

Medical and dental students:

Health clearance for

Hepatitis B,

Hepatitis C,

HIV and

Tuberculosis




Guidance from
the Medical Schools Council,
the Council of Heads and
Deans of Dental Schools,
Association of UK University
Hospitals and the Higher
Education Occupational
Physicians Group

Contents

INTRODUCTION	2
MEDICAL STUDENTS	3
Principles	5
Responsibilities	8
DENTAL STUDENTS	11
Principles	12
Responsibilities	15
ANNEX: TB	18
<i>Acknowledgements</i>	21

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This guidance is intended for Medical and Dental Schools, medical and dental students, occupational health services, and health provider organisations.

INTRODUCTION

In March 2007, the Department of Health (DH) published guidance on health clearance for new healthcare workers for tuberculosis, hepatitis B, hepatitis C and HIV¹. Students entering medicine, dentistry and other areas of healthcare are amongst the groups to whom this guidance applies. It has important implications for course admissions procedures.

The guidance defines *standard health clearance*², which is recommended for all categories of new healthcare worker employed or starting training, and *additional health clearance* for new healthcare workers who will perform exposure prone procedures (EPPs). Guidance on health clearance for tuberculosis is reproduced in the annex to this document. Additional health clearance means being non-infectious for HIV (antibody negative), hepatitis B (surface antigen negative or, if positive, e-antigen negative with a viral load of 10^3 genome equivalents/ml or less) and hepatitis C (antibody negative or, if positive, negative for hepatitis C RNA).

- 1 Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers. Department of Health, March 2007; www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_073132. For the purpose of this guidance, a new healthcare worker includes healthcare workers new to the NHS, healthcare workers moving to a post or training that involves EPPs for the first time and returning healthcare workers, depending on what activities they have engaged in while away from the health service.
- 2 Standard health clearance refers to checks or screening for tuberculosis disease/immunity and the offer of hepatitis B immunization, with post-immunisation testing of response and the offer of tests for hepatitis C and HIV. Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers. Department of Health, March 2007

EPPs are defined by the DH as '*those invasive procedures where there is a risk that injury to the worker may result in the exposure of the patient's open tissues to the blood of the worker. These include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (eg spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands may not be completely visible at all times*'³. The performance of EPPs is not a requirement for students completing a medical degree that is acceptable for gaining Provisional Medical Registration. The same is not true for dental students, since all courses entail extensive clinical practice involving EPPs. The implementation of the new DH guidance on health screening is, therefore, fundamentally different for dental students compared to medical students and for that reason there is a separate section dealing with dentistry (pp. 11–17).

MEDICAL STUDENTS

The proposed protocol is informed by the overriding principle of the duty of care to patients and of Medical Schools to their students⁴. The admission of students into medical school should be a transparent process comprising competitive selection that provides equality of opportunity to all applicants, including those infected with blood borne viruses (BBVs). The GMC has advised that experience of exposure prone procedures (EPPs) is not a requirement to meet the outcomes in *Tomorrow's Doctors*. This opens the way for post-admission BBV testing of medical students

3 Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers. Department of Health, March 2007.

4 'As future doctors, students should follow the guidance in *Good Medical Practice* from their first day of study, and understand the consequences if they fail to do so. In particular, students must appreciate the importance of protecting patients.' *Tomorrow's Doctors*, 2003, GMC.

as already proposed by the DH guidance for new entrants or re-entrants to the NHS in England⁵. For the purpose of this guidance, a new healthcare worker includes healthcare workers new to the NHS, healthcare workers moving to a post or training that involves EPPs for the first time and returning healthcare workers, depending on what activities they have engaged in while away from the health service⁵.

As students entering Medical School are taking the first step on the path to becoming a Registered Medical Practitioner, it is important to ensure that the protocols for the testing of medical students for BBVs, and the management of those testing positive, are aligned with the DH recommendations. 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, enabling a seamless transition into clinical practice without the automatic requirement for the repetition of tests for UK – trained graduates. International students transferring to the UK will need to conform to the same testing arrangements as new entrants to medical school, prior to undertaking EPPs.

Early clinical experience in the UK Medical Schools argues that BBV testing should be performed during the initial stages of medical training, before students have the opportunity to undertake EPPs; not only for the protection of patients but also to ensure that any students unknowingly carrying BBVs are detected, appropriately counselled and treated at the earliest opportunity.

