

HEOPS

Higher Education Occupational Physicians / Practitioners

Medical Students – Standards of medical fitness to train

Introduction

This document has been drafted by HEOPS, following wide consultation, as guidance for those providing occupational health advice to Medical Schools on students' fitness to train and meet the required standards on graduation. All medical students should complete a health screening program before commencing clinical placements. The standards for training in medicine are defined by the General Medical Council (GMC) and the Department of Health (DH). These standards meet the criteria in the Equality Act in that they are a proportionate means of achieving the legitimate aim of ensuring patient safety.

Prospective students who have serious concerns that a medical condition may have implications for future fitness to train as a doctor should, at an early stage, and even before making a formal application, contact the School and if appropriate be offered professional advice. There is an obligation on Medical Schools to make reasonable adjustments for students with disabilities where the disability would not prevent the student from fulfilling the required competencies to graduate. There is no requirement to make adjustments to competence standards themselves.

Medical and personal information disclosed during the assessment processes should be held "in confidence" by the occupational health service. Medical details should only be given to managers and others outside the occupational health service in so far as it is necessary for them to discharge their management responsibilities, in accordance with the Data Protection Act. Explicit informed consent should be obtained from the student if it is necessary for medical information to be shared more widely. Managers in training Schools should be informed of the nature of any relevant impairment, its effect on function, and adjustments necessary to allow the student to fulfil the required competencies for graduation and professional practice. Specific information about underlying causes should not be disclosed, except where this serves a specific purpose to protect patients or benefit the student, and only with explicit, informed consent.

The criteria for medical fitness to train are:

1. **Testing for immunity and infection** should be in accordance with current DH guidance or an equivalent evidence based standard. This will change over time. Students should protect patients, colleagues and themselves by being immunised against serious communicable diseases when vaccines are available. The current DH guidance recommends the following:
 - a. TB – Evidence of immunity and freedom from TB disease.⁴
 - b. Measles, Rubella and Chickenpox – Evidence of immunity.⁴
 - c. Hepatitis B – Immunisation and tests to check response to be offered to all students.⁴
 - d. Hepatitis B, C and HIV – Antibody test for infection to be offered to all students.⁴
 - e. Additional health checks for students who undertake exposure prone procedures (EPP) are described in detail in online DH guidance.⁴
2. **Assessment to achieve outcomes in Tomorrow's Doctor.** By graduation, ALL undergraduates MUST have achieved ALL of the outcomes in Tomorrow's Doctors and EVERY practical procedure listed in Appendix 1 of Tomorrow's Doctors.² Mandatory outcomes from Tomorrow's Doctors include the following:
 - a. Take and record a medical history.
 - b. Perform full physical and mental state examination.
 - c. Interpret findings from history, examination and investigations.
 - d. Communicate effectively with patients and colleagues using spoken, written, electronic and non verbal methods.
 - e. Recognise own personal health needs.
 - f. Consult and follow advice of a suitably qualified professional and protect patients from any risk posed by own health.

