitis C, HIV and tuberculosis. Blood borne virus (BBV) testing should be performed during the initial stages of medical training, prior to undertaking any EPPs. Freedom from infection with BBVs is not an absolute requirement for those wishing to train as doctors, however satisfying additional health clearance, which includes determining their BBV status, is obligatory for those who wish to train in specialties that involve EPPs.

http://www.medschools.ac.uk/Publications/Pages/Medical-and-dental-students-Health-clearance-for-Hepatitis-B,-Hepatitis-C,-HIV-and-Tuberculosis.aspx

As set out below, however, the requirements for doctors with BBVs can be restrictive and could result in a doctor being removed from EPP work if their condition does not meet the UKAP criteria. Foundation doctors should consider this aspect in planning their careers and seek careers advice if appropriate.

3.Hepatitis B

National guidance on Hepatitis B infected healthcare workers and antiviral therapy was published in March 2007.

http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_073133.pdf

Previous guidance did not recommended restrictions on healthcare workers with hepatitis B who were e-antigen negative with HBV DNA levels at 10^3 geq/ml or below but did recommend that they be subject to annual testing, and that workers whose viral load rose above 10^3 geq/ml should stop performing exposure prone procedures for as long as their viral load remained above that level.

This report recommended that those workers who are HbeAg negative and who have pre-treatment HBV DNA levels between 10^3 and 10^5 geq/ml could be allowed to perform exposure prone procedures on oral antiviral therapy if their viral load is suppressed to below 10^3 geq/ml. This level should be monitored at regular three-monthly intervals, with the worker ceasing to perform EPPs if their HBV DNA levels rise to >10^3 geq/ml.

4.Hepatitis C

National guidance on hepatitis C infected healthcare workers was published in 2002.

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@ dh/@en/documents/digitalasset/dh_4012217.pdf

Healthcare workers with antibodies to hepatitis C virus who are found to be hepatitis C virus RNA positive should not be allowed to perform exposure prone procedures.

Those who are treated successfully with antiviral therapy such that they are hepatitis C virus RNA negative 6 months after cessation of treatment should be allowed to return to performing EPPs but should be shown still to be hepatitis C virus RNA negative 6 months later.

5.HIV

In January 2014 Public Health England published *The Management of HIV infected Healthcare Workers who perform exposure prone procedures: updated guidance.* It set out the management of HIV infected healthcare workers in detail and stated that this guidance will be included within consolidated guidance on HIV, HBV and HCV healthcare workers who conduct exposure prone procedures, to be published in April 2014. This is still awaited (August 2014).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/333018/Management_of_HIV_infected_Healthcare_Workers_guidance_January_2014.pdf

In the updated guidance the Chief Medical Officer and ministers agreed to accept expert advice that current restrictions on HIV positive healthcare workers performing EPPs should be lifted, provided that healthcare workers are on effective combination antiretroviral drug therapy, with a viral load of <200 copies/ml and are regularly monitored by both their treating and OH physicians. A centralised database to monitor healthcare workers with HIV is planned.

6.Definition of Exposure Prone Procedures

Certain invasive procedures can lead to BBV transmission; these are termed exposure prone procedures (EPPs) and may need to be avoided by health care workers with BBVs. Guidance on EPPs and on BBVs and healthcare workers is provided by the UK Advisory Committee for Healthcare Workers infected with blood-borne viruses (UKAP) which is part of Public Health England.

http://www.hpa.org.uk/HPA/Topics/InfectiousDiseases/InfectionsAZ/1203496960618/

Exposure prone procedures (EPPs) are those where there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_5368137

7.Exposure prone procedures in foundation training

UKAP advice is available on:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/611500/UKAP_Emergency_healthcare_workers_EPPs_and_exposure_prone_environment.pdf

In practice, the only exposure prone procedures that are likely to be part of a foundation doctor's duties are:

- Surgery / obstetrics / gynaecology

An EPP-restricted foundation doctor will be unable to carry out surgery or scrub to assist in theatre. An EPP-restricted person can observe in theatre:

- Some initial assessments or treatments of major trauma, eg
- Open limb fracture where, in exploring the wound, a finger could be injured on a spicule of broken bone
- Rectal or vaginal examination of a casualty with a possible pelvic fracture

Procedures which can be safely undertaken by EPP-restricted doctors or students (includes all the core clinical and procedural skills required by the GMC as outcomes for provisionally registered doctors before they are eligible to apply for full registration)