EPPs can form an important part of medical training and, although not mandatory, many Medical Schools believe that students should not be denied the opportunity to undertake them not only in the UK, but also during periods of elective study overseas. EPPs comprise part of the normal work of a significant number of clinicians and there is, therefore, a

⁵ Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers. Department of Health, March 2007

national requirement for a substantial proportion of the postgraduate medical workforce to be competent in EPPs. It is expected that the majority of students will agree to undergo testing as not only do they have a professional responsibility for the welfare of their patients but also because testing carries with it potential benefits for them. Knowledge by the Occupational Health Department of a student's BBV status will inform the Medical School's duty of care to the student and will enable it to prevent exposure to circumstances where the student might be vulnerable and to ensure vaccinations which might be contra-indicated are not provided

Students declining testing or found to be infected by a BBV will be allowed to continue on their medical course leading to full Medical Registration, provided that they formally accept the requirement they will not be allowed to perform EPPs whilst infectious, and recognise that careers in some specialties may not be open to them if their infection persists. The organisation and delivery of clinical training for BBV-positive students, and those declining testing, will need pro-active management with clear lines of responsibility to ensure that there is a robust system in place that provides optimal patient protection. Students who are successfully treated for BBV infection will normally become eligible to perform EPPs, e.g. successfully treated hepatitis B and hepatitis C infected individuals.

Principles

The proposed protocol is governed by the following principles:

- 1 Admission to medical school is not conditional on the results of BBV testing.
- 2 Medical Schools will ensure that their courses do not

contain any EPP exposure until there has been time to complete screening across each new cohort.

- 3 It is expected that the majority of students will agree to undergo testing. In the event that a student chooses not to be tested s/he cannot be cleared to undertake EPPs and this may have implications for other vaccinations (e.g. BCG) and therefore placements.
- 4 Normally, medical students will be screened for hepatitis B, hepatitis C, and HIV. Testing will be managed by Occupational Health Professionals who will supervise pre- and post-test discussions, the performance of the tests and the recording of outcomes, as per the testing of other health care workers.
- 5 Medical Schools will make clear their requirements with respect to BBV screening on their websites, in their prospectuses and in information supplied to students and applicants.
- 6 Medical Schools, in conjunction with their NHS partners, are responsible for arranging appropriate training for those ineligible to undertake EPPs.
- 7 All aspects of a student's medical record will be bound by the same duty of confidentiality as for any doctor-patient interaction and informed by the same ethical guidance. Students should be reassured that test results will not be disclosed⁶.
- 8 The testing protocol used by UK Medical Schools will conform to the standards set out by Association of National Health Occupational Physicians (ANHOPS) and the Association of NHS Occupational Health Nurses (ANHONS) and endorsed by the DH⁶: Tests performed abroad must be repeated in the UK and only the UK result will be accepted.

⁶ Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers. Department of Health, March 2007

- ▶ Laboratory test results required for clearance to perform EPPs must be derived from an identified validated sample (IVS). Results that are not derived from an IVS should not be recorded in Occupational Health records. An IVS is defined according to the following criteria⁶:
 - ▷ The student must show photographic proof of identity when the sample is taken.
 - ▷ The sample of blood must be taken in an appropriately authorised department – a student should not provide his/her own sample.
 - ▷ The blood sample must be delivered to the laboratory by conventional means – not transported by the student.
 - ▷ When results are received from the laboratory, checks must be made to ensure that the sample was sent by the department.
 - ▶ Test results will only be accepted from an accredited laboratory, e.g. one holding full or provisional accreditation status issued by the CPA (Clinical Pathology Accreditation) UK Ltd; experienced in performing the necessary tests and which participates in appropriate external quality assurance schemes.
 - ▶ Only information about whether or not the student is cleared to undertake EPPs will be freely available on health clearance certificates to staff in Medical Schools and Provider Health Organisations where the student is training. No underlying clinical information will be disclosed without the consent of the student.
- 9 Routine re-screening of newly qualified doctors in the UK will not normally be required if they are new graduates of UK Medical Schools. Students will be bound by their professional obligations to inform Occupational Health if they may have been exposed to a risk of contracting a BBV, as based on an individual risk assessment further testing could be required. This

is in line with the rationale proposed by the DH for not repeating testing, that *'healthcare workers are under an ongoing obligation to seek professional advice about the need to be tested if they have been exposed to a serious communicable disease, obviating the need for repeat testing'*⁷.

