FITNESS TO TEACH

OCCUPATIONAL HEALTH GUIDANCE FOR THE TRAINING AND EMPLOYMENT OF TEACHERS

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First Published December 2000

ISBN 0 11 271 088 3

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FOREWORD FROM THE CHIEF MEDICAL OFFICER

Education has the potential to transform a child's life chances and, with it, their prospects for good health. The Government has recognised this in the white papers *Excellence in Schools* (1997) and *Saving Lives: Our Healthier Nation* (1999) and by instituting a Healthy Schools Programme incorporating national standards for healthy schools. One of the principal ways in which health professionals can support effective education for all children is by helping ensure that school staff fully meet the physical and mental fitness standards and that staff management is informed by high quality occupational health advice.

The Faculty of Occupational Medicine has drawn up this guidance, on behalf of the Department for Education and Employment, to help promote good, consistent practice among those who provide occupational health services for teaching staff and teachers in training. Much of the content can also benefit a wider audience by providing insight into the role of the occupational physician and nurse in different management contexts and the considerations which affect their advice.

This guidance has a companion volume, "Obtaining Occupational Health Advice on Fitness to Teach" which is designed to help Education Authorities and schools make best use of occupational health advice and support. Often more serious problems can be averted if the appropriate advice is sought at an early stage. This helps create a supportive working environment for teachers and can help reduce the incidence of stress related illness.

Publication of these two documents is a timely contribution to a wide range of interrelated Government policies. As well as the Healthy Schools Programme, it ties in with the Healthy Workplace Programme and the Government's wish to see the NHS more actively involved in Occupational Health –a concept we are calling NHS Plus. I welcome it as a valuable means of raising standards of practice and improving services for teacher employers, teachers and their pupils.

Professor Liam Donaldson

Chief Medical Officer

1 INTRODUCTION

This guidance booklet was commissioned by the Department for Education and Employment, (DfEE) as part of the Government's Healthy Schools Programme linking also with the Department of Health's Healthy Workplace programme. The guidance complements the DfEE Circular 4/99, *Physical and Mental Fitness to Teach of Teachers and of Entrants to Initial Teacher Training*,[1] which was issued in May 1999. It has been prepared by the Faculty of Occupational Medicine, supported by the Association of Local Authority Medical Advisers and the project supervised by a Working Party comprising representatives of the Department for Education and Employment, the Department of Health, the Faculty of Occupational Medicine, the Health and Safety Executive and the Royal College of Nursing. The membership of the Working Party is at Annex 1.

2 AIMS AND OBJECTIVES OF GUIDANCE

2.1 AIM

Those who train, appoint and continually employ teachers are responsible for ensuring that the health, safety, well-being and educational progress of pupils will not be placed at risk. Assessment of medical fitness for teaching duties forms a key element of the selection process. This guidance aims to assist health professionals, who advise providers of Initial Teacher Training and employing organisations, to provide advice which:

- Is clear and unequivocal.
- Has been fully and carefully considered.
- Is sound and wherever possible evidence based.
- Is defensible.
- Takes into account statutory requirements, including the Disability Discrimination Act and other relevant guidance.
- Adheres to the highest ethical standards and protects and preserves confidentiality.

2.2 OBJECTIVES

2.2.1 The guidance is aimed at occupational health personnel. Its primary objective is to achieve appropriate and consistent recommendations by occupational health personnel involved in the assessment of fitness for entry to teacher training and during employment as teachers in schools (including in relation to applications for retirement on health grounds).

2.2.2 In addition it will be of value to Consultants and General Practitioners whose patients are members of the teaching profession. It will be of value to occupational health personnel involved in fitness assessment of staff in the further education sector but it does not address the wide diversity of subjects taught in further education and their attendant risks and hazards.

2.2.3 The guidance will also help training providers and employers understand the process employed by occupational health personnel in determining recommendations regarding fitness to teach. Students considering a career in teaching and those employed as teachers may also find it helpful. The DfEE has published an abridged and edited version of the guidance[2], aimed at Colleges of Initial Teacher Training and teacher employers to assist them in obtaining appropriate occupational health advice.

3 OVERVIEW OF TEACHING

3.1 TRAINING

In order to teach in a maintained school an individual must have Qualified Teacher Status (QTS). This is granted on completion of appropriate under-graduate or post-graduate courses or employment based training.

Under-graduate courses are most commonly used for training primary school teachers. Trainees enrol on a first degree course of BEd or BA/BSc with Qualified Teacher Status, lasting three or four years. Courses include study of specialist subjects and their application to teaching as well as study in teaching and assessment of National Curriculum subjects and educational and professional studies.

Post-graduate courses are most commonly employed for entry into secondary level teaching although some primary level courses are also offered. Full-time courses leading to the Post-Graduate Certificate in Education (PGCE) usually last about 36 weeks. The courses concentrate on educational and professional studies rather than a particular subject. A few institutions offer a two year post-graduate course in which the first year incorporates a specialist subject.

Employment based training for QTS is offered via the Graduate and Registered Teacher Programme. This provides training opportunities for people over 24 who have completed at least two years of higher education and for whom a traditional course of initial teacher training may not be readily accessible.

All initial teacher training (ITT) courses involve teaching practice. Teaching practice takes place in at least two schools, typically half a day per week for a term in the first school and then a 6-8 week block in the second. Whilst on teaching practice, trainee teachers are expected to perform all the duties of teaching including preparation of lessons, marking, report writing etc.

3.2 TEACHING

The main part of a teacher's time in school is direct contact time, giving lessons. Teachers need to be prepared for lessons and to undertake associated tasks such as marking work (including continuous assessment where this forms part of the basis for national examination grades), and report writing. Teachers also have responsibility for administering and grading Standard Assessment Tests (SATs). It is important for them to be conversant with ICT as computers are used increasingly across the curriculum. Alongside delivering lessons teachers may have also to perform a number of administrative tasks.

Teachers' contracted work cannot generally all be completed during contact hours in school and often work has to be completed at home. Outside of classrooms teachers are also involved in a number of school related activities. All teachers are likely to be involved in regular staff meetings and parent/teacher evenings as well as training sessions for themselves, other teachers and/or classroom assistants. In addition, many teachers are involved in activities such as sports events and out of school clubs.

Teachers need to have enthusiasm, patience, a sense of humour and the ability to communicate as well as a sound academic education. They must be capable of building

good relationships with their students in order to encourage pupils to realise their potential. Teachers need the social and communication skills to manage large groups of children both in order to secure effective learning and to ensure the health and safety of children in their care.

The DfEE consultation paper *Teachers: meeting the challenge of change (1998)*[3] described the management challenges affecting the teaching profession. These have included poorly managed change, inadequate support, unsystematic professional development and low morale and a sense of isolation. These problems are being addressed through Government initiatives on headships, professional development and support of teachers. Occupational health professionals dealing with teachers need to be aware of the factors affecting management culture in schools and the ways in which this is developing.

4 OCCUPATIONAL HEALTH ASPECTS OF TEACHING DUTIES

In considering implications of health problems for an individual's fitness to teach, it is important to recognise that some teaching duties involve exposure to potential health hazards. The risk arising from such hazards will vary according to the specific nature of the teaching duties and the environment in which the teacher is working. Teacher training providers and employing organisations have a statutory responsibility to safeguard the health, safety and welfare of teachers (Health and Safety at Work etc.Act 1974); to conduct risk assessments (Management of Health and Safety at Work Regulations 1999); and take steps to address potential hazards and reduce the risk of adverse health effects. Occupational health professionals have a key role in advising organisations in this regard.

