

Pharmacy 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 Schools training pharmacy students on fitness to train and meet the required standards on graduation. All pharmacy students should complete a health screening program before commencing clinical placements. The standards for training in pharmacy are defined by the General Pharmaceutical Council (GPhC) 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 pharmacist 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 Pharmacy 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.⁶

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.³
 - b. Measles, Rubella and Chickenpox – Evidence of immunity.³
2. **Examples of competencies and outcomes** set by the GPhC and DH. Students must be capable of achieving the following competencies and outcomes by graduation:
 - a. Recognise personal health needs, consult and follow the advice of a suitably qualified professional, protect patients or the public from any risk posed by personal health², and demonstrate a full awareness of their own health, when to seek help and from whom.⁵
 - b. Communicate effectively with patients and the public.^{1,2}
 - c. Obtain relevant patient medical, social and family history.²
 - d. Record, maintain and store, full, accurate, comprehensive records.^{1,2}
 - e. Inform all relevant authorities promptly about ill health that affects fitness to practise.¹
 - f. Respond appropriately to medical emergencies, including provision of first aid.²
 - g. Analyse prescriptions for validity and clarity.²
 - h. Provide, monitor and modify prescribed treatment to maximise health outcomes.²
 - i. Use pharmaceutical calculations to verify the safety of doses and administration rates.²
 - j. Apply pharmaceutical principles to the formulation, preparation and packaging of products.²
 - k. Procure, store, dispense, supply, distribute and dispose of medicines safely.²
3. **Assessment of functional capacity.** Examples of impairment needing careful assessment to ensure safe pharmaceutical practice:

- a. **Mobility** – This must be compatible with outcomes set by the GPhC.
 - b. **Upper limb function** – All students must have manual dexterity sufficient to achieve mandatory outcomes set by GPhC.
 - c. **Vision** – N6 near vision is needed to read 1mm text. N8 near vision is needed to read 3mm text. 6/18 distance acuity is required to read digital monitor at the head of a bed. 6/18 and N8 are the threshold for seeking the opinion of an Occupational Physician. All acuities are with correction.
 - d. **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.
 - e. **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.
 - f. **Literacy and Numeracy** – This refers to the student's ability rather than educational attainment. The minimum is level 7 of IELTS¹⁰ or equivalent. All students must be able to dispense drugs safely and effectively, calculate accurate drug doses, keep accurate, legible and complete clinical records.
 - g. **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. Students must be capable of following approved processes for cleaning hands.
 - h. **Interruption of consciousness** – The risk must be low enough to represent minimal risk to patients.
 - i. **Concentration, awareness, memory and ability to learn and understand** – Students must be able to meet the competence standards set by the GPhC in relation to spoken, written and electronic communication with patients, colleagues and carers. 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^{8,9}. Depending on the nature of the condition being assessed, this process may involve:
- a. Taking a full, relevant medical history.
 - b. Physical examination and functional assessment.
 - c. Full mental state examination.
 - d. Seeking targeted, specific medical evidence, with consent, from treating NHS doctors, Educational Psychologists or other specialists, to confirm diagnosis, severity, treatment and prognosis.
 - e. Referral for physical or psychiatric assessment by medical specialists without a therapeutic conflict of interest.
 - f. 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 guidance² and should include the following steps:
- a. A health questionnaire completed and submitted to an occupational health service as soon as possible after an offer of a training place is issued. GP certification of accurate declaration is desirable.
 - b. An interview with an occupational health nurse to clarify any answers on the health questionnaire and to undertake specific tests and vaccinations where appropriate.
 - c. Onward referral to an Occupational Physician if this is appropriate.
 - d. A health clearance certificate stating whether the student is fit to train and any adjustments necessary to allow the student to fulfil the required competencies for graduation and professional practice. 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.³

References

1. GPhC – Standards of Conduct, Ethics and Performance
2. GPhC – Future Pharmacists
3. Health Clearance for TB, Hepatitis B, Hepatitis C and HIV – DH 2007
4. The Management of Health, Safety and Welfare issues for NHS staff - DH 2005
5. Mental Health and Employment in the NHS - DH 2008
6. GPhC – Guidance on student fitness to practise procedures in schools of pharmacy
7. NICE TB Guidelines 2006
8. HSC 2002/008 Pre and post appointment checks for all NHS staff – DH 2002
9. Jones v Post Office [2001] EWCA Civ 558, [2001] IRLR 384, Court of Appeal
10. Kloss D Occupational Health Law ISBN 978-1405185905
11. International English Language Teaching System