

## Optometry 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 training schools on students' fitness to train and meet the required standards on graduation. All optometry students should complete a health screening program before commencing clinical placements. The purpose of health screening is to assess the capability of students to meet core competencies on completion of training. Core competencies for training in optometry are defined by the General Optical Council (GOC) and the Department of Health (DH).<sup>1,2,3,4</sup> Core competencies have two stages; stage 1 competencies must be achieved before entry in the pre-registration stage of training; stage 2 competencies must be achieved before registration with the GOC.<sup>2</sup> 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.

Prospective students who have serious concerns that a medical condition may have implications for future fitness to train as an optometrist 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 training 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 core competencies 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 in Optometry 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 for all healthcare students:
  - a. TB – Evidence of freedom from TB disease.<sup>4,7</sup>
  - b. Measles, Rubella and Chickenpox – Evidence of immunity.<sup>4</sup>
2. **Assessment to achieve GOC Core Competencies.** Optometry students must be capable of achieving all core competencies in stages 1 and 2 of the GOC Optometry Core Competencies Framework.<sup>2</sup> Mandatory core competencies include the following:<sup>1,2,3</sup>
  - a. The ability to communicate effectively.
  - b. The ability to take an appropriate visual history.
  - c. The ability to create and keep full, clear, accurate, legible and contemporaneous patient records.
  - d. The ability to perform an examination of the eye and related structures, and measure visual function with appropriate tests and techniques.
  - e. The ability to measure and verify optical appliances.
  - f. The ability to use appropriate ocular drugs diagnostically and to aid refraction, and to select appropriate, and use safely, the range of ophthalmic drugs and diagnostic stains available to an optometrist.
  - g. The ability to interpret and dispense a prescription for all appropriate optical corrective appliances, including spectacles and contact lenses, using appropriate lenses and facial and frame measurements.
  - h. The ability to maintain adequate personal health to practise safely.
3. **Assessment of functional capacity.** Examples of impairment needing careful assessment to ensure safe optometry practice:
  - a. **Mobility** – This must be compatible with achieving all GOC core competencies.
  - b. **Upper limb function** – All students must have two functional upper limbs. All students must have manual dexterity sufficient to perform all tasks listed in GOC core competencies. It is not possible for a one-armed optometrist to achieve some mandatory competencies, such as biomicroscopy and holding both eyelids open while inserting a contact lens into a patient's eye. During biomicroscopy, the optometrist must hold up a lens in front of the patient's eye with one hand, whilst also moving the slit lamp with the other hand.

- c. **Vision** – This refers to corrected vision in the better eye. N6 near vision is needed to read 1mm text. N8 near vision is needed to detect a 3mm movement. 6/18 acuity is required to read digital monitor at a distance. 6/9 distance acuity is necessary to see smaller clinical signs such as microaneurysms on the retina. 6/12 and N8 are the threshold for seeking the opinion of an Occupational Physician. Some degrees of visual field defect may impair ability to achieve mandatory competencies. There is no colour vision competency set by the GOC at present and common forms of colour vision deficiency are not a bar to training and practising in optometry. However, it may be helpful for students to be aware of their individual colour vision capabilities.
  - 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 if necessary. Hearing must be adequate to allow effective communication with patients and colleagues.
  - 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 for healthcare professionals is level 7 of IELTS or equivalent.<sup>8</sup> The ability to attain this level or equivalent is needed for all optometry students. All students must be able to use and prescribe ophthalmic drugs safely and effectively, calculate accurate drug doses, keep accurate, legible and complete clinical records.<sup>1,2</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. Students must be capable of following approved processes for cleaning hands before procedures or patient contact.
  - 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 GOC core competencies in relation to spoken, written and electronic communication with patients, colleagues and carers, as well as the ability to undertake examination of the eye, related structures, and vision. Students must have a full awareness of their own health, when to seek help and from whom.<sup>4,5</sup> If a student is aware that their judgement or performance could be significantly affected by a medical 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.<sup>10,11</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>4</sup> 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, 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>4</sup>

#### References

1. Standards of Practice for Optometrists and Dispensing Opticians – General Optical Council
2. Optometry Core Competencies, stage 1 and 2 – General Optical Council
3. Standards for Optical Students – General Optical Council
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. NICE TB Guidelines 2006
8. HSC 2002/008 Pre and post appointment checks for all NHS staff – DH 2002
9. International English Language Teaching System.
10. Jones v Post Office [2001] EWCA Civ 558, [2001] IRLR 384, Court of Appeal
11. Kloss D Occupational Health Law ISBN 978-1405185905