4.1 PHYSICAL, CHEMICAL, BIOLOGICAL

Teachers are potentially exposed to a range of physical, chemical and biological hazards. The following are examples:

- Chemicals, plant and animal substances in those teaching the sciences.
- Wood dusts, metal fumes, glues and noise in teachers of technical subjects.
- Physical violence from pupils or parents.
- Communicable diseases
- Ergonomic problems associated with bending, manual handling and sitting on small chairs.
- Trauma for those involved in teaching physical education and any extra curricular activities.
- Voice trauma

4.2 PSYCHOLOGICAL

Teaching, like many jobs, is potentially stressful. Some sources of pressure are specific to teaching but others are common to various professions and management structures. Pressures which teachers have encountered include:

- The need to be continually vigilant when supervising pupils.
- Verbal abuse from pupils and parents.
- Parental expectations.
- The requirement to manage staff including support assistants and other teachers.
- The responsibility for Head Teachers to effectively manage a 'business'.
- Pressure from peers and colleagues.
- Coping with change e.g in management systems, examination formats and the curriculum.

- Poor or inappropriate management including delays in addressing disciplinary and grievance issues.

4.3 Those managing teachers have legal responsibility to manage these health and safety risks. Whilst the emphasis should be on elimination or control of potential hazards, it is not feasible to remove all risk from any work situation. Those assessing fitness to teach should take into account the potential impact of appropriately managed pressure associated with teaching on pre existing health problems.

5 COMPETENCE IN ASSESSMENT OF FITNESS

Occupational health services are multi-disciplinary and may involve, for example, medical practitioners, nurses, occupational hygienists, ergonomists and safety officers. For teachers and teacher employers/managers, first contact with an occupational health service is likely to be via an occupational physician or nurse. The occupational physician generally carries the professional responsibility for occupational health advice where the employee has a health related problem which could affect their fitness to teach. The term 'Medical Adviser' is used throughout the text to reflect this but some of the tasks outlined may be carried out by an appropriately qualified occupational health nurse working with reference to the occupational physician within an occupational health service.

5.1 MEDICAL ADVISERS/OCCUPATIONAL PHYSICIANS

Those who advise training providers, employers and managers on the assessment of individual fitness to teach should be competent to do so. To demonstrate that competence, occupational physicians/medical advisers should meet the following criteria:

- Be on the General Medical Council's Specialist Register as a Specialist in Occupational Medicine or possess a recognised post graduate qualification in occupational medicine. (Details of qualifications are included at Annex 2.)
- Ensure ongoing professional development through participation in a programme of continuing medical education.
- Be familiar with the duties and responsibilities of teachers and the content of teacher training courses relevant to the organisation or organisations they are responsible for advising.
- Have a sound general understanding of legislation relevant to employment of the teaching profession and associated guidance, including rules relevant to retirement on the grounds of ill health under the Teachers Pension Scheme.

Given the importance of the implications of fitness recommendations, both for the individuals and the employing organisation, those involved in assessing fitness should not hesitate to discuss with senior or more experienced colleagues, difficult or complex cases before reaching their decision. Those involved in assessing fitness of candidates with a disability should have a background or training in disability and reasonable adjustment or should have access to further advice on these issues.

5.2 OCCUPATIONAL HEALTH NURSES

Occupational Health Nurses involved in the process of assessment of fitness to teach should:

- Be a general nurse on Part 1 of the register of the UK Central Council with an additional qualification in occupational health nursing (see Annex 2).

- Be familiar with the duties and responsibilities of teachers and the content of teacher training courses.
- Be familiar with this guidance.
- Ensure ongoing professional development through participation in programmes of continuing education.
- Have a sound general understanding of legislation relevant to employment of the teaching profession and associated guidance, including rules relevant to retirement on the grounds of ill health under the Teachers Pension Scheme.

6 CRITERIA FOR ASSESSMENT OF FITNESS

6.1 WHY IS FITNESS TO TEACH AN ISSUE?

The reasons to address the issue of fitness to teach centre round the requirement to:

- ensure the health, safety, well-being and educational progress of pupils;
- provide an efficient service which will facilitate learning for pupils;
- manage any risk to the health of teachers which may arise from their teaching duties including ensuring that those duties do not exacerbate pre existing health problems;
- ensure the health and safety of other teachers and support staff is not adversely affected by a colleague being unfit;
- enable all, including those with disabilities, who wish to pursue a career in teaching to achieve their potential within the bounds of reasonable adjustment.

6.2 FITNESS CRITERIA

To be able to undertake teaching duties safely and effectively, it is essential that individual teachers:

- Have the health and well-being necessary to deal with the specific types of teaching and associated duties (adjusted, as appropriate) in which they are engaged.
- Are able to communicate effectively with children, parents and colleagues.
- Possess sound judgement and insight.
- Remain alert at all times.
- Can respond to pupils' needs rapidly and effectively.
- Are able to manage classes.
- Do not constitute any risk to the health, safety or well-being of children in their care.
- Can, where disabilities exist, be enabled by reasonable adjustments to meet these criteria.

The decision on fitness, should be considered using the above criteria and should be based on an individual's ability to satisfy those criteria in relation to all duties undertaken as part of their specific post and in relation to all of the individual's health problems.

7 MANAGEMENT GUIDANCE

Management arrangements vary between schools. It is essential that individual teachers understand the arrangements which apply to them and that managers understand what their role is in meeting the employer's responsibilities for occupational health and safety issues. In the educational setting this includes ensuring:

- That those who teach are competent and fit to do so.
- That they remain competent and fit.
- That the health, safety and well being of staff and students is safeguarded.
- That they comply with all legislative requirements including Health and Safety and Disability Discrimination legislation.
- That a consistent quality and standard of education is delivered to all those for whom they have a responsibility.

As part of satisfying these requirements employers should seek specialist advice in relation to fitness to teach for all staff who they intend to employ.

For staff in employment, managers should:

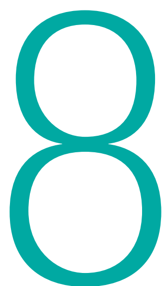
- Seek specialist advice in relation to those who have suffered significant illness or injury to ensure that they are fit to return to teaching duties.
- Identify concerns regarding an individual's performance or fitness at an early stage, investigate fully and speedily, seek appropriate advice including occupational health advice and determine necessary actions to be taken.
- Inform teachers of arrangements for occupational health advice including whether they can self-refer to the service
- Ensure that teachers are aware of their responsibility for the health and safety of pupils and that they should consult occupational health if their health status changes

The type of advice which occupational health services can offer (and hence the questions which managers may wish to put to them) in these areas are outlined in sections 8-11.

A trusting relationship between manager, teacher and occupational health professionals can be of enormous benefit to all concerned. The following should be noted in relation to the role of occupational health professionals:

- The role is advisory only. It is for the manager concerned to determine whether or not to accept the advice offered. In determining not to accept the advice offered however a manager should be able to justify the basis for this decision if subsequently challenged.
- Occupational physicians and nurses are bound by professional requirements to maintain confidentiality in relation to medical information. Maintenance of this is also crucial in retaining the trust and confidence of the employees concerned. This does not however impact upon the quality of advice that can be offered since it is the implications of any diagnosis in relation to fitness to teach, not the diagnosis itself, which the manager needs to know.

