

Report of the Gay & Lesbian Association of Doctors and Dentists Survey of Support for Healthcare Professionals living with Blood Borne Viruses



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www.gladd.org.uk

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Introduction

Health care professionals are in a unique position in relation to blood borne viruses; no other professional group has such a risk of infection from their clientele and no other professional group face such levels of restriction and exclusions following diagnosis with a blood borne virus.

Background

Over the summer of 2006 GLADD undertook a survey of a range of organisations engaged in providing information and support for healthcare professionals to assess the current structures in place to support queries relating to blood borne viruses amongst healthcare professionals.

In December 2006 the broadened definition of disability outlined in the Disability Discrimination Act 2005 will come into effect. This extends the definition of disability to include protection for people living with HIV, Cancer and MS from the point of diagnosis. The Act also allowed protection through regulation for individuals affected by other chronic diseases which impact on their lives.

‘..amend the definition of disability in respect of people with mental illnesses; deem people with HIV infection, multiple sclerosis, or cancer to be disabled for the purposes of the DDA; and clarify that there is no implied limitation to the scope of the regulation-making power which enables people to be deemed to be disabled;’

Disability Discrimination Act 2005. Chapter 13. p157.

In December 2005 GLADD, in partnership with UK Coalition of People Living with HIV and AIDS, UNISON LGBT Healthcare Professionals, Royal College of Nurses OUT Group and the Department of Health LGBT Staff Group PRISM, organised a panel discussion of the issues affecting HIV positive healthcare professionals.

One of the strong messages from that seminar was that there was confusion over the information available for HIV positive healthcare professionals and a lack of clarity over the roles of different organisations and regulatory bodies in providing support and advice for this group.

GLADD therefore undertook to survey a range of these organisations to review the current support and information base for HIV positive healthcare professionals.

Methodology

A short survey of 14 questions was sent by email at the end of August 2006 to 35 different organisations which are engaged in providing support or information for healthcare professionals. The survey was sent with a covering letter which explained that this survey should be viewed as a freedom of information request; this was considered appropriate as the survey included several questions about policies and

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protocols of the organisation. Organisations were asked to respond within 30 days to the survey.

Responses were received from 8 organisations and there was an additional response from organisation which responded to a pilot questionnaire, giving a total of nine responses (26%).

A follow up email was sent at the beginning of October to those organisations which had not responded and two additional organisations were added which had not been included in the first survey group. This generated an additional four responses, giving a total of 14 responses.

The fourteen responses were from a range of different types of organisations including medical Royal Colleges (4), Unions (3), Regulatory bodies (3), Legal Support (1) and the Department of Health and NHS Employers (Table 1).

Table 1: Organisations which responded

NHS Employers	Department of Health	British Medical Association
General Medical Council	Royal College of General Practice	Royal College of Ophthalmologists
Medical Defence Union	Health Professionals Council	Nursing and Midwifery Council
Royal College of Paediatrics and Child Health	British Association/College of Occupational Therapists	General Dental Council
British Dental Association		

Although thirteen organisations responded, three responses were excluded from the questionnaire analysis.

The General Dental Council took part in the pilot phase of the questionnaire and hence their answers have been excluded as the wording and format of the survey had substantially changed.

The Medical Defence Union responded that they were unable to complete the questionnaire as the questions were not clearly relevant to their practice. But the Chief Executive engaged an email conversation which made it clear that they would provide advice and support to members contacting them with issues relating to blood borne viruses but were unable to give specific examples of the kinds of advice given as it would be case specific.

Unfortunately due to technical difficulties the response from the Royal College of General Practice was unable to be included.

Results

The results from 11 questionnaires were analysed, although this is a small sample it provides an insight into the general level of support and consideration of healthcare professionals infected with blood borne pathogens.

Policies on Blood Borne Infections in Healthcare Professionals

The Department of Health has a range of policies on blood-borne infections in healthcare professionals such as HIV Infected Health Care Workers: Guidance on Management and Patient Notification (July 2005). The Department of Health Guidance in 2005 was explicit in stating that the risk to patients from HIV infected healthcare professionals 'is very low' and there were no documented cases of this kind of transmission in the UK. The guidance went on to be clear that there is a much higher risk of healthcare professionals becoming infected from patients. There was some evidence that healthcare professionals with hepatitis B and C posed a greater threat to patients because of its greater infectivity. The document had a strong emphasis on responsibility and obligations both for the individual and for the organisations.

Box 1: Duties and Obligations of healthcare workers who are, or maybe, infected with HIV

4.2 All doctors, dentists, nurses, midwives, health visitors and other health care professionals who have direct clinical care of patients, have a duty to keep themselves informed and updated on the codes of professional conduct and guidelines on HIV infection laid down by their regulatory bodies and any relevant guidance issued by the Department of Health.

4.3 In addition, students should be made aware of the implications of these statements and of the contents of this guidance.

HIV Infected Health Care Workers: Guidance on Management and Patient Notification (July 2005) p18

The Department of Health Guidance made explicit reference to the implications of the Disability Discrimination Act (2005) and emphasised the duties for employers to try to provide alternate roles, and retraining opportunities, without exposure prone procedures. This has particular implications for professions where exposure prone procedures are a key part of the role such as Dentistry.

Box 2: Examples of UKAP advice on exposure prone procedures

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.

HIV Infected Health Care Workers: Guidance on Management and Patient Notification (July 2005) Annex A. p52

All of the organisations which had policies relation to blood borne infections based their guidance on the Department of Health statements.

All of the regulatory bodies had existing policies on blood borne infections in healthcare professionals; in general this was based on the Department of Health guidance. Some such as the GMC guidance were explicit in the expectations of disclosure (Box 1), this was a surprise to the GLADD executive who felt that not all GUM clinics were explicit in advice to healthcare professionals having an HIV test that they would disclose a positive result to employers. This may act as a disincentive to testing.

