

## **Medical fitness standards for Nurse and Midwife Training**

### Introduction

This document has been drafted by HEOPS, following wide consultation, as guidance for those providing occupational health advice to approved educational institutions on students' fitness to engage in pre-registration nursing or midwifery education programmes.

All healthcare students should complete a health screening program before commencing clinical placements or practice learning opportunities. The standards for nursing and midwifery education are set by the Nursing and Midwifery Council (NMC). 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, and they are targeted at functions which are intrinsic to the discipline. Students should be capable of safe and effective practice as a nurse or midwife without supervision by the end of the program.<sup>2</sup>

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 School and if appropriate be offered professional advice. There is an obligation (on the approved educational institution (AEI)) to make reasonable adjustments for students with disabilities where the adjustment enables the student nurse or midwife to achieve safe and effective practice without supervision by the end of the program.<sup>2</sup> Standards or competencies must not be subject to adjustments.<sup>2</sup>

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. Relevant managers in AEIs 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.** This 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. Tuberculosis (TB) – Evidence of immunity and freedom from TB disease.<sup>6</sup>
  - b. Measles, Rubella and Chickenpox – Evidence of immunity.<sup>6</sup>
  - c. Hepatitis B – Immunisation and tests to check response to be offered to all students.<sup>6</sup>
  - d. Hepatitis B, C and HIV – Antibody test for infection to be offered to all students.<sup>6</sup>
  - e. Additional health checks for students who undertake exposure prone procedures (EPP) are described in detail in online DH guidance.<sup>6</sup>
  - f. Students should seek specialist medical advice and diagnostic testing if exposed to serious communicable disease, and should then adhere to the specialist medical advice received.
2. **Assessment of functional capacity.** Examples of impairment needing careful assessment to ensure safe practice:
  - a. **Mobility** – 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.
  - b. **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 essential nursing or midwifery skills.<sup>4</sup>
  - c. **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 acuity is required to read digital monitor at a distance during CPR. 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 an Occupational Physician. Assessment of hearing should be after correction with hearing aids and with additional aids such as electronic stethoscopes.
  - 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 capability rather than educational attainment. Capability in literacy may be evidenced by attainment of level 7 of IELTS or equivalent.<sup>15</sup> Numeracy and literacy skills must be sufficient to meet the competencies to communicate clearly and effectively in writing, including using a computer. Numeracy skills include the use of a calculator for the calculation of medicines and other health related measurements, including the ability to interpret accurately numerical data and their significance. AEs are entitled to set their own specific educational entry requirements. A learning disorder which impairs literacy and numeracy functions should be assessed uniquely in each case to ensure that, by the end of the program, the student is safe and effective to practise as a nurse or midwife without supervision.<sup>4</sup>
  - 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. Skin conditions that may be aggravated by frequent hand cleaning, or which cannot be readily decontaminated should be assessed by an Occupational Physician.
  - 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 academic level and standards set by the regulatory body, which include aspects such as communication, awareness and record keeping. Students must have a full awareness of their own mental health, when to seek help and from whom.<sup>7</sup>
3. **Essential nursing and midwifery skills.**<sup>4</sup>  
Students must have medical fitness to achieve the following without supervision by the end of the program:
- a. Maintaining patient dignity, privacy and confidentiality.
  - b. Effective communication, observing, assessing, reporting and recording skills, including listening and taking physiological measurements.
  - c. Moving and handling patients.
  - d. Infection prevention and control.
  - e. Performing technical skills and using complex equipment.
  - f. Essential first aid and emergency procedures and incident management.
  - g. Administration of medicines.
  - h. Emotional, physical, personal and compassionate care of patients.
  - i. Meeting patients’ needs, including those for comfort, nutrition and personal hygiene.
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<sup>16,17</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 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 guidance<sup>7</sup> 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 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, 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.<sup>6</sup>

## **References**

1. NMC Standards of conduct, performance and ethics for the Nurses and Midwives
2. NMC Guidance – Good health and good character
3. NMC Standards for pre registration nursing education
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7. The Management of Health, Safety and Welfare issues for NHS staff - DH 2005
8. Mental Health and Employment in the NHS - DH 2008
9. HSC 2002/010 Hepatitis C
10. HSC 2000/020 Hepatitis B
11. NICE TB Guidelines 2006
12. HSC 2002/008 Pre and post appointment checks for all NHS staff – DH 2002
13. HIV Infected Healthcare Workers – DH 2005
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15. International English Language Teaching System
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