- In relation to any referral for occupational health advice, it is the manager's responsibility to ensure that the individual being referred is made fully aware of the reasons for referral.
- In relation to referral to occupational health services it is the manager's responsibility to ensure that the information provided in association with the referral is as comprehensive as possible.
- Reports to the manager from occupational health professionals should be regarded as 'Staff in Confidence' documents and treated in the same manner as any other confidential personnel document.



ASSESSMENT PROCESS

The need to assess fitness to teach arises in a number of circumstances. The most common of these are:

- Entry to teacher training
- On appointment as a teacher
- During and/or following significant sickness absence
- Where health problems become otherwise evident during training or employment
- Where ill health retirement is being considered.

Health factors can affect behaviour and performance so it may also be appropriate to assess fitness:

- Where concerns arise regarding performance of duties.
- In association with capability processes.
- In association with disciplinary processes.

The process relating to each of these is considered in detail in sections 8.1 -11 below. Fitness assessment is complemented by health risk assessment and management which may be influenced by individual variables such as health status and pregnancy status (see sections 16 – 19).

8.1 ENTRY TO INITIAL TEACHER TRAINING (ITT)

All candidates offered a firm or conditional place on an Initial Teacher Training course are required to complete a confidential health questionnaire. This questionnaire:

- May be designed by the individual medical adviser, but a sample health questionnaire is attached at Annex 3 which indicates the core information which should be sought.
- Should include a declaration signed and dated by the applicant.
- Should be returned sealed direct to the medical adviser.
- Should be regarded as a confidential medical document, accessible only by the occupational health staff and retained on behalf of the training organisation by the medical adviser.
- May be reviewed initially by an occupational health nurse who should refer the questionnaire to the medical adviser where any relevant findings are noted.

Following review of the questionnaire the medical adviser will:

- Determine the need for further assessment or investigation before a decision can be made, in which case a consultation will be arranged.
- Determine the need for further information from the individual's own GP or Specialist and seek a report, with the written consent of the individual concerned.

- Provide written confirmation to the training establishment of the individual's fitness or otherwise to enter teacher training.
- In the case of disability identify to the training establishment any adjustments which the training institution would need to make in order for the individual to undertake the training and whether the individual's ultimate fitness to teach is dependent upon an employer also making similar adjustment. It will then be up to the training institution to determine if such adjustments are reasonable.
- Identify any limitations which may apply to the nature of teaching duties that could be undertaken by the individual.

Where for any reason an individual does not enter the course for which they were accepted, but seeks to enter a subsequent course, they then should be required to complete a new health questionnaire.

8.2 ENTRY TO TEACHING BY EMPLOYMENT BASED ROUTES

Both the Graduate Teacher and Registered Teacher programmes allow individuals to be trained through employment as a teacher. Before commencing such training it is essential that confirmation of medical fitness is obtained and in such circumstances the Medical Adviser to the employing organisation should follow the procedure outlined at 8.1 above.

8.3 ASSESSSMENT OF FITNESS DURING TEACHER TRAINING

The advice of the medical adviser may be sought during training:

- By a student who has developed a health problem.
- By the training provider where there is concern that an individual's health may be causing adverse effects on their performance or attendance.
- Where a student has taken time out during a course or is returning from long-term sickness absence.

The medical adviser should fully assess the situation in conjunction with the student and then advise:

- Whether the student is fit to continue with training.
- Whether the student will remain fit to teach.
- Whether any limitations as defined above now apply.

8.4 ON APPOINTMENT AS A TEACHER

To ensure that appropriate processes are followed it is essential that the Medical Adviser is clear as to whether any assessment being carried out is for newly qualified or established teachers.

8.4.1 Teachers in School

Where employer organisations are considering the appointment of an established or newly qualified teacher, it is essential that the system of assessing fitness to teach be completed and fitness confirmed before the successful candidate takes up the post. It should be clear that the offer of any appointment is subject to the teacher being assessed as fit to undertake the teaching post. It is important to recognise that, for both established and newly qualified teachers, it may have been several years since the teacher was last required to complete a health questionnaire. Changes in health status relevant to fitness to teach could have occurred without the knowledge of the previous employer or training institution. The following procedure should therefore be adopted:

- The applicant should complete a health questionnaire which should be forwarded direct to the Medical Adviser for review as for candidates for ITT (see 8.1).
- The Medical Adviser, with the individual's written consent, should request a copy of the individual's written occupational health record from the Medical Adviser for the previous employer or the Training Institution.

Having reviewed both of the above, the Medical Adviser will then advise the employer in accordance with the format at 8.1.

An individual who has a disability must not be shown less favourable treatment without justification for a material and substantial reason and every effort should be made to effect reasonable adjustments such that the individual can be appointed to the new post.

Particular care needs to be taken when considering the appointment of teachers in receipt of ill health retirement benefits. Teachers whose benefits come into payment on or after 1 April 1997 cannot be appointed unless they relinquish their pension. However, teachers who are in receipt of ill-health benefits awarded prior to 1 April 1997 may be allowed to undertake some limited part-time re-employment provided, of course, they have the necessary health and physical capacity. In all cases, the Medical Adviser should establish the circumstances under which ill health benefits were awarded and satisfy themselves that the teacher has recovered sufficiently to enable a return to teaching. The teacher should be reminded that they must notify Teachers Pensions immediately so that the effects of the re-employment on their pension entitlement can be considered.

8.4.2 Employment In The Further Education Sector

Where a teacher is to be employed by a further education college, the same general procedures and criteria should be employed by the Medical Adviser to the college as detailed above for the employment of teachers in school.

8.4.3 Supply Teachers

Confirmation of fitness to teach is critical to the employment of any teacher, irrespective of their method and duration of appointment. It applies equally to supply teachers provided by an agency. It is the responsibility of the agency to determine the individual's fitness to teach and the employing organisation to ensure that such fitness has been determined. The following procedure should be followed when a teacher registers with an agency:

- They should be required to complete a health questionnaire which should be forwarded direct to the agency's Medical Adviser for review.
- The agency's Medical Adviser should, with the individual's written consent, request the individual occupational health record from the previous employer.

Following review of both the above, the Medical Adviser will advise the agency as outlined in section 8.

Agencies must comply with the Disability Discrimination Act. Supply teachers are likely to move through a range of posts with potentially different duties in a relatively short period of time. For this reason, in the case of an applicant with a disability, it is necessary for the Medical Adviser to define the circumstances in which appointment of that individual would be possible.

The Medical Adviser should retain the occupational health record relating to the individual on behalf of the agency.

9 SICKNESS ABSENCE AND FITNESS TO RETURN TO WORK

The Cabinet Office report 'Working Well Together' (1998)[4] recommends all public sector organisations to consider introducing progressively earlier or wider referrals to occupational health services to address cases of workplace injury or sickness. Any organisation which employs teachers should have in place a policy relating to the management of sickness absence to ensure that:

- Lost working time is minimised.
- Return to work of teachers following illness or injury can be facilitated and supported in a way that will optimise the likelihood of rehabilitation back to full teaching duties.
- Following illness or injury, the individual is fit to resume teaching duties and meet the criteria defined at Section 6 and that any reasonable adjustments can be considered that will facilitate the return to work of teachers with a disability.
- Work related causes of illness or injury can be identified, investigated and addressed in order that other employees are not similarly affected.

