

## Social Work 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 (OH) advice on students' fitness to train and meet the required standards on graduation. All social work students should complete health screening within their first term of training. The standards for training in social work are defined by the Health and Care Professions Council (HCPC)<sup>1</sup>. If this is in doubt, such applicants will need to be assessed on an individual basis for their capability, and whether reasonable adjustments can enable them to demonstrate the required competencies by graduation. In some cases it may be appropriate to seek medical advice on the possibility of improvement in an applicant's condition, so that deferred admission can be considered. These standards meet the criteria in the Equality Act in that they are a proportionate means of achieving the legitimate aim of ensuring the safety of service users, carers and others.

Prospective students who have serious concerns that a medical condition may have implications for future fitness to train should, at an early stage, and even before making a formal application, contact the Higher Education Institution (HEI) and if appropriate, be offered professional advice. However, any formal assessment should take place after offer of a place in the relevant HEI, to comply with equality legislation. There is an obligation on HEI's 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 the competence standards themselves.

Medical and personal information disclosed during the assessment processes should be held "in confidence" by the OH service. Medical details should only be given to staff outside the OH service in so far as it is necessary for them to discharge their management, educational and pastoral 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. Appropriate staff in HEI's 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. Such information, and any other disclosures by a student, should be held "in confidence" by the HEI.

The criteria for fitness to train on health grounds 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 service users, 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.<sup>4</sup>
  - b. Measles, Rubella and Chickenpox – Evidence of immunity.<sup>4</sup>
  - c. Hepatitis B – Immunisation is only indicated for those exposed to unfixed human blood or tissues.<sup>5</sup> This immunisation is for the protection of the student and not service users. Some training environments may expose students to increased risk, such as increased risk of bites from service users, but this is unlikely in most training environments. Local risk assessment should be undertaken to establish the risks. Students should be offered this immunisation if they are at risk but the decision to accept the immunisation is that of the student after provision of adequate information about risks and benefits.
2. **HCPC mandatory fitness to train criteria include the following:** Social workers must be able to:
  - a. Communicate effectively with service users, carers and others, in English to the standard equivalent to level 7 of the International English Language Testing System.<sup>1</sup> The HCPC has confirmed that a student who is profoundly deaf and whose first language is British Sign Language (BSL) could demonstrate that they can achieve this standard by demonstrating their ability to read and write English to the required standard, and by meeting the remainder of the HCPC mandatory competencies.
  - b. Keep accurate, comprehensive and comprehensible records.<sup>1</sup>
  - c. Understand the importance of maintaining their own health and wellbeing.<sup>1</sup>

3. **Assessment of functional capacity.** Examples of impairment needing careful assessment to ensure safe practice:
- a. **Hearing and Speech** – Students must be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers. 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. Students should have the ability to speak clearly in English and be understood at 3 metres in quiet room with background noise of no more than 60dB. The HCPC confirms that British Sign Language can be an acceptable alternative means by which a student demonstrates that they can communicate in English to the required level of competency.
  - b. **Learning, language and numeracy skills** - This refers to the student's learning ability rather than educational attainment. Students must have the ability to:
    - i. communicate information, advice, instruction and professional opinion to and from colleagues, service users, relatives and carers.
    - ii. undertake assessments of risk, need and capacity and respond appropriately.
    - iii. gather, analyse, critically evaluate and use information and knowledge.
    - iv. keep accurate, legible records.
    - v. Where a student has a disability causing impairment of these skills, the assessment should take into account the effects of reasonable adjustments that could enable the student to learn and to apply these skills appropriately in professional practice. An occupational health assessment can provide an objective opinion on the existence of a disability and advice on adjustments that may overcome disadvantage associated with the disability. The adequacy of these adjustments in enabling the student to achieve the mandatory competences may be better assessed by in-course assessments than evaluation in clinic.
  - c. **Interruption of consciousness** – The risk must be low enough to represent minimal risk to service users.
  - d. **Concentration, awareness, memory and ability to learn and understand** – Students must be able to meet HCPC proficiency standards in relation to spoken, written and electronic communication with service users, colleagues and carers. Students must have a full awareness of their own mental health, when to seek help and from whom. Students must understand the need to maintain safety of service users, carers and colleagues.
4. **The OH 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 OH professionals or practitioners working under the clinical governance of specialist OH professionals, with knowledge of, or training in, the requirements of a the training course. OH 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<sup>2,3</sup>. 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 HEI 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 current equality and data protection legislation and should include the following steps:
- a. A health questionnaire completed and submitted to an occupational health service as possible after an offer of a training place is issued. GP certification of accurate declaration is desirable.
  - b. An interview with an OH 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 should prevent the need for repeat screening for all placements and electives, in accordance with DH guidance.

#### References

1. Standards of Proficiency – Social Workers in England, HCPC 2012
2. Jones v Post Office [2001] EWCA Civ 558, [2001] IRLR 384, Court of Appeal
3. Kloss D. Occupational Health Law ISBN 978-1405185905
4. Health Clearance for TB, Hepatitis B, Hepatitis C and HIV – DH 2007. <http://www.dh.gov.uk/en/index.htm> .
5. Immunisation against infectious disease - DH. <http://immunisation.dh.gov.uk/green-book-chapters/> .