- Venepuncture and intravenous cannulation
- Use of local anaesthetics
- Arterial puncture
- Blood cultures
- Giving injections
- Preparing and administering intravenous medications and infusions
- Performing ECG
- Rectal or vaginal examination
- Examination of the oral cavity (unless risk of biting)
- Aspirations
- Lumbar puncture
- Needle biopsies (excluding trans-rectal biopsy of the prostate)
- Endotracheal intubation and airway care
- Urethral catheterisation
- Insertion of a chest drain may or not be an EPP, depending on how it is performed
- Cardio-pulmonary resuscitation: an EPP-restricted doctor is able to undertake mouth-to-mouth resuscitation, but in circumstances where another competent doctor can give mouth-to-mouth ventilation, then the EPP-restricted doctor should manage another aspect of the resuscitation
- Minor surgical procedures such as excision of sebaceous cysts and skin lesions and cauterisation of skin warts do not usually constitute EPPs.

8.Scope of Restrictions

The DH guidance '*Health clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers*' summarises the duties considered to be EPPs in each speciality.

Posts vary, however, and so there should be an individualised appraisal of the duties, and restrictions agreed if necessary between the EPP restricted worker, consultant OH physician, director of medical education / foundation training programme director and the senior clinician of the team.

There should also be clear agreement on restriction in related areas, such as where the doctor has to provide cross cover to other firms or to a colleague in their firm or another firm, on-call duties, or take part in a trauma team.

9.Disability provisions of the Equality Act 2010

Under the disability provisions of the Equality Act 2010, it is unlawful for employers to discriminate against disabled people for a reason related to their disability, in all aspects of employment, unless this can be justified. Examples of adjustments that might need to be considered in the case of a doctor infected with BBVs are:

- allocating some work to someone else
- transferring to another post or another place of work
- being flexible about hours - allowing different core working hours and to be away from the office for assessment, treatment or rehabilitation
- providing training or retraining if it is no longer possible to do the current job any longer

It has to be recognised that not all who are infected with BBV will be covered by the Equality Act 2010 as they may not meet the legal criteria for disability. However, similar adjustments must be considered to the same standard for all infected FDs.

10.Training for foundation doctors with BBVs

The diagnosis of a BBV may be made before or during medical school, or by occupational health screening at entry to employment or during the training period. Guidance for medical schools is available from:

http://www.medschools.ac.uk/AboutUs/Projects/Documents/BBVsGuidanceFeb2008.pdf

It states that it is important to ensure that protocols for testing of medical students for BBVs, and the management of those testing positive, align with the DH requirements. In this way vaccination and clearance status for EPPs may, with consent, be transferred on a strictly confidential basis to the NHS Occupational Health Service after graduation.

Foundation programmes for doctors with BBVs must be appraised following advice from a specialist Occupational Health physician to enable the FD to avoid doing EPPs, with some programmes or posts being more suitable than others. It is therefore essential that foundation schools are aware of incoming doctors *in advance* of allocation to posts to enable such adjustment, rather than trusts only becoming aware of such information at the time that the doctor starts a potentially unsuitable post.

In addition, arrangements must be made for FDs with BBV infection to continue or commence surveillance in accordance with UKAP guidance to ensure continuous eligibility to perform EPP.

Doctors with a BBV infection may be cautious about divulging information about their condition. The sharing of detailed information with foundation schools will be voluntary but should be encouraged by a memorandum of understanding that there is intent to support doctors and that information sharing will be on a need to know basis and limited to essential information that is relevant – see section 14.

Thus, doctors who are aware that they have a BBV should therefore inform the STFS director at the time of entry to STFS, so that an appropriate programme can be provided, or necessary changes made to an existing programme. The STFS director is happy to arrange a confidential meeting to discuss this in more detail. Specific details of the BBV are not required and will not be transferred if disclosed. Once a programme has been identified, contact should also be made with the relevant trust specialist occupational health physician to conclude any arrangements for pre-employment health assessment in advance of taking up the post and make arrangements for subsequent monitoring.

Very rarely, infection could also potentially be acquired through a ‘sharps’ or needlestick injury. It is therefore important that all medical students and doctors report needlestick or sharps incidents and seek advice as prompt prophylaxis can reduce the risk of infection to them as well as enable informed choice for patient protection, should seroconversion take place.

If FD doctors have spent time practicing in countries with high prevalence of BBV infections or had a high-risk exposure to BBV during elective and returning to their training in UK they must see the Occupational Health Physician to discuss the need for rescreening for BBV infections.