Criteria therefore should be agreed between Medical Adviser and employing organisation for the referral of individuals who are absent as a consequence of illness or injury which should identify:

- Duration of absence at which referrals would be initiated regardless of cause.
- Numbers of days lost through short-term absence which would trigger referral (see also section 10).
- Specific causes of absence which would merit referral after a different period, earlier or later.
- Causes of absence which would necessitate reassessment of fitness to teach before return to work **regardless of duration of absence**.

When a case is referred, the Medical Adviser should be provided with the following minimum information in addition to the individual's personal details:

- Duration of sickness absence and reason given from medical certificates.
- Record of the individual's sickness absence for the preceding two years, with reasons.
- An indication of any change in the individual's performance and their duties prior to commencement of sickness absence.
- Any outstanding disciplinary or grievance procedures.
- Any reason that the employing organisation may have to believe that the absence may be work related.
- Details of the nature of the specific teaching duties of the post and any associated duties.
- Any other information considered relevant to the assessment.

The Medical Adviser should then arrange to see the individual concerned for assessment. It is essential that, prior to referral, the employing organisation has fully advised the individual regarding the reason for referral. Following assessment the Medical Adviser should determine the requirement for:

- Further information from the individual's own GP or specialist and seek the individual's written consent to obtain this.
- Further discussions with the individual's manager.

Before making any recommendations regarding fitness to return to work.

The Medical Adviser should then advise the employing organisation in writing incorporating the following points:

- When the individual is likely to be fit to return to work or the minimum period for which they will continue to remain absent.
- When they are eventually able to return to work, whether they will be fit for their full teaching duties, or whether there will be some limitations, what those limitations will be and whether they will be temporary or permanent.
- Whether there is anything that the employing organisation can do to facilitate recovery and return to work.
- Whether redeployment or other adjustments should be considered.
- Whether the cause of absence is work related or not.
- Requirement for further review.

It is recommended that, at the conclusion of any consultation, the Medical Adviser should, where possible, outline to the teacher the advice that he will be giving to the employing organisation or should arrange to send a copy of his report to the teacher.

10 MANAGEMENT REFERRALS

In addition to assessment of fitness to teach on appointment to teaching duties, employers of teachers will require advice from their Medical Adviser during employment. Long-term sickness absence has been referred to previously. A teacher may also be referred in the following circumstances:

- Recurrent short-term sickness absence.
- Concerns regarding work performance or fitness for teaching duties in case health related problems might be a contributory factor.
- Concern that work related factors might be adversely affecting teachers health.
- Alcohol or drug related problems.
- Where ill health retirement is being considered.

The effectiveness of medical advice and support for the referring manager depends on the quality of communication between the Medical Adviser and the manager.

The manager should provide the following as part of the referral:

- Personal details of the teacher including full name, date of birth, home address and contact telephone number.
- Details of the location and specific nature of the teaching duties, together with details of any associated duties which the Medical Adviser should be aware of.
- Sickness absence records for the preceding two years, with reasons.
- The basis on which the referral is being made and the questions that the manager is seeking to have answered.
- Information regarding the employee's performance in their duties and any recent changes.
- Confirmation that the reason for referral has been fully explained to the teacher and that the teacher has consented to being seen.

The Medical Adviser should then arrange to see and assess the teacher concerned and the assessment should include:

- Review of information provided by the referring manager.
- Discussion with the teacher to clarify history and any further information.
- Relevant clinical examination where appropriate.
- Subject to the teacher's written consent, (in keeping with the Access to Medical Reports Act 1988) acquisition of further information from the teacher's own GP or Specialist where the Medical Adviser believes this is necessary to reach a considered recommendation on the individual's fitness to teach.
- Preparation of a written report to the referring manager as detailed below.
- Determination of the need for further follow up.

At the conclusion of any assessment it is good practice to outline to the teacher concerned the advice that will be offered to the referring manager, stressing however that it is for the referring manager to determine whether or not to act on that advice.

The Medical Adviser's report should be as clear and concise as possible, should be marked 'Staff in Confidence' and should incorporate the following guidance:

- Whether or not the teacher concerned is suffering from a health problem which will have an impact upon their fitness to teach.
- The likely duration of any absence or the minimum period for which they are likely to be absent.
- Whether, when they do become fit for work they will be fit for full teaching duties, or whether limitations will apply.
- If limitations will apply, whether these limitations are likely to be temporary or permanent.
- What steps could be taken by the employing organisation to assist with a teacher's return to work eg a period of part time work, or limited duties.
- The likelihood of ongoing episodes of sickness absence, whether such absences will be of long or short duration, the time period during which these absences are likely to occur and whether or not they are predictable.
- Whether the employee's health problem may in any way be related to their teaching duties and recommendations as to actions which may prevent further problems.
- Arrangements that may have been made for further review of the employee.
- Any additional information required from the manager, either to assist the Medical Adviser making a recommendation, or prior to a subsequent review.
- Whether there are any long-term concerns regarding the individual's fitness to teach which would indicate the need for further action to be considered which may include redeployment or barring.

The Medical Adviser should consider the benefit of telephone discussion or a meeting with the referring manager to clarify specific factual information, either:

- Prior to assessment.
- Following assessment, but prior to submission of report.
- Following submission of report.

It is good practice to advise the teacher that such discussions may take place.

The aim at the conclusion is to produce an outcome which is to the benefit of both the individual and the employing organisation.

11 ILL HEALTH RETIREMENT

A decision to retire a teacher on the grounds of ill health has significant implications for:

- The individual teacher in terms of: status, income, activity and social interaction.
- The employing organisation in terms of loss of skills, experience, costs of temporary support and recruitment.
- The Teachers Pension Scheme in terms of financial burden.

  Therefore recommendations for ill health retirement:

- Should not be made lightly and only after the fullest investigation and consideration.
- Should only be made after all opportunities to allow the teacher to recover and return to teaching or other duties, including consideration of all possible adjustments, have been fully explored and excluded.
- Should not be used as a means of solving management problems which should be dealt with in accordance with appropriate management, administrative or disciplinary procedures.
- Should not be made to accommodate a teacher who for non medical reasons no longer wishes to teach.

In addition, where an ill health retirement recommendation is made as a result of work related ill health, steps should be taken to ensure that causal factors are investigated and resolved, so that the potential impact on the health of other teachers is avoided.

Assessment for retirement on the grounds of ill health should include the following:

- Review of information provided by the employing organisation as detailed in Sections 9 and 10.
- Clinical assessment of the teacher concerned.
- Reports from the individuals own GP and/or Specialist with the individual's written consent.
- Discussion with senior or more experienced colleagues in complex cases.

The Teachers Pension Scheme criteria require that ill health retirement can only be granted to teachers who are permanently unfit for teaching duties. In this context, 'permanently' means until that teacher's normal retirement age. Teaching duties means **any** teaching include part time and in any setting which is appropriate to that teacher's skills and experience.

