Dear Dr Flynn

Guidelines for the regulatory management of registered health practitioners and students infected with blood-borne viruses

The Royal Australasian College of Physicians (the College) welcomes the opportunity to comment on the draft ‘Guidelines for the regulatory management of registered health practitioners and students infected with blood-borne viruses’ developed by the National Boards and the Australian Health Practitioner Regulation Authority (AHPRA).

The College strongly supports the availability of guidelines to assist practitioners and students with blood-borne viruses (BBV) in their work. Aside from the commendable work done to develop these guidelines, we urge that there be associated work to ensure the guidelines are widely disseminated and taken up. It is vital that practitioners are aware the related Communicable Diseases Network Australia (CDNA) Guidelines and their obligations.

We have found these AHPRA guidelines to be clear and relevant for practitioners and students, and provide a useful link to the CDNA Guidelines.

Suggestions for your consideration:

The College has a few comments on the current draft that we feel would improve their clarity and usefulness:

- (page 10, 2\textsuperscript{nd} bullet point) - The College suggests that clarification is needed regarding the frequency of testing needed for a practitioner, particularly when they are not undertaking exposure-prone procedures (EPP).
• (page 6, paragraph 6) - The College proposes that a general descriptor of the type of EPP covered would be preferable to a detailed list, as this is likely to go out of date. A general descriptor will be able to highlight the types of EPP, with more specific details covered in the CDNA Guidelines.

• (page 10, last bullet point) - Regarding the qualifications of the supervisor for those practitioners infected with BBV, we suggest it is specified a little more clearly that the supervising medical practitioner be qualified in the clinical area relevant to the practitioner’s condition.

• (page 11, 2nd bullet point) - This point could benefit from some clarification by using examples of ‘another condition’ such as drug dependency, as a circumstance which would be the key factor in infection risk. This point should cover wilful ignorance as being unacceptable when dealing with circumstances that amplify risk.

There needs to be effective communication and dissemination mechanisms in place to advise on changes to the Guidelines as they occur, and the Guidelines would benefit from a more detailed articulation of how any changes to the CDNA Guidelines will be notified to the relevant stakeholders.

The College considers compliance with the Guidelines to be a reasonable expectation for health practitioners infected with BBVs.

If you have any questions or require any clarification about our comments, please do not hesitate to contact Paul Wright, Senior Policy Officer, on 02 9256 5497 or Paul.Wright@racp.edu.au.

Yours sincerely

Professor Nicholas J Talley