Good Medical Practice outlines the responsibilities of a doctor registered with the GMC to protect the health of patients

http://www.gmcuk.org/guidance/good_medical_practice/health.asp

11.Pre-employment screening and communications

Systems should be in place for ensuring patient safety while recognising the medical confidentiality of the foundation doctor.

Trust occupational health (OH) departments are familiar with the standards for preemployment screening for EPP work, as well as the need for identity validated sampling of blood when testing for markers of infection.

It is also an OH responsibility to ensure that information about doctors not cleared for EPPs is communicated appropriately. In some trusts the system to communicate restrictions on EPPs between OH, human resources (HR), and those with responsibility for clinical supervision and management is not clear. Poor communications may be exacerbated by high staff turnover in the relevant departments.

12.Recommendations for communication:

There should be a multi-layered system to ensure the appropriate allocation of doctors with a BBV to an agreed training post.

Best practice comprises:

- The FD arranges a confidential meeting with the FS director at the time of entry into FS and before programmes are allocated, At the meeting the FD's training, together with disclosure and confidentiality, will be discussed. The FD's consent to inform the DME / FTPD of their employing trust/s will be sought. Any specific details of the BBV disclosed to the FS director will not be transferred.
- The FS director informs the DME / FTPD and Occupational Health department of the employing trust in advance to ensure that there is sufficient time available to make any adjustments required.
- The FD is assessed by OH (to determine whether any restrictions are required) and a plan made, which is then communicated to the DME/FTPD.
- The trust DME / FTPD in turn communicate with the relevant educational supervisor. Health clearance with restrictions would be given by the Trust OH. This would be communicated via medical staffing to the DME / educational supervisor.

13.Management of a 'EPP restricted worker' during employment

There should be clear agreement between the employee, educational supervisor, DME / FTPD and OH physician on monitoring arrangements.

- There should be a review by the educational supervisor, reporting to the DME / FTPD, after 4 - 6 weeks to ensure that any necessary safeguards in place to protect the patients are working well during routine, cross cover and on-call work, and that the doctor is able to meet any requirements for treatment and monitoring.
- An EPP restricted doctor should receive appropriate educational and psychological support, as required.
- Any adjustments required in the next placement either within the same department, same hospital or in another hospital should be made by liaising with senior colleagues with the informed consent of the EPP restricted worker. This is the responsibility of the DME / FTPD and foundation school director, respectively.

- The OH physician should ensure that an EPP restricted doctor is under the care of a specialist for the BBV infection as appropriate. Further adjustments to work may be required either to protect the doctor's health, to accommodate treatment or to support impaired work capacity, for example if he or she has progressive illness increasing susceptibility to tuberculosis.

14.Confidentiality

The only information required by those outside OH is that the doctor is not cleared for EPP work. They need not know the medical reason for this and attempts should not be made to find out the reason or to make assumptions. The occupational physician and any other relevant person should treat all medical and personal information provided in confidence sensitively. Guidance about medical confidentiality from the GMC, Faculty of Occupational Medicine and DH should be strictly followed. The GMC's guidance in relation to communicable diseases is on:

http://www.gmc-uk.org/Confidentiality_disclosing_info_serious_commun_diseases_2009.pdf_27493404

15.Occupational Health (OH) assessments

The employer has a duty of care to a doctor with a BBV, whether EPP restricted or being monitored on treatment, as well as other employees and the patients. It is essential that the FD agrees and adheres to a set of conditions (16 below) without which EPP clearance cannot be issues or maintained.

Occupational health assessments are concerned with the effects of health on work as well as work on health. An occupational health practitioner has a responsibility to provide independent advice to the EPP restricted worker and to the employer.

16.Duties of an Employee

The doctor who is newly diagnosed or have reason to believe that they may be infected with a BBV must cease performing EPP and seek advice immediately from the employer's specialist OH physician.

The doctor with a BBV should declare the full details of the illness in the confidential pre-placement employment health questionnaire.

S/he should give informed consent to OH obtaining relevant medical information from the treating specialist or the occupational health service of the previous organisation.

S/he should co-operate with the consultant occupational physician in ensuring that any necessary modifications and adjustments to duties are in place to ensure the safety of patients.

S/he should inform the consultant occupational health physician of any changes to his/her health so that a review of the existing arrangements could be made.

If not cleared for EPP s/he must report any incidents where s/he has undertaken EPP, as well as report incidents where the open tissues of a patient or colleague might have been exposed to his/her blood or body fluids, so that immediate prophylactic treatment can be given to the exposed individual.

If potential exposure has occurred, s/he must co-operate with the consultant occupational physician on the assessment of the need for a look-back exercise.

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