The decision to approve or reject an application for an ill health retirement pension is made by the DfEE on the basis of a recommendation from a panel of independent Medical Advisers contracted to the DfEE. They can only accept an application that can be justified by the written medical evidence. It is essential that medical evidence submitted should be of high quality and include all relevant clinical details. Copies of reports from any doctors involved in the teacher's assessments and treatment should be included. This is particularly important in the less clear-cut conditions.

The criteria for the award of benefits in association with ill health retirement include the presence of a condition which despite appropriate treatment is more likely than not to render the applicant incapable of any teaching (including limited part time teaching) on a permanent basis (ie until the normal retirement age of 60). The concept of likelihood is important. It is not necessary to be 100% sure that recovery sufficient for minimal part-time teaching will not occur. The appropriate basis under the regulations is 'likelihood' or 'balance of probabilities'. Part-time is regarded as at least 2 days per week, and the ability to maintain a regular commitment is part of the equation.

12 BARRING OR RESTRICTING ON MEDICAL GROUNDS

Regulation 10 of the Teachers Regulations give the Secretary of State the power to make Directions barring an individual from undertaking teaching duties or imposing restrictions on those duties on medical grounds. Such a Direction:

- Has the force of Law.
- Takes effect immediately.
- Remains in force until withdrawn by the Secretary of State.
- Will normally be only made when an individual is suffering from an illness that carries a potential risk to the safety and welfare of pupils and colleagues.
- Will indicate a period after which the Secretary of State is willing to consider a review, but it is for the individual concerned to request the review.
- Is based upon recommendations from the Medical Adviser to the Department for Education and Employment.

The guidelines for consideration of medical barring are:

- The safety, development and well being of pupils likely to be in contact with the individual teacher.
- The fitness to behave in a manner which presents no risk to the employers, staff colleagues or the school.
- The capability of offering sustained alertness and consistent reliable and sound judgement, such that a secure environment for pupils can be maintained in the teacher's care.

Where Medical Advisers to a training institution or employing organisation believe there may be medical grounds for barring an individual, they must in the first instance advise the Department for Education and Employment

12.1 SUSPENSION AND DISMISSAL

Governing bodies and head teachers have powers to suspend teachers on medical grounds, but will only consider this after seeking advice from their Medical Adviser. Medical Advisers, whose advice is sought regarding cases being considered for suspension or dismissal, should ensure that an assessment appropriate to the circumstances is made before making any recommendations. It should be noted however that a governing body or head teacher can take emergency action where they believe pupils are at risk.

13 CONFIDENTIALITY

Whilst employers and colleges need clear advice in the formats outlined in sections 8-10, applicants for Initial Teacher Training and qualified teachers seeking employment, have a right to expect that all information regarding health problems will be treated in confidence, handled and accessed only by suitably qualified occupational health personnel and stored securely. It is the responsibility of the occupational health professionals concerned to ensure that confidentiality is maintained. In all reports therefore to managers about individual teachers:

- Detailed medical information should not be included.
- Where it is considered that communication of specific medical information is necessary, then this should only be made with the individual's written consent. This may arise for example,
  - Where the condition is likely to constitute a disability, thereby triggering the duty to make reasonable adjustments under the Disability Discrimination Act 1995.
  - Where the condition may have an impact upon the individual's fitness for aspects of teaching duties.

Where the Medical Adviser believes that the individual is suffering from a condition which may pose a threat to the health, safety and well-being of pupils and consent is withheld to informing the employing organisation, the Medical Adviser must consider the need to ensure the health, safety and well-being of pupils to be paramount and in these circumstances to merit a breach of confidentiality. This should however only take place:

- After very clear discussions with the individual teacher about the importance of their condition in relation to fitness to teach.
- After clear explanation of the Medical Adviser responsibilities.
- After careful explanation about the benefits of allowing the nature of the problem to be disclosed voluntarily.

Even in such circumstances it may not be necessary to divulge the actual diagnosis. All such discussions and their outcomes should be fully documented in the teacher's occupational health record.

13.1 OCCUPATIONAL HEALTH RECORDS

Occupational Health Records relating to applicants for Initial Teacher Training and qualified teachers must be retained on behalf of training providers and employing organisations by the Medical Adviser. These records:

- Should be stored securely in locked cabinets.
- Should be accessible only by occupational health staff.
- Should not be passed to the Medical Adviser of another training institution or employing organisation without the written consent of the subject of the records.

- When in electronic form, should be subject to same safeguards and comply with The Data Protection Act 1998.

When non occupational health staff have access for appropriate purposes eg Medical Advisers' administrative staff, such staff should be required to sign a confidentiality agreement, an example of the content of which is contained in the Faculty of Occupational Medicine's publication, Guidance on Ethics for Occupational Physicians Fifth Edition.[5]

13.2 COMPLIANCE

Medical Advisers should ensure that in relation to the handling of medical information relating to individual teachers, including the seeking of reports from GPs and Specialists, that they comply fully with the following:

- Access to Medical Reports Act 1988.
- Data Protection Act 1998.
- Faculty of Occupational Medicine Publication – Guidance on Ethics for Occupational Physicians (May 1999)[3].

14 ETHICAL ISSUES

Involvement in the assessment of fitness to teach confronts the Medical Adviser with a number of potential ethical dilemmas as a consequence of:

- Responsibilities to the training institution or employer.
- Responsibilities of the normal doctor patient relationship with the student or teacher.
- Responsibility to pupils, parents and to the public at large.

  Some of the specific issues which may present include:

- Circumstances where the Medical Adviser to a training institution or employing organisation is also the student or teacher's own GP.
- The decision to breach confidentiality where an individual has withheld consent.
- The requirement to consider a recommendation regarding barring or suspension of a teacher.

  In any such circumstances:

- The Medical Adviser should reflect upon and refer to both General Medical Council guidance and the Faculty's Guidance on Ethics[5].
- Discuss the situation with a more experienced colleague.
- Seek advice from their defence body.
- Document fully all discussions, considerations, conclusions and actions.

15 IMPACT OF TEACHING DUTIES ON HEALTH RELATED PROBLEMS

Assessment of fitness to teach involves consideration of the potential for duties to adversely affect any existing chronic illness or disability as well as the impact of such conditions on the individual's ability to undertake teaching duties safely and effectively. In reaching a decision regarding fitness, Medical Advisers should consider:

- Whether the pre existing condition is likely to progress where it would not have done had the individual not undertaken teaching duties.
- Whether the pre existing condition is likely to progress more quickly as a consequence of teaching duties.
- Whether there are any actions which could be taken or adjustments made which would avoid the above and whether such adjustments would be likely to be considered to be reasonable.
- Whether limitation on types of teaching duties would avoid the above.

Where teaching duties are likely to lead to progression of a condition, which would otherwise have remained stable, or where rate of progression would be likely to be hastened and it is not possible to avoid this by reasonable adjustments or limitation of duties, individuals should be considered unfit to teach. This should be considered carefully and comprehensive information regarding the nature of the condition and the duties involved in the post reviewed before reaching a decision. In some cases it may be appropriate, with the individual's informed consent, to allow them to continue subject to regular review.

16 IMPACT OF HEALTH STATUS ON FITNESS TO TEACH

16.1 GENERAL

Any decision to find a student or teacher unfit to teach should only be made after it is clear that the criteria at Section 6.2 cannot be met in full after the following have been addressed:

- Appropriate treatment for an appropriate length of time has failed to produce recovery.
- Other available treatment interventions have been proved to be unsuccessful.
- Restriction on the nature of teaching duties would still not enable the teacher to be declared fit.
- Reasonable adjustments would not be sufficient to allow the individual to be fit to teach.