- 10 The cost of managing the BBV screening process should not be the responsibility of the student.

Responsibilities

Occupational Health

- ▶ To arrange and coordinate screening
- ▶ To ensure appropriate confidential procedures are in place including appropriate pre-test discussions.
- ▶ To explain the definition and standards of an EPP to students
- ▶ To inform the Medical School Dean, or his/her named designate as appropriate, whether an individual student is, or is not, eligible to undertake EPPs.
- ▶ To advise students with respect to appropriate treatment in full consultation with the student's GP.
- ▶ Students who test positive for a BBV will be placed under the guidance of an Occupational Health Physician who will facilitate referral to an appropriate specialist, in full consultation with the student's GP.
- ▶ To liaise with NHS occupational health departments, where necessary, in the event of a sharps injury when the student is on a placement and ensure appropriate follow up testing of medical students, as per accepted protocols.

⁷ Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers. Department of Health, March 2007

University Medical School Dean or his/her named designate

- ▶ To take responsibility for the welfare of BBV positive students, with advice from Occupational Health who will ensure that adjustments can be made to their clinical training and that appropriate monitoring arrangements are put in place.
- ▶ To take responsibility for ensuring that all appropriate arrangements are in place for managing EPP ineligible students.
- ▶ To inform Health Provider Organisations CEOs or his/her named designate as appropriate about those students who are not cleared for EPPs and agree the appropriate adjustments to their clinical training programmes.
- ▶ To ensure that students understand what constitutes an EPP, and that they are aware of the Fitness to Practise guidance as detailed in 'Medical Students: professional behaviour and fitness to practise'⁸.
- ▶ To ensure that an EPP ineligible student is aware that failure to comply with the restrictions placed on their practice might constitute a fitness to practise concern.
- ▶ To ensure that Postgraduate Deans are aware of students who are not cleared for EPPs.
- ▶ To draw up formal contract for the ineligible.

Health Provider Organisation Chief Executive or his/her named designate

- ▶ To take responsibility for the delivery of the adjusted clinical training programme for EPP-ineligible medical students.

- ▶ To take responsibility for designating a single clinical contact who will ensure that the appropriate communication pathways to relevant NHS professionals involved in training EPP ineligible medical students are put in place.

Students

- ▶ To consult with Occupational Health or a suitably qualified clinician in the event of possible exposure to a BBV infection and not to rely on their own assessment of risk, and to consult Occupational Health if advised to do so.
- ▶ To take responsibility for not undertaking any EPPs prior to complying with appropriate testing and having been advised that they are clear.
- ▶ To take responsibility, subsequent to initial testing, for contacting Occupational Health promptly in the event that they may have been exposed to a BBV infection, as further testing would be required, and to refrain from EPPs until cleared by Occupational Health.
- ▶ To be aware of the risks and implications of contracting a BBV infection and to take responsibility for their own health.
- ▶ To be aware of agreed procedures for reporting and follow-up in the event of a blood-exposure incident (e.g. sharps injury).⁹

Students ineligible to undertake EPPs

- ▶ To agree in a formal contract with the Dean, or his/her named designate, and to conform with the list of restrictions on their clinical training.

⁹ Medical students: professional behaviour and fitness to practise, General Medical Council and Medical Schools Council, September 2007, page 16, paragraphs 37-39

- ▶ To be responsible for ensuring that they and their patients are not put at risk.
- ▶ To be responsible for reporting promptly any accidental exposure of patients to risk during a condoned activity to Occupational Health or suitably qualified clinician. Medical School Deans should also be informed in such cases.
- ▶ To agree to conform with all Occupational Health monitoring including regular retesting if requested.
- ▶ To be aware that failure to comply with the restrictions placed on them might constitute a fitness to practise concern¹⁰.

DENTAL STUDENTS

The proposed protocol is informed by the overriding principle of the duty of care to patients and of Dental Schools to their students. The admission of students into dental school should be a transparent process comprising competitive selection that provides equality of opportunity to all applicants, but the nature of undergraduate dental training precludes entry of those who may pose a risk of blood-borne virus (BBV) infection to patients (see page 2 for definition of non-infectious). Many of the clinical procedures in which undergraduate dental students must gain competence¹¹, are EPPs and are a requirement for gaining GDC registration following graduation. As a result, the DH health clearance guidance states that all potential undergraduate dental students should undergo additional health clearance before acceptance onto the course. This

10 Medical students: professional behaviour and fitness to practise, General Medical Council and Medical Schools Council, September 2007

11 The First Five Years. A Framework for Undergraduate Dental Education. Second Edition. General Dental Council, August 2002

guidance also applies to those entering courses in dental hygiene and therapy.