3. **Assessment of functional capacity.** Examples of impairment needing careful assessment to ensure safe medical practice:
- Mobility** – This must be compatible with medical fitness standards in Tomorrow's Doctors and Good Medical Practice. This includes the ability to be independently mobile, if necessary with appliances and the student must be able to undertake a full physical examination, avoiding injury to patients, colleagues and self.
 - Upper limb function** – All students must have one fully functional upper limb and the other upper limb capable of forming a support. All students must have manual dexterity sufficient to perform all tasks listed in Tomorrow's Doctors, such as venepuncture, arterial blood sampling and suturing.
 - Vision** – N6 near vision is needed to read the 1mm text on an ampoule. N8 near vision is needed to detect a 3mm needle movement. 6/18 distance acuity is required to read digital monitor at the head of bed during CPR. 6/18 and N8 are the threshold for seeking the opinion of an Occupational Physician. All acuities are with correction.
 - Hearing** – The ability to understand the human voice at 1 metre in a quiet room. Hearing loss of 40dB across all speech frequencies should be referred to the Occupational Physician. Assessment of hearing should be after correction with hearing aids and with additional aids such as electronic stethoscopes.
 - Speech** – The ability to speak clearly in English and be understood at 3 metres in quiet room with background noise of no more than 60dB.
 - Literacy and Numeracy** – This refers to the student's ability rather than educational attainment. The minimum for the PLAB test is level 7 of IELTS¹². The ability to attain this level or equivalent is needed for all medical students. All students must be able to prescribe drugs safely and effectively, calculate accurate drug doses, keep accurate, legible and complete clinical records.
 - Skin function** – Skin must have integrity compatible with protection of patients from increased risk of infection. This is especially so for the scalp, face and hands which cannot easily be covered with dressings. In accordance with Tomorrow's Doctors students must be capable of following approved processes for cleaning hands before procedures or surgical operations.
 - Interruption of consciousness** – The risk must be low enough to represent minimal risk to patients.
 - Concentration, awareness, memory and ability to learn and understand** – Students must be able to meet the medical competence standards in Tomorrow's Doctors and Good Medical Practice in relation to spoken, written and electronic communication with patients, colleagues and carers, as well as the ability to undertake a full physical examination, including mental state examination. Students must have a full awareness of their own mental health, when to seek help and from whom.⁵ If a student is aware that they have a condition which could be transmitted to a patient, they must take and follow advice from a consultant in occupational health or from another suitably qualified doctor. If a student is aware that their judgement or performance could be significantly affected by a condition, they must take and follow advice from a consultant in occupational health or from another suitably qualified doctor.
4. **The occupational health process** to assess fitness of students who declare specific functional impairments will usually require referral to an accredited specialist in occupational medicine. Screening and assessment should only be undertaken by qualified occupational health professionals or practitioners working under the clinical governance of specialist occupational health professionals. Occupational health opinions should always be provided by a suitably qualified practitioner, evidence based, logical and reasoned and should lie within a reasonable range of professional opinion^{13,14}. Depending on the nature of the condition being assessed, this process may involve:
- Taking a full, relevant medical history.
 - Physical examination and functional assessment.
 - Full mental state examination.
 - Seeking targeted, specific medical evidence, with consent, from treating NHS doctors, Educational Psychologists or other specialists, to confirm diagnosis, severity, treatment and prognosis.
 - Referral for physical or psychiatric assessment by medical specialists without a therapeutic conflict of interest.
 - Reporting to the training School in a timely manner, in accordance with current data protection legislation and rules of medical confidentiality.
5. **The format of health screening** should be in accordance with DH guidance⁴ and should include the following steps:
- A health questionnaire completed and submitted to an occupational health service as soon as possible after an unconditional offer is issued. GP certification of accurate declaration is desirable.
 - An interview with an occupational health nurse to clarify any answers on the health questionnaire and to undertake specific tests and vaccinations where appropriate.
 - Onward referral to an Occupational Physician if this is appropriate.
 - A health clearance certificate stating whether the student is fit to train, any adjustments necessary to allow the student to fulfil the required competencies for graduation and professional practice, and, if appropriate, cleared for EPP. This should be issued to appropriate managers or the head of course. This will not include any clinical information, is sufficient proof of health clearance for all UK universities and NHS Trusts, and should prevent the need for repeat screening for all placements and electives, in accordance with DH guidance.⁴

References

1. Good Medical Practice - GMC 2006
2. Tomorrow's Doctors - GMC 2009
3. Core Educational Outcomes - GMC 2006
4. Health Clearance for TB, Hepatitis B, Hepatitis C and HIV – DH 2007. <http://www.dh.gov.uk/en/index.htm> .
5. The Management of Health, Safety and Welfare issues for NHS staff - DH 2005
6. Mental Health and Employment in the NHS - DH 2008
7. HSC 2002/010 Hepatitis C
8. HSC 2000/020 Hepatitis B
9. NICE TB Guidelines 2006
10. HSC 2002/008 Pre and post appointment checks for all NHS staff – DH 2002
11. HIV Infected Healthcare Workers – DH 2005
12. International English Language Teaching System.
13. Jones v Post Office [2001] EWCA Civ 558, [2001] IRLR 384, Court of Appeal
14. Kloss D Occupational Health Law ISBN 978-1405185905