Providing a blanket list of conditions that are incompatible with teaching duties is not appropriate. Cases should be considered on an individual basis and, in most circumstances, consideration should involve:

- Full investigation of the condition, including reports from GP and Specialist as appropriate.
- Reference to the criteria outlined above.

Discussion with senior or more experienced colleagues may be appropriate.

Some guidance on implications of particular conditions is helpful to those assessing fitness, particularly in the area of mental health problems. This follows in Sections 16.2-17.

16.1.1 Review

Where an individual is considered to be fit, but has a condition which may progress so that ongoing fitness would be in doubt, Medical Advisers should recommend to the training institution or employing organisation, that the individual be reviewed at clearly defined intervals. The individual concerned should be advised of this and of the need to seek earlier review if the anticipated pattern of the illness changes.

16.2 MENTAL HEALTH

Considerable psychological and emotional demands are placed on teachers. They must be fit to be responsible for the physical and psychological welfare of their charges acting in loco parentis. They need to be able to relate to and empathise with pupils to encourage, understand and help with their problems. They must also be able to maintain control of large groups of children, (some of whom may have emotional and/or

behavioural difficulties) without loss of temper. Physical violence directed towards a child is unacceptable. Achieving the right balance between encouraging candidates with psychological problems to enter, or continue with, a challenging but rewarding career and allowing an unsuitable candidate to endanger their own and their charges mental health can be difficult.

About half of teachers who are accepted for ill-health retirement suffer from mental health problems[6], largely anxiety and/or depression and in a substantial proportion these may be occupationally related. There is insufficient evidence to show whether these problems are worse in teachers than in other professions, but the ill-health retirements reflect a high prevalence of mental health problems. Many of these might be avoided or ameliorated by simple organisational changes and good management practice. It is outside the scope of this document to go into details on prevention of stress induced illness but occupational physicians are in a good position to encourage schools to take positive steps to prevent stress and the Healthy and Safety Commission has produced guidance for teachers and managers.[9]

Poor performance may be related to mental illness such as depression, and this often goes unrecognised until after a teacher breaks down – sometimes after incompetence procedures are instituted. Equally, declining performance may lead to anxiety and/or depression. A mental health assessment, arranged through an Occupational Health Service referral, can contribute to managing incompetence at an early stage.

16.2.1 Schizophrenic Disorders

A confirmed diagnosis of Schizophrenia will usually make a career in teaching impossible. Symptoms such as thought disorder, delusions, hallucinations, difficulty forming and sustaining normal social relationships and blunting of affect make it very difficult for a teacher to perform his or her normal role. Because lack of insight into such symptoms is usually a core component of the illness, safety of the children can be of major concern. These disorders are usually progressive and assessment of fitness for ITT should take account of future employability.

Reasonable adjustments are unlikely to resolve these sorts of problems and the majority of candidates with schizophrenia will not be fit to pursue a career in teaching.

Diagnosis can be difficult, especially in the young or after a brief psychotic episode. The diagnosis will often be left fairly open by the treating psychiatrist in the absence of a past history for guidance and if the candidate is clinically well when seen. Many isolated psychotic episodes do prove eventually to be manifestations of schizophrenia but it would be difficult to justify rejection for ITT on the basis of a single episode. Psychiatric reports are essential to the occupational health assessment and a specially commissioned report from an independent psychiatrist may help resolve the diagnosis. Where there is still doubt the candidate should be counselled that, should the diagnosis become more evident later, they may have to change career and their case may need to be kept under review.

Isolated psychotic episodes secondary to drug misuse should be clearly differentiated from schizophrenia. As long as drug use is not continuing, there may be no reason to reject but it is common for drug users to conceal their usage. (See substance misuse at Section 16.3)

Where a first, undiagnosed psychotic episode occurs in a serving teacher they should be encouraged to take immediate sick leave until the diagnosis is clarified and effective treatment instituted. If they refuse to take sick leave then suspension on medical grounds may need to be advised. Liaison with the treating psychiatrist will be required before taking a decision about return to work. Medical retirement may be an appropriate option.

16.2.2 Bipolar Affective Disorder

This may present as recurrent depressive episodes, recurrent manic episodes or alternations between the two. From the occupational point of view depressive episodes are more easily dealt with and assessment of fitness is as described under depression.

Manic episodes are more problematic. Since even minor degrees of mania will severely impair judgement and lack of insight is an invariable part of the illness the safety of the teacher's charges is of major concern. Treatment can be very successful in some, but not all patients. Since there is no reliable way of predicting which patients will show a sustained response to mood stabilising treatment, assessment of fitness can only be based on past history. An applicant must have been diagnosed and been on stable treatment long enough to allow prediction of their future condition. It is not possible to be dogmatic about the length of time required since some patients' moods cycle rapidly over a period of weeks or months, but some only have episodes of elevated mood every couple of years. It is essential to obtain a report from the psychiatrist supervising treatment. Candidates declining recommended mood stabilising treatment or recommended psychiatric supervision should not normally be passed as fit.

This illness, in its manic form, can represent a real and severe risk to the children in a teacher's charge, so where there is doubt the candidate may need to be rejected. If there is insufficient length of past history to make an adequate prediction it may be appropriate to suggest the candidate reapplies after a one or two year period when a sound assessment may be possible.

Where a first manic episode occurs in a serving teacher they should be encouraged to take immediate sick leave until the diagnosis is established and effective treatment instituted. If they refuse to take sick leave then immediate suspension on medical grounds should usually be advised. Liaison with the treating psychiatrist will be required before taking a decision about return to work. The candidate will need to remain off sick until their mood is normal and stable. On return, their behaviour and performance should continue to be monitored in order to identify at an early stage any change which may indicate a relapse. This will require the teacher's consent to release of information to the head teacher or other colleague. Where consent cannot be obtained it may be difficult to justify a return to school. While medical retirement may be an appropriate option this should only be considered after an adequate trial of treatment which may take a considerable length of time

16.2.3 Depression

Depression is a common illness and candidates will not usually be rejected on its account unless it is severe or recurrent. Assessment of fitness can be based on two criteria.

- Are there any specific triggers present in the intended job that would significantly worsen the candidate's chances of relapse? If so, can these reasonably be avoided?
- Is it a sufficiently persistent or recurrent problem to prevent the teacher being able to give regular and effective service despite reasonable adjustment on the part of the employer?

Episodes of depression should be considered in the context of the life events at the time. A single episode of depression within a difficult period of life has little significance for the future. For example a single episode of post natal depression should not necessarily be a contra-indication to teaching if a full recovery has occurred. Recurring episodes of depression over a number of years have far more prognostic significance. Depression is not usually in itself a risk to the safety of a teacher's charges so where there is doubt it is reasonable to allow him/her the benefit of this but s/he should be kept under review and counselled that recurring episodes may make it necessary to change career.