As students entering dental school are taking the first step on the path to becoming a registered dental healthcare professional, it is important that the protocols for the testing of dental students for BBVs are aligned with the DH guidance. International students transferring to the UK will need to conform to the same testing arrangements as new entrants to dental school, prior to undertaking EPPs.

It should be noted that potential applicants who are found to be infectious carriers of hepatitis B or hepatitis C but who are successfully treated and appropriately monitored for their BBV infection as defined in DH guidance will then become eligible to perform EPPs and therefore to apply for admission to dental school.

Principles

The proposed protocol is governed by the following principles:

- 1 In order to conform to DH guidance and to ensure patient safety, admission to dental school will be conditional on the results of BBV testing.
- 2 Dental students will be screened for hepatitis B, hepatitis C and HIV, prior to admission to dental school. Candidates offered provisional places will be required to undergo appropriate screening before the offer will be confirmed. Candidates offered a place will be advised by the dental school on how to access appropriate screening. Hepatitis B immunisation is required and it may be possible for students to commence hepatitis B immunisation prior to joining the course. In relation to their additional health clearance, pre- and post-test advice and discussions, the performance of the tests and the recording of outcomes will be available from

the University Occupational Health Service for students who have firmly accepted places, immediately prior to registration / matriculation for the first year of study.

- 3 Dental schools will make clear their expectations with respect to BBV screening on their websites, in their prospectuses and in information supplied to students and applicants. Ideally, this should be consistent across schools. The optimum expectation would be that all applicants should have undergone screening to exclude HBV, HCV and HIV infectivity, and where possible have completed a course of hepatitis B immunisation, before registration.
- 4 All aspects of a student's medical record will be bound by the same duty of confidentiality as for any doctor-patient interaction and informed by the same ethical guidance. Students should be reassured that test results will not be disclosed¹².
- 5 The testing protocol used by UK Dental Schools will conform to the standards set out by Association of National Health Occupational Physicians (ANHOPS) and the Association of NHS Occupational Health Nurses (ANHONS) and endorsed by the DH¹². Tests performed abroad must be repeated in the UK and only the UK result will be accepted.
 - ▶ Laboratory test results required for clearance to perform EPPs must be derived from an identified validated sample (IVS). Results that are not derived from an IVS should not be recorded in Occupational Health records. An IVS is defined according to the following criteria¹²:
 - ▷ The student must show photographic proof of identity when the sample is taken.

12 Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers. Department of Health, March 2007

- ▷ The sample of blood must be taken in an appropriately authorised department – a student should not provide his/her own sample.
 - ▷ The blood sample must be delivered to the laboratory by conventional means – not transported by the student.
 - ▷ When results are received from the laboratory, checks must be made to ensure that the sample was sent by the department.
 - ▶ Test results will only be accepted from an accredited laboratory, i.e. one holding full or provisional accreditation status issued by the CPA (Clinical Pathology Accreditation) UK Ltd; experienced in performing the necessary tests and which participates in appropriate external quality assurance schemes.
 - ▶ Only information about whether or not the student is cleared to undertake EPPs will be made available on health clearance certificates provided to staff in Dental Schools and Provider Health Organisations where the student is training. No clinical information will be disclosed without the consent of the student.
- 6 Routine re-screening of newly qualified dentists in the UK will not normally be required if they are new graduates of UK dental schools. Students will be bound by their professional obligations, typically reinforced by university regulations, to consult a suitably qualified professional if they may have been exposed to a risk of contracting a BBV. An individual risk assessment will be necessary and this will inform the decision on need for further testing. Positive results or if advised by that professional will require a consultation with an occupational health specialist. This is in line with the recommendations of the DH health screening guidance that *'healthcare workers are under an ongoing obligation to seek professional advice about the need to be tested if they have been exposed to*

*a serious communicable disease, obviating the need for repeat testing*¹³.

- 7 The cost of managing the BBV screening process should not be the responsibility of the applicant.

