

# Teaching Students – Standards of medical fitness to train

## Introduction

This document has been drafted by Higher Education Occupational Practitioners (HEOPS), following wide consultation, as guidance for those providing occupational health advice to Higher Educational Institutions (HEI's) and School-Centred Initial Teacher Training Providers (SCITTs) on applicants/teaching students' fitness to train and meet the required standards on completion of graduation. All applicants<sup>i</sup> should complete a health screening program before the course. Teaching students<sup>ii</sup> who develop a health condition that may affect their medical fitness to train, work or practise, may need to have their medical fitness re-assessed. The standards for training for teachers i.e., Initial Teacher Training (ITT) which may also include Postgraduate Certificate in Education (PGCE), are defined by relevant body in each devolved administration including Department of Education in England<sup>1</sup>, General Teaching Council for Scotland (GTC Scotland)<sup>2</sup>, the General Teaching Council for Northern Ireland (GTCNI)<sup>3</sup> and Welsh Government<sup>4</sup>.

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<sup>i</sup> In this document applicant refers to an individual who has applied to enrolled to the relevant training.

<sup>ii</sup> In this document student refers to an individual who has enrolled to the relevant training.

These standards meet the criteria in the Equality Act 2010<sup>5</sup>, in that they are a proportionate means of achieving the legitimate aim of protecting pupils' safety, and they are targeted at functions which are intrinsic to the discipline.

Applicants who have serious concerns that a medical condition may have implications for future ability to train as a teacher should, at an early stage, and even before making a formal application, contact the course provider and if appropriate be offered professional advice. There is an obligation on the ITT provider (HEI/SCITT) to make reasonable adjustments for applicants/teaching students with disabilities where such adjustments enable an applicant/teaching student with a disability to fulfil the required competencies to graduate and work as a teacher, meeting the requirements of the relevant regulator of the devolved administration.

Medical and personal information disclosed during the assessment processes should be held "in confidence" by the occupational health service in accordance to the statute (UK General Data Protection Regulation<sup>6</sup> (UK GDPR) and the Data Protection Act 2018<sup>7</sup>) and common law, professional requirements set by relevant regulators such the General Medical Council<sup>8</sup> (GMC) or Nursing and Midwifery Council<sup>9</sup> (NMC) and ethical principles<sup>10</sup>. Explicit informed consent should be obtained from the applicant/student if it is necessary for medical information to be shared more widely.

OH should advise the ITT provider (HEI/SCITT) of the effect of the health condition(s) on functional capacity, medical fitness to embark on the course and any adjustments necessary to allow the applicant/teaching student to fulfil the required competencies for completion of training and professional practice after graduation. It is ultimately for the ITT provider (HEI/SCITT) to determine if the recommended adjustments are

reasonable to be accommodated for the course but also for future practice as a teacher.

The criteria for medical fitness to train as a teacher are:

## Outcomes to be achieved for graduates

**ITT Provider (HEI/SCITT) must be sure that teaching students can meet ALL the mandatory outcomes and competencies published by the relevant regulator of the devolved administration (please see above) and therefore to be fit to practise safely as a teacher when they graduate.**

Whilst there are similarities and overlaps, OH must ensure that they are aware of the mandatory outcomes and competencies published by the relevant regulator of the devolved administration.

Applicants/teaching students should have the physical, psychological, and cognitive functional capacity to achieve the above. Where necessary the ITT provider (HEI/SCITT) must consider reasonable adjustments to support the applicant/teaching student to achieve the above however there is no requirement to make adjustments to competence standards themselves.

## Assessment of functional capacity

It is imperative to recognise that assessment of medical fitness to study (and to work independently pre- and post-qualification) is based on a thorough and holistic functional capability assessment (FCA) to ensure that the applicant is, and will be on the balance of probability, able to safely achieve the core competencies and perform the core skills of the teaching profession safely and efficiently. The method of FCA depends on

the merit of each case and may include history, physical examination or assessment of practical capability (not skills) within simulated or real environment. FCA will inform the adjustments including assistive technology.

Examples of conditions or impairment that may require in-depth assessment to ensure safe medical practice are listed below. These should be used as guidance only. Whilst not specifically mentioned below, conditions such as fatigue and or pain can temporarily, recurrently or chronically affect the following domains. The intensity and frequency of the impact should be taken into consideration when assessing the medical fitness of the applicant/student and the adjustments:

**1. Lower limb function, Mobility**

Applicants/teaching students should have sufficient mobility compatible with prescribed activities required for teaching, with consideration of the specific types of teaching and associated duties (adjusted, as appropriate), including their chosen subject(s) and age range, ensuring the teachers and pupils' safety.