When symptoms of depression occur in a serving teacher who is still at work care should be taken to ensure that the teacher is well enough to control a class and teach effectively. Loss of temper can be an issue (see16.2). If in doubt the teacher should be advised to take sick leave. Adequate recovery should be present before encouraging a teacher back to work following depression. Depression will often produce a marked self-preoccupation and this can be difficult for pupils to understand. A depressed affect may prejudice effective teaching. Anything other than mild depression will usually require absence from work. People with depression tend to view themselves, the world and the future in a negative light. It is important to maintain an optimistic attitude about the likelihood of recovery, and to avoid colluding with the view that the job is necessarily the sole cause.

Return to work will often be aided by a temporary modification in responsibilities and/or hours. Such arrangements can often constitute a 'reasonable adjustment' under the Disability Discrimination Act 1995. Employees with disabilities who believe that their employer has not made a reasonable adjustment and that as a result they have experienced unjustified substantial disadvantage can make a claim of disability discrimination to an employment tribunal.

Medical retirement for depression is only likely to be justified for severe cases that fulfil one of the following criteria:

- prolonged major depressive episode resistant to treatment
- recurrent episodes of depression despite full and adequate treatment.
- a professional judgement that, despite clinical improvement, a return to work would be **very** likely to cause recurrence of depression. The psychiatrist responsible for treatment should support a case of this nature. Teachers who have not been assessed by a psychiatrist are unlikely to qualify.

In general, applications for medical retirement on mental health grounds are more likely to succeed if supported by a report from the treating specialist confirming that **adequate** doses of antidepressants and treatments such as cognitive behaviour therapies have been tried.

16.2.4 Anxiety Disorders

The diagnosis of anxiety disorders is common but symptoms are not usually severe or prolonged enough to justify rejection on fitness grounds. Where symptoms have been particularly severe and prolonged the candidate may be sufficiently disabled to be unable to give regular and effective service despite reasonable adjustment by the employer and this would justify rejection at the pre-employment stage. If there are specific triggers for anxiety in the job this might make teaching more difficult and these should be considered on an individual basis. In cases of severe anxiety from childhood onwards rejection for ITT may be justified but a psychiatric assessment report would be advisable.

Anxiety is a common problem in serving teachers especially in situations which are difficult for the individual to control e.g. intense scrutiny during Ofsted inspections or when encountering pupils with severely challenging behaviour. After appropriate treatment, supported return to work with temporary reduction of duties or hours will often be helpful in restoring confidence.

Medical retirement for anxiety disorders is only likely to be justified for severe and prolonged symptoms that have proved resistant to conventional treatments. Cases are unlikely to be approved by Medical Advisers to the Teachers Pension Scheme unless supported by a psychiatrist responsible for treatment.

16.2.5 Obsessive Compulsive Disorder (OCD)

OCD tends to be a lifetime disorder often starting in adolescence. Assessment needs to be made on an individual basis and unless the condition is mild will require a psychiatric report. Assessment of OCD is helped by knowledge of previous employment history and social functioning. Concurrent stresses will usually worsen symptoms transiently. An idea of the severity of OCD can be gained by the amount of time devoted to the compulsions. Where this limits everyday activities, employment in teaching is likely to be difficult. Responsibility for children can sometimes become a central component of both obsessions and compulsions and specific questioning to elicit this is useful. Where this is a factor, teaching can worsen symptoms.

Minor degrees of OCD will not be a bar to teaching. Treatment of OCD with medication and various cognitive behaviour therapies can be very useful and can enable a candidate to teach.

16.2.6 Eating Disorders

Eating disorders are common especially in young females and range from mild and transient degrees of bulimia nervosa through to life threatening cases of anorexia nervosa. Emotional disorders of various types are often associated with these problems. Self-injury is frequently found and information about this should be sought explicitly.

Assessment of the more mature teacher is relatively straightforward and a history of previous stable employment should normally allow acceptance. The younger teacher poses more problems although the same general principles should apply. Assessment of their level of functioning through school or college together with the level of social functioning should allow acceptance of the milder cases. More severe cases will require reports from the GP and psychiatrist. Candidates with eating disorders do not usually represent any threat to the children in their care. The main worry is whether they will possess the emotional strength to cope with this sort of work and this should be the main focus of assessment. It is reasonable to give the candidate the benefit of the doubt where this exists particularly when considering entry to ITT but it may be appropriate to monitor and review the student's progress.

Eating disorder together with self-injury has been associated with Munchausen's syndrome by proxy in 2 high profile cases involving nurses. A career in teaching could well attract this sort of personality and medical advisers should be alert to the possibility. It is important to realise however that this sort of behaviour is the product of a profound personality disorder which is probably rare but, when it does occur, may often be associated with an eating disorder, self injury and other emotional disturbance. In contrast eating disorders are very common and rarely associated with externally directed injurious behaviour. There is no justification for the blanket rejection of all prospective teachers on the basis of mild eating disorder.

16.2.7 Personality Disorder

Personality disorders are common and constitute a contentious area of medicine, as personality traits probably exist as a continuum from normal personality to formal mental disorder. Personality disorder is diagnosed when personality traits stray past an arbitrary line on that continuum. The different categories are outlined in the two diagnostic systems: DSM-IV[7] and ICD10[8]. Personality disorder is defined in ICD10 as 'a severe disturbance in the characterological condition and behavioural tendencies of the individual, usually involving several areas of the personality and nearly always associated with considerable personal and social disruption.' These characteristics are enduring. There is some evidence that some of the behavioural disturbance associated with the condition is amenable to treatment in some cases, although it is not yet possible in many cases to predict who is going to benefit from such an approach.

Many people with clear evidence of a personality disorder would make very poor and in some cases dangerous teachers. If personality disorder is suspected in a serving teacher then a report from a psychiatrist with a special interest in this field will need to be specially arranged for the purpose of the assessment. Discussion with other occupational health colleagues may also be helpful.

Pre-employment declaration of personality disorder is rare but would be dealt with as above. Most personality disorders come to light through unsatisfactory written or verbal references and the employing organisation will rightly refuse employment on this basis.

16.2.8 Stress

Definitions of 'stress' are legion. The Health and Safety Commission define stress as: 'The reaction people have to excessive pressures or other types of demand place upon them'[9]. The physical and behavioural effects of stress are often short lived and cause no lasting harm. When the pressure recedes there is a return to normal. In some cases however, particularly where the pressures are intense and continue for some time the effects can be more sustained, leading to psychological problems and physical ill health. It is important in assessing a teacher who is suffering from stress related problems to ensure that a diagnosis of depression is not missed. Tools such as the Beck inventory[10] or the Hospital Anxiety and Depression (HAD)[11] scale can be helpful here.

Where a serving teacher is referred in these circumstances and no formal diagnosis can be made it is important to try and find out what he or she thinks is the problem and what solutions they have in mind. It is worth specifically asking if they are considering medical retirement. If this is the teacher's aim then it should be made clear that in the absence of a formal diagnosis they will not qualify for this. This needs to be done sympathetically but firmly and preferably at the outset. Consideration may then be given to ways of helping the teacher remain in work.

Where the teacher feels there are specific issues such as bullying or harassment they can be pointed in the direction of their head teacher, the personnel department or their trade union for help and support. They can also consult 'Teacherline', a telephone advice, support and counselling service run by the Teachers' Benevolent Fund (see Annex 4). Time management and assertiveness training can be helpful, as can cognitive behavioural therapies.

Altered duties or dropping extra responsibilities may help the situation. Where teachers are reluctant to drop extra responsibilities, they need to consider the implications of being unable to continue in post if they do not do so. With the teacher's explicit consent it can sometimes be helpful to speak to the head teacher to try and negotiate a way of keeping the teacher at work or helping him or her to return to work.