Responsibilities

Occupational Health

- ▶ To arrange and coordinate screening and provide ongoing monitoring where considered appropriate.
- ▶ To ensure appropriate confidential standards and procedures are in place including appropriate pre-test and post-test advice and discussion.
- ▶ To explain the definition of an EPP to students.
- ▶ To confirm with the head of the Dental School that new entrants to the course are eligible to undertake EPPs.
- ▶ To offer advice, guidance and support to students, including information on how to avoid the risk of BBV infection occupationally, during certain electives or lifestyle choices.
- ▶ To liaise with NHS occupational health departments, where necessary, in the event of a blood-exposure incident (e.g. sharps injury) when the student is on a placement and ensure appropriate follow up testing of dental students, as per accepted protocols.
- ▶ To facilitate the referral of students who test positive for a BBV to an appropriate specialist. This should be done in consultation with the student's general medical practitioner.

13 Health Clearance for tuberculosis, hepatitis B, hepatitis C and HIV: New healthcare workers. Department of Health, March 2007

University Dental School Dean or his/her named designate

- ▶ To take responsibility for ensuring that only students who have undergone appropriate testing to exclude infectious carriage of BBVs are accepted on the undergraduate dental course.
- ▶ To ensure that students understand what constitutes an EPP.
- ▶ To ensure that students are fully aware of the procedures to be followed in the event of a blood-exposure incident (e.g. sharps injury).
- ▶ To ensure that students are fully informed of their professional obligation to seek advice on the need to be tested if they believe that they have been exposed to a serious communicable disease.
- ▶ To liaise with Health Provider Organisations including liaising with the NHS occupational health departments with regard to transfer of information on graduation.

Health Provider Organisation Chief Executive or his/her named designate

- ▶ To designate a single clinical contact who will liaise with the head of the Dental School to ensure that only students who have undergone health screening according to the DH guidance and have been cleared of BBV infection are admitted to the undergraduate course and allowed to undertake clinical practice as part of their undergraduate training.
- ▶ To take responsibility for making the Occupational Health Service and the Dean of the Dental School aware if an exposure event has arisen and the student may potentially be at risk.

Students

- ▶ To be bound by their professional obligations, typically reinforced by university regulations, to consult a suitably qualified professional if they may have been exposed to risk of contracting a BBV, and not to rely on their own assessment of risk, and to consult Occupational Health if advised to do so.
- ▶ To comply with ongoing monitoring as necessary.
- ▶ To be aware of the risks and implications of contracting a BBV infection and to take responsibility for their own health.
- ▶ To be aware of and follow agreed procedures in the event of a blood-exposure incident (e.g. sharps injury).
- ▶ To agree to conform to all occupational health monitoring including regular retesting if required.
- ▶ To be aware that failure to comply with the above requirements could raise issues of Fitness to Practise.

ANNEX

HEALTH CLEARANCE OF NEW HEALTHCARE WORKERS FOR TUBERCULOSIS (FROM HEALTH CLEARANCE FOR TUBERCULOSIS, HEPATITIS B, HEPATITIS C AND HIV: NEW HEALTHCARE WORKERS. DEPARTMENT OF HEALTH, MARCH 2007)

TB

28. In accordance with guidelines from the National Institute for Health and Clinical Excellence (NICE),¹⁴ health checks should include the following:
- Employees new to the NHS who will be working with patients or clinical specimens should not start work until they have completed a TB screen or health check, or until documentary evidence is provided of such screening having taken place within the preceding 12 months.
 - Employees new to the NHS who will not have contact with patients or clinical specimens should not start work if they have signs or symptoms of TB.
 - Health checks for employees new to the NHS who will have contact with patients or clinical materials should include:
 - assessment of personal or family history of TB;
 - symptom and signs enquiry, possibly by questionnaire;
 - documentary evidence of tuberculin skin testing (or interferon-gamma testing) and/or BCG scar check by an occupational health professional, **not relying on the applicant's personal assessment**;
 - tuberculin skin test (or interferon-gamma test) result within the last five years, if available.
 - If an employee new to the NHS has no (or inconclusive) evidence of prior BCG vaccination, a Mantoux tuberculin skin test (or interferon-gamma test) should be performed.
 - Employees who will be working with patients or clinical specimens and who are Mantoux tuberculin skin test (or interferon-gamma test) negative should have an individual risk assessment for HIV infection before BCG vaccination is given.
 - Employees new to the NHS should be offered BCG vaccination, whatever their age, if they will have contact with patients and/or clinical specimens, are Mantoux tuberculin skin test (or

¹⁴ NICE (2006) Clinical diagnosis and management of tuberculosis, and measures for its prevention and control, www.nice.org.uk/page.aspx?o=CG033&c=infections

interferon-gamma test) negative and have not been previously vaccinated.