Box 3: GMC Serious Communicable Diseases. October 1997

29. *If you acquire a serious communicable disease you must promptly seek and follow advice from a suitably qualified colleague - such as a consultant in occupational health, infectious diseases or public health¹⁰ on:*
- *Whether, and in what ways, you should modify your professional practice.*
 - *Whether you should inform your current employer, your previous employers or any prospective employer, about your condition.*
30. *You must not rely on your own assessment of the risks you pose to patients.*
31. *If you have a serious communicable disease and continue in professional practice you must have appropriate medical supervision.*
32. *If you apply for a new post, you must complete health questionnaires honestly and fully.*

Treating colleagues with serious communicable diseases

34. *If you are treating a doctor or other health care worker with a serious communicable disease you must provide the confidentiality and support to which every patient is entitled.*
35. *If you know, or have good reason to believe, that a medical colleague or health care worker who has or may have a serious communicable disease, is practising, or has practised, in a way which places patients at risk, you must inform an appropriate person in the health care worker's employing authority, for example an occupational health physician, or where appropriate, the relevant regulatory body¹¹. Such cases are likely to arise very rarely. Wherever possible you should inform the health care worker concerned before passing information to an employer or regulatory body.*

Both the BDA and the BMA had policies, as did the College of Occupational Therapists. Several of the Royal Colleges did not have specific policies and NHS Employers did not have a specific policy, although in the email that accompanied their response they acknowledge this absence.

Interestingly two of the Colleges that did not have explicit policies on this issue highlighted that they did have an explicit role supporting healthcare professionals with health needs, despite both specialties being commented on in the examples of UKAP exposure prone procedures.

Queries

All of the organisations had a mechanism for individuals to make contact with the organisation to ask questions but few had formal logging systems for the topics raised. Only the General Medical Council and the Department of Health recorded the number of queries relating to blood borne infections, both had received over 21 queries in the last five years on this topic.

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Three of the organisations had templates/protocols for answering specific types of queries and only the Department of Health and the British Dental Association had specific templates for Healthcare professionals with blood borne infections and both referred to occupational health, NHS Employers and the voluntary sector for support.

Equality and Diversity Groups

Six of the organisations reported some form of Equality and Diversity Group, all had considered the impact of the Disability Discrimination Act but only four had specifically considered this in relation to blood borne infections and HIV.

Discussion

This was a small study suggests a generalised lack of consideration and support for health care professionals infected with blood borne infections.

The response rate (35%) suggests a lack of understanding and commitment to addressing the issue of blood borne infections amongst health care professionals. It is difficult to assess whether those organisations which did not respond have undertaken any work in this area and whether they would be able to provide appropriate and informed support for health care professionals affected or infected by a blood borne infection.

The low response rate may however reflect the large number of surveys and freedom for information requests that organisations receive and that not all the organisations have robust mechanisms for responding to FOI requests. However the survey invitation was sent twice with an extended response deadline to accommodate that key individuals may have been on leave when the first request was sent.

Those who responded that had policies and guidance had built on the Department of Health guidance documents. This may reflect that Annex B of the 2005 Guidance provide specific text from the regulatory bodies responsibilities towards individuals with HIV and hence these organisations should have had this documentation in place. However Annex A of the document highlights the UKAP guidance on specific speciality areas and several of the Royal Colleges whose areas are mentioned did not have specific policies or guidance to support their membership. Interestingly several other countries, such as the USA and Canada, have relaxed their restrictions on medical and dental exclusions.

All of the organisations who responded had mechanisms for responding to individual queries however very few had systems to record the topics discussed and only two identified queries relating to blood borne infections or exposure. Similarly only a few organisations had templates for responding to queries on this topic.

The overall limitations in support and information available across organisations may reflect the variable engagement with the equality and diversity agenda in that less than half of the sample had any form of equalities committee or advisory group and even fewer had considered the implications of HIV and the Disability Discrimination Act.

Conclusions and Recommendations for further work

This small survey suggests that there are severe limitations in the support and information available for health care professionals who find themselves infected with HIV or Hepatitis.

The results suggest that the Department of Health Guidance has had limited impact on organisations such as the Royal Colleges and NHS Employers. The explicit references to employers and training organisations ensuring that all health care professionals are aware of the guidelines and that there should be support provided for an individual with HIV, does not appear to have translated into policy and guidance. This is particularly concerning given the current proliferation of employers across health and social care.

This survey suggests the following steps are needed to ensure that health care professionals are supported and valued within the health service:

- a single web portal, developed by UKAP in partnership with the healthcare Unions, for information for health care professionals affected by and infected with blood borne infections
- specific policy statements on HIV and Hepatitis infection from all Royal medical Colleges which are clear on the support and advice provided by the College and the definitions of exposure prone procedures within that clinical specialty
- a core curriculum requirement for all under-graduate and post-graduate medical and dental curricula to educate students on their professional responsibilities and the national policy position of breaches of confidentiality when testing and employers responsibilities to accommodate non-exposure prone training and practice employment.
- A timetable for UKAP to review the evidence base for the definitions of exposure prone procedures by specialty, particularly in relation to Dentistry, in partnership with the Royal Colleges and Regulatory bodies. This should draw on the learning and experiences in other countries with different restrictions.
- An audit by the Department of Health to ensure that all of the Royal Colleges and Regulatory Bodies have the appropriate framework for considering the equality and diversity agenda.

HIV and Hepatitis remain an issue for health care professionals in the UK and all health care organisations need to consider how they can best support, develop and work with these individuals so that their talents, skills and knowledge are not lost to the health service and patients are not put at risk.