**2. Upper limb function, dexterity**

Applicants/teaching students' upper limb function and manual dexterity should be compatible with prescribed activities required for teaching, with consideration of the specific types of teaching and associated duties (adjusted, as appropriate), including their chosen subject(s) and age range ensuring the teachers and pupils' safety.

**3. Sensory including vision and hearing**

Applicants/teaching students' sensory ability should be compatible with prescribed activities required for teaching, with consideration of the specific types of teaching and associated duties (adjusted,

as appropriate), including their chosen subject(s) and age range ensuring the teacher's and pupils' safety.

Testing of vision is not required as part of the assessment. However, applicants who are known to have a significant visual loss should be referred to the Occupational Physician.

Applicants/teaching students should be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion, including verbally, to pupils, pupils' guardians and colleagues. Audiometry is not required as part of the assessment. However, applicants who are known to have a hearing loss of more than 40dB across all speech frequencies should be referred to the Occupational Physician. Assessment of hearing should be after correction with hearing aids. Practical functional assessment of hearing, in cases where there is concern may be recommended.

#### **4. Speech**

Applicants/teaching students should have the ability to speak clearly in English and be understood in a noisy environment.

#### **5. Interruption of consciousness**

The risk must be low enough to represent minimal risk to pupil, colleagues and the applicant/teaching student.

#### **6. Mental health, Concentration, awareness, memory, and ability to learn and understand**

Applicants/teaching students should have the cognitive ability, memory, and awareness to understand and apply their knowledge base in a practical environment, including to be able to gather information, analyse, evaluate, form and follow appropriate teaching plan. They should be able to meet the teaching

competence standards in relation to spoken, written and electronic communication with pupils, pupils' guardians and colleagues. Applicants/teaching students should have a full awareness of their own mental health, when to seek help and from whom. If an applicant/teaching student is aware that they have a condition that can significantly affect their judgement or performance, the case should be assessed by a specialist in occupational medicine or suitably experienced occupational health physician with a qualification in occupational medicine.

The emotional and cognitive impact of mental health disorders and neurodiversity may overlap. The list below is not exhaustive or exclusive and is provided as an example of areas to consider:

- a. ***Dyslexia/dyscalculia*** - Applicants/teaching students should be able to read, understand, interpret, communicate, and keep notes effectively and accurately through written and electronic means including with assistive technology if required. Adjustments to exam conditions and timings should be considered as well as time allowed for any project work. Applicants/teaching students should be able to perform to the level of mathematical requirement depending on the subject and age group.  
Applicants/teaching students should be able to make records, which are clear, legible, accurate, and can be easily understood.
- b. ***Attention Deficit (Hyperactivity) Disorder*** - Applicants/teaching students should be able to maintain effective concentration to remain safe and competent throughout the day, including with medication if required.

- c. **Autistic Spectrum Disorder** - Applicants/teaching students should be able to:
- communicate and understand verbal, non-verbal and written information.
  - distinguish between literal and non-literal statements and verbal interaction.
  - empathise with a pupil and form effective working relationships with multidisciplinary teams.
  - recognise a pupil's vulnerability and safeguarding requirements by having situational awareness.
- d. **Personality disorders** - The applicant/teaching student should be able to maintain professionalism and always adhere to standards of ethics and behaviour. Disorders that result in recurrent lapses in conduct or judgement may not be compatible with fitness to train or teach.
- e. **Mental Health** - Applicants/teaching students should be stable with no altered perception of reality/psychotic episode for a reasonable period of time. In certain cases, the duration of stability can be a year or more and should be determined by an occupational health physician in liaison with the treating doctor based on the individual circumstances. The cognitive ability including concentration, memory and higher brain functions must be within reasonably normal range with no or low risk<sup>iii</sup> of suicide and self-harm. Applicants/teaching students should have sufficient emotional resilience to cope with the stress and demands of teaching.

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<sup>iii</sup> The assessment of the risk of self-harm and suicide should not be used to determine access to treatment or care for the applicant / student.

Applicants/teaching students with long-term mental health conditions, especially conditions where impairment of insight or psychotic features may occur, may require individual assessment by an accredited specialist in Occupational Medicine. It is likely that reports from treating clinicians may be required to form part of this assessment.

Applicants/teaching students should understand how to take appropriate action if their health may affect their ability to teach safely and effectively, including seeking help and support when necessary

- f. **Drug and alcohol misuse** - Alcohol and various recreational substances use can affect cognition. If there is history of drug or alcohol misuse/dependence/addiction, it is important that the applicant/teaching student has sought and engaged with treatment for their condition. The risk of relapse should be negligible or low and they should be able to demonstrate that they are abstinent from use of drugs and alcohol or their alcohol intake is limited to the recommended limits for a reasonable period of time. All such cases should be reviewed by a specialist in occupational medicine to consider input from the treating doctor and to decide on the period of stability and abstinence as well as drug and alcohol testing if required and in accordance with the institution's relevant policy.