- All new entrants to the UK from countries of high TB incidence are recommended by NICE to have a chest X-ray provided that they have not had one recently, are not younger than 11 years and are not possibly pregnant. Employees of any age who are new to the NHS and are from countries of high TB incidence, or who have had contact with patients in settings with a high TB prevalence, should have a Mantoux tuberculin skin test (or interferon-gamma test). If negative, recommendations in the two preceding bullet points should be followed. If positive, they should be referred to a TB clinic for assessment and consideration of treatment for disease or latent infection.
- If a new employee from the UK or other low-incidence setting, without prior BCG vaccination, has a positive Mantoux tuberculin skin test (or interferon-gamma test), they should have a medical assessment and a chest X-ray. They should be referred to a TB clinic for consideration of TB treatment if the chest X-ray is abnormal, or for consideration of treatment of latent TB infection if the chest X-ray is normal.
- If a prospective or current healthcare worker who is Mantoux tuberculin skin test (or interferon-gamma test) negative, declines BCG vaccination, the risks should be explained and the oral explanation supplemented by written advice. He or she should usually not work where there is a risk of exposure to TB. The employer will need to consider each case individually, taking account of employment and health and safety obligations.
- Clinical students, agency and locum staff and contract ancillary workers who have contact with patients or clinical materials should be screened for TB to the same standard as new employees in healthcare environments, according to the recommendations set out above. Documentary evidence of screening to this standard should be sought from locum agencies and contractors who carry out their own screening.
- NHS organisations arranging care for NHS patients in non-NHS settings should ensure that healthcare workers who have contact with patients or clinical materials in these settings have been screened for TB to the same standard as new employees in healthcare environments.

Preventing infection in healthcare settings: occupational health

29. These recommendations set the standard for NHS organisations and therefore should apply in any setting in England and Wales where NHS patients are treated.
- Reminders of the symptoms of TB, and the need for prompt reporting of such symptoms, should be included with annual reminders about occupational health for staff who:
 - are in regular contact with TB patients or clinical materials;
 - have worked in a high-risk clinical setting for four weeks or longer.
 - One-off reminders should be given after a TB incident on a ward.
 - There is a duty on staff to report symptoms as part of their responsibility to protect patients.¹⁵
 - If no documentary evidence of prior screening is available, staff in contact with patients or clinical material who are transferring jobs within the NHS should be screened as for new employees.
 - The risk of TB for a new healthcare worker who knows he or she is HIV positive at the time of recruitment should be assessed as part of the occupational health checks.
 - The employer, through the occupational health department, should be aware of the settings with increased risk of exposure to TB, and that these pose increased risks to HIV-positive healthcare workers.
 - Healthcare workers who are found to be HIV positive during employment should have medical and occupational assessments of TB risk, and may need to modify their work to reduce exposure.

¹⁵ See General Medical Council (1997) Serious communicable diseases, www.gmc.uk.org/guidance/library/serious_communicable_diseases.asp; and Nursing and Midwifery Council (2004) The NMC code of professional conduct: standards for conduct, performance and ethics, www.nmc-uk.org/aFramedisplay.aspx?documentID=201

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Sian Lewis, NHS Wales

Professor James McKillop, University of Glasgow

Professor Rory Shaw, Hammersmith Hospitals NHS Trust

Professor William Doe, formerly Dean, Medical School,
University of Birmingham

Professor Paul Speight, CHDDS and University of Sheffield

The Secretariat for the Medical Schools Council, CHDDS and AUKUH:

Dr Katie Petty-Saphon, Executive Director

Helen Hayton, Policy Officer

Aideen Silke, Policy Officer

Jocelyne Aldridge, Policy Officer

For additional copies of this guidance, please contact:

The Medical Schools Council

Woburn House, 20 Tavistock Square,
London WC1H 9HD

Telephone: +44(0)20 7419 5494

Facsimile: +44(0)20 7380 1482

Website: www.medschools.ac.uk