

Trainee Teachers – 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 training institutions with trainee teachers, on fitness to train and meet the required standards on graduation.¹ All trainee teachers should complete a health screening program before commencing teaching placements. The standards for training in teaching are defined by the Department for Education (DfE). These standards meet the criteria in the Equality Act in that they are a proportionate means of achieving the legitimate aim of ensuring pupil safety.

Prospective trainee teachers who have serious concerns that a medical condition may have implications for future fitness to train as a teacher should, at an early stage, and even before making a formal application, contact the training institution and if appropriate be offered professional advice. There is a general obligation on training institutions to consider reasonable adjustments for trainees with disabilities, where such adjustments would not put pupils at risk. There is no requirement to make adjustments to competence standards themselves. Where there are doubts about whether an individual will be fit to train, it may be appropriate for them to undertake a trial period of teaching.^{1,2,3}

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 trainee teacher if it is necessary for medical information to be shared more widely. Managers in training institutions should be informed of the nature of any relevant impairment, its effect on function, and adjustments necessary to allow the trainee 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 trainee, and only with explicit, informed consent.

1. **Examples of competencies and outcomes** set by the DfE. Trainees must be capable of achieving the following competencies and outcomes by graduation:
 - a. The ability to communicate effectively with pupils, colleagues and pupils’ relatives.¹
 - b. Possession of sound judgement and insight.¹
 - c. The ability to remain alert at all times.¹
 - d. The ability to respond to pupils’ needs rapidly and effectively.¹
 - e. The ability to manage classes.¹
 - f. The trainee must not constitute a risk to the health, safety or wellbeing of pupils.¹
 - g. planning and preparing lessons and courses for children and young people.⁶
 - h. delivering lessons.⁶
 - i. assessing development, progress and attainment.⁶
 - j. reporting on development, progress and attainment.⁶

There is no requirement for a teacher to be able to lift heavy objects, drive, swim, deal with a child’s everyday physical needs or participate in physically demanding activities.⁶

2. **Assessment of functional capacity.** Examples of impairment needing careful assessment to ensure safe teaching practice:
 - a. **Mobility** – This must be compatible with outcomes set by the DfE, including responding to pupils’ needs rapidly and effectively.
 - b. **Upper limb function** – All trainees must have manual dexterity sufficient to achieve mandatory outcomes set by the DfE.
 - c. **Vision, Hearing and Speech** – This must be compatible with the ability to communicate effectively with pupils, colleagues and pupils’ relatives.
 - k. **Freedom from infection** – Trainees have a responsibility to protect pupils and colleagues from increased risk of infection. The trainee must not constitute a risk to the health of pupils. This is generally relevant for respiratory and skin disorders. If a trainee teacher is aware that they have a condition which could be transmitted to a pupil, they must take and follow advice from a consultant in occupational health or from another suitably qualified doctor.

- d. **Interruption of consciousness** – The risk must be low enough to represent minimal risk to pupils and must be compatible with responding to pupils' needs rapidly and effectively.
 - e. **Concentration, awareness, memory, ability to learn and understand, literacy and numeracy** – Trainees must be able to meet the competence standards set by the DfE in relation to spoken, written and electronic communication with pupils, colleagues and pupils' relatives, as well as sound judgement and insight. Trainees must have a full awareness of their own mental health, when to seek help and from whom. If a trainee teacher 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.
3. **The occupational health process** to assess fitness of trainees who declare specific functional impairments will usually require referral to an accredited specialist in occupational medicine. Screening and assessment should only be undertaken by 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.^{4,5} 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 institution in a timely manner, in accordance with current data protection legislation and rules of medical confidentiality.
4. **The format of health screening** 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 occupational health nurse to clarify any answers on the health questionnaire and to undertake further health enquiries where appropriate.
 - c. Onward referral to an Occupational Physician if this is appropriate.
 - d. A health clearance certificate stating whether the trainee teacher is fit to train and any adjustments necessary to allow the trainee 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.

References

1. Fitness to Teach – Occupational health guidance for the training and employment of teachers - DfEE 2000
2. Able to Teach – Teacher Training Agency 2004
3. Removing barriers, promoting opportunities – GTCE 2001
4. Jones v Post Office [2001] EWCA Civ 558, [2001] IRLR 384, Court of Appeal
5. Kloss D Occupational Health Law ISBN 978-1405185905
6. Initial Teacher Training Criteria - National College for Teaching and Leadership 2014