

# **Doctors in training with blood-borne virus infection**

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May 2019

## 1.Introduction

The 4 statutory education authorities (HEE, HEIW, NES, NIMDTA) are committed to supporting the training of doctors with blood borne virus (BBV) infection, while ensuring that patient safety is not compromised.

Training programmes might 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.

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. 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.

This policy aims to facilitate the careful planning of training for doctors and dentists with blood-borne virus infection who consequently may be unable to perform EPPs. The cornerstone of successful planning is early communication between the doctor in training, their programme director, head of school or postgraduate dean and the occupational health (OH) physician.

The guidance for health clearance of healthcare workers (HCWs) and management of those infected with bloodborne viruses (BBVs) hepatitis B, hepatitis C and HIV is produced by Public Health England for the UK Government and is adopted over the UK.

<https://www.gov.uk/government/publications/bbvs-in-healthcare-workers-health-clearance-and-management>

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 doctor in training with a BBV has early assessment by a specialist Occupational Health Physician to determine whether EPP restrictions and monitoring are required and if so, make the necessary arrangements. All new doctors in training with a BBV are therefore asked to make contact with their programme director, head of school or postgraduate dean at their earliest opportunity so that any required arrangements can be made. See also section 3 below.

Doctors in training are not required to disclose any details of the BBV other than its existence. If they do disclose additional information in confidence, it will not be transferred.

**The only information passed on is whether the doctor is cleared for EPPs.**

**This information is transferred on a “need to know” basis to senior management in the LEP, senior educators within the relevant training organisation, and the occupational health department. The basis of this is to ensure patient safety, to support successful training, and to assist the doctor in meeting their professional obligations under Duties of a Doctor, GMC.**

## 2. Background

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

Doctors with BBV infection can successfully train and work. This may require appropriate adjustments to their training and work. Normally, the recommendations for adjustments would be from a consultant in occupational medicine. Such adjustments would 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 (applicable to England, Wales and Scotland, Disability Discrimination Act 2005 in Northern Ireland) <https://www.gov.uk/rights-disabled-person/employment>

GMC guidance sets out responsibilities as follows:

*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.*

[https://www.gmc-uk.org/-/media/documents/dc11326-outcomes-for-graduates-2018\\_pdf-75040796.pdf](https://www.gmc-uk.org/-/media/documents/dc11326-outcomes-for-graduates-2018_pdf-75040796.pdf)

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. Doctors in training should consider this aspect in planning their careers and seek careers advice if appropriate.

## 3. 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 consultant occupational physician. The doctor 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.

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

## 4. Hepatitis B

National guidance on Hepatitis B infected healthcare workers and antiviral therapy was published in October 2017.

<https://www.gov.uk/government/publications/bbvs-in-healthcare-workers-health-clearance-and-management>

## 5. Hepatitis C

National guidance on hepatitis C infected healthcare workers was first published in 2002. The current guidance from October 2017 can be found at

<https://www.gov.uk/government/publications/bbvs-in-healthcare-workers-health-clearance-and-management>

A doctor or dentist with hepatitis C in training will require assessment by a consultant occupational physician to establish their fitness for work and to obtain advice regarding any necessary restrictions to protect patients.

## 6.HIV

The current guidance on doctors with HIV is contained at

<https://www.gov.uk/government/publications/bbvs-in-healthcare-workers-health-clearance-and-management>

A doctor or dentist with HIV in training will require assessment by a consultant occupational physician to establish their fitness for work and to obtain advice regarding any necessary restrictions to protect patients.

## 7.Exposure prone procedures in training

Detailed advice is available from the UKAP publication on Emergency Healthcare Workers, EPPs and the Exposure Prone Environment:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/611500/UKAP\\_Emergency\\_healthcare\\_workers\\_EPPs\\_and\\_exposure\\_prone\\_environment.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/611500/UKAP_Emergency_healthcare_workers_EPPs_and_exposure_prone_environment.pdf)

Procedures which, subject to consultant occupational physician advice, can normally be safely undertaken by EPP-restricted doctors includes (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.

## 9.Scope of Restrictions

The PHE guidance provides a framework by which advice to doctors in training who have a BBV can be provided. This can be supplemented by consultation between the occupational physician and UKAP to provide individual assessments and bespoke advice to the trainees, their employers and their educators. This allows the employer and educator to provide clear agreement on all the duties a doctor or dentist in training is expected to, or might have to undertake

## 10. Disability provisions of the Equality Act 2010

Under the disability provisions of the Equality Act 2010 and DDA 2005, it is unlawful for employers to discriminate against disabled people for a reason related to their disability, in all aspects of employment and education, unless this can be justified. Examples of adjustments that might need to be considered in the case of a doctor infected with BBV 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 and DDA 2005 as they may not meet the legal criteria for disability. However, similar adjustments must be considered to the same standard for all infected Doctors in training.

## 11. Training for 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.

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

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

Doctors with BBVs may be cautious about divulging information about their condition. The sharing of detailed information with schools/deaneries/LETBs will be voluntary but should be encouraged making it clear 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 15.

Very rarely, infection could also potentially be acquired through a 'sharps' or needlestick injury. It is therefore important that all 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 doctors in training have spent time practicing in countries with high prevalence of BBV infections or had a high-risk exposure to BBV 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

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice>

## 12.Pre-placement screening and communications

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

Trust/Board occupational health (OH) departments are familiar with the standards for pre-placement 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. There should be systems in place between training and employing organisations to ensure this communication takes place.

## 13.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 doctor in training arranges a confidential meeting with the programme director/head of school/postgraduate dean at the time of appointment to training programme. At the meeting the doctor in training's training, together with disclosure and confidentiality, will be discussed. The doctor in training's consent to inform the senior educator of their employing trusts/boards will be sought. Any specific details of the BBV disclosed to the programme director/head of school/postgraduate dean director will not be transferred.
- The programme director/head of school/postgraduate dean informs the senior educator of the employing Trust / Board and Occupational Health department of the employing Trust / Board in advance to ensure that there is sufficient time available to make any adjustments required.
- The doctor in training is assessed by OH (to determine whether any restrictions are required) and a plan made, which is then communicated to the senior educator of the employing Trust / Board.
- The Trust / Board senior educator, in turn, communicates 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 (or equivalent) / educational supervisor.

## 14.Management of a 'EPP restricted worker' during employment

There should be clear agreement between the employee, educational supervisor, senior educator of the employing Trust / Board and OH physician on monitoring arrangements.

- There should be a review by the educational supervisor, reporting to the senior educator of the employing Trust / Board 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 senior educator of the employing Trust / Board, 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.

## 15. 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 can be found at:

<https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality---disclosing-information-about-serious-communicable-diseases>

## 16. 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 doctor in training agrees and adheres to a set of conditions (3 above) without which EPP clearance cannot be issued 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.

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