## **7. Communication including Learning, language and numeracy skills**

Applicants/teaching students should be able to meet the standards set by the relevant regulator of the devolved administration in relation to proficiency and spoken, written and electronic communication with pupils, pupils' guardians and colleagues.

Applicants/teaching students should be able to follow the learning

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curriculum and meet the requirements of any knowledge and skill-based professional learning outcomes. This refers to the student's learning ability rather than educational attainment.

Applicants/teaching students should have the ability to:

- a. communicate information, advice, instruction and professional opinion to and from pupils, pupil's guardian and colleagues.
- b. undertake assessments of risk, need and capacity and respond appropriately.
- c. gather, analyse, critically evaluate, and use information and knowledge.
- d. keep accurate, comprehensive, and comprehensible records.
- e. To be able to recognise the need to manage their own workload and resources safely and effectively.

Where an applicant/teaching student has a disability causing impairment of these skills, the assessment should take into account the effects of reasonable adjustments that could enable the applicant/teaching student to learn and to apply these skills appropriately in professional practice.

There may be a need for specific neurodiversity assessment by an appropriately qualified psychologist.

An occupational health assessment can provide an objective opinion on the existence of a disability and advise on adjustments that may overcome disadvantage associated with the disability.

The adequacy of these adjustments in enabling the applicant/teaching student to achieve the mandatory competences may be best assessed by in-course assessments under supervision.

## **8. Team Working**

applicants/teaching students should be able to work in partnership with others including pupils, pupils' guardians, and colleagues. This includes being able to identify anxiety and stress in pupils, pupils' guardians, and colleagues, adapting their practice and providing support where appropriate

# Adjustments and support

The primary purpose of work health assessment is to identify adjustments that enable and support the applicant/teaching student to study and work.

The OH practitioner should recommend adjustments based on an individual FCA for the consideration of the HEI. If the applicant is disabled within the meaning of the Equality Act 2010, the ITT provider (HEI/SCITT) must consider reasonable adjustments including auxiliary aid including but not limited to assistive technology, physical feature of the premises and alteration of provision, criterion, or practice (PCP).

It is entirely for the ITT provider (HEI / SCITT) and employer to decide if the adjustments are reasonable to be implemented. There is no requirement to make adjustments to competency standards themselves.

# The Occupational Health process

The Occupational Health process should ensure suitable assessment of the applicant or student.

The process for applicants starts with a standardised health questionnaire which should be submitted in confidence to OH. If any relevant health condition or specific functional impairments are declared the applicant

must be assessed by a suitably qualified and experienced OH practitioner. Assessment by an accredited specialist in occupational medicine may be required, especially for complex cases, and those that require complex adjustments and their fitness to study/work as a teacher in the future may be compromised.

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.

Depending on the nature of the condition being assessed, this process may involve:

1. Taking a full, relevant medical history.
2. Physical examination if required.
3. Psychological and cognitive assessment.
4. Functional assessment.
5. Seeking targeted, specific medical evidence, with consent, from treating doctors, or other health professionals to confirm diagnosis, severity, treatment and prognosis.
6. Referral for physical or psychiatric assessment by medical specialists without a therapeutic conflict of interest.
7. Reporting to the ITT provider (HEI / SCITT) in a timely manner, in accordance with current data protection legislation and rules of medical confidentiality.

# References

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- <sup>1</sup> [Initial teacher training \(ITT\): criteria and supporting advice Statutory guidance for accredited ITT providers](#)
- <sup>2</sup> [Professional Standards and Professional Learning](#)
- <sup>3</sup> [The General Teaching Council for Northern Ireland \(GTCNI\)](#)
- <sup>4</sup> [Initial Teacher Education \(ITE\)](#)
- <sup>5</sup> [Equality Act 2010](#)
- <sup>6</sup> [Regulation \(EU\) 2016/679 of the European Parliament and of the Council \(UK GDPR\)](#)
- <sup>7</sup> [Data Protection Act 2018](#)
- <sup>8</sup> [Confidentiality: good practice in handling patient information - professional standards - GMC](#)
- <sup>9</sup> [The Code Professional standards of practice and behaviour for nurses, midwives and nursing associates, NMC](#)
- <sup>10</sup> [Ethics Guidance for Occupational Health Practice – 8th Edition](#)