If it is not possible to resolve the situation, the teacher may decide to resign or the school may decide to terminate the teacher's contract of employment. In this case the teacher may decide to apply for medical retirement anyway asking his GP to complete the necessary forms. A letter to the GP explaining the situation and suggesting that a second opinion from a local psychiatrist may be helpful, but must only be done with the teacher's consent.

16.3 SUBSTANCE MISUSE

Substance misuse covers both alcohol misuse and use of illegal drugs. Casual or recreational drug misuse is a disciplinary issue rather than a medical one, disciplinary action being based on performance or behaviour issues. The medical adviser's proper

role is to determine if dependency (which can be considered a medical condition) exists.

Drug and alcohol dependence are very common and are commonly missed. Dependant misusers are usually resistant to the idea that they have a problem, indeed denial of the problem, both to themselves and others, is a central component of the condition. For this reason it is more usual for the problem to be picked up during employment than at the pre-employment stage. Dependant misusers can recover with appropriate motivation and help.

Although dependency can be secondary to depression, chronic anxiety or chronic pain this should only be concluded after thorough assessment. Dependant individuals are often highly manipulative and a supposed primary condition may be found to be non-existent, greatly exaggerated or, in fact, secondary to the misuse. Where true secondary dependency exists, treatment and prognosis needs to be assessed in conjunction with the underlying condition. Primary abuse is considered further below.

Substance misusers are often referred when their problem is long standing and relatively severe. Most institutions have an alcohol and/or drug policy and the medical adviser should be familiar with this. The stated aims of such policies are usually that dependency will be treated as an illness if the employee accepts it as such, seeking and complying with recommended treatment. Time off, as sickness, is allowed for treatment and recovery. Relapse (there may be an allowance for one or more relapses) or failure to recover will eventually result in dismissal.

If the employee accepts that they have a problem then support and onward referral to their GP and other agencies is generally appropriate. It is usually necessary to encourage teachers to take sick leave in the early stages of treatment and recovery unless safety of the children can be guaranteed. Reluctance to do this, often rooted in denial is common and should not deter from its recommendation. Review will be required in the early stages and reports should indicate compliance, or otherwise, with the treatment plan.

Failure to comply with treatment or early relapse will require referral back to the employer who will usually resume disciplinary action. Medical retirement is only appropriate for dependency when it is clear that there will never be any chance of sustained recovery. Since recovery from dependence can occur at any stage with appropriate motivation and help this is a difficult case to make unless there are advanced physical signs of secondary disease or misuse is secondary to a condition with a poor prognosis.

Pre-employment assessment of dependency normally occurs in two circumstances. When a past history of dependency or misuse is declared on a pre-employment health declaration this is usually in the context of a recovered problem. The fact that it has been declared rather than concealed is a good prognostic sign. Assessment of fitness can usefully be based on the length of the recovery period together with the level of employment and social functioning during that period. A prolonged period of recovery with stable employment should be regarded positively. Shorter periods need to be considered on their own merits.

Where a history of misuse is only picked up from references and has been denied on a pre-employment health declaration the applicant should be seen and examined. Examination should include a search for needle scars on arms, hands and feet. Liver function tests including γGT may be helpful in suspected alcohol misuse. Physical, psychological or biochemical signs which provide strong enough evidence to confirm misuse or dependency should usually lead to rejection. Urinary testing for drugs may be considered.

Under the DDA addiction to or dependency on alcohol, nicotine or any other substance (unless resulting from the substance being medically prescribed) specifically does not

count as an impairment, and therefore cannot on its own be regarded as a disability under the Act.

16.4 NEUROLOGICAL

16.4.1 General Considerations

In neurological disease the main factors affecting fitness are likely to be: -

- Level of consciousness
- Impaired cognition
- Level of mobility and strength

16.4.2 Epilepsy

Epilepsy is common and may be a bar to teaching in some circumstances. Teachers need to remain alert and able to respond to the needs of their pupils especially those in younger age groups. Assessment should focus on whether the nature of the seizure would impair the teacher's ability to supervise and come to the aid of their pupils and also on the whether the teacher's subject specialism involves any physical or chemical hazards (see 4.1). If either is the case then the frequency of seizures should be considered based on evidence provided by the past history. Confirmation of seizure rate and control may need to be sought from the applicant's GP and/or neurologist.

- Seizures occurring solely during sleep or which *never* impair consciousness will not be a bar to teaching.
- Epilepsy that does impair consciousness but which is well controlled with a reasonably long seizure free period will not normally be a bar to teaching. Where the DVLA have allowed the candidate to continue driving this is a useful benchmark.
- Absence seizures (Petit mal) can be assessed in the same way as other generalised seizures. Frequency and duration of absences should be such that they do not prevent either teaching or safe control of children.

Where seizures are more frequent the possibility of reasonable adjustment should be looked at. Older children can more safely look after themselves and a teacher who has seizures too frequently to look after young children may be acceptable in this setting. Where there is doubt about fitness it is sometimes useful, with the candidate's explicit consent, to discuss the problem with the head teacher, explaining the risks and possible ways of dealing with them.

It is important to fully counsel candidates on which branches of teaching they may and may not be allowed to enter. For example it is inadvisable for someone at risk of seizure to teach:

- Sport which constitutes a risk such as swimming
- Laboratory based work
- Workshop work

As long as a candidate for ITT would be likely to be considered fit enough to enter some branch of teaching they should not be rejected. Counselling given to candidates should be fully documented.

16.4.3 Dementias

Dementia will be an infrequent problem with serving teachers. Concerns may be raised about deteriorating performance over a period of months or years and assessment should be based on objective findings after the exclusion of confounding illness such as depression. Where dementia is suspected referral for formal neuro-psychiatric assessment will be necessary. Confirmed dementia will normally preclude teaching unless at a very early stage and appropriate follow can up be guaranteed.

16.4.4 Multiple Sclerosis

Multiple sclerosis is a relatively common condition in the working population. Prognosis varies enormously and assessment needs to be made on an individual basis considering functional ability at the time, the pattern of relapses and the degree of recovery between relapses. Particular problems that should be considered are:

- Does any continuing physical disability allow the teacher to ensure the safety of his or her pupils (this is more likely to be problem for teachers of younger children)?
- Does the subject taught cause particular difficulties e.g. physical education or CDT?
- Is there any evidence of deteriorating cognitive function? Memory loss, impaired attention or judgement will cause particular difficulties. Psychometric testing may be required to confirm or eliminate these when suspected. This should only be performed by someone with expertise in this field.

The aim should be to enable the teacher to remain in school as long as possible consistent with effective teaching and the safety of both the pupils and the teacher. Ground floor accommodation, single classroom teaching and proximity to toilets can all be helpful adjustments. Access to work schemes can be useful in providing equipment, adaptations and support staff. At some stage medical retirement may need to be considered and this should be discussed openly with the teacher allowing them to play a full part in deciding the timing of this. In rare cases cognitive decline with lack of insight may require a more directive approach.

16.4.5 Migraine

Migraine is a common complaint and will rarely justify rejection for employment or entry to ITT. It may cause a problem with frequent sickness absence and in this case attempts to find any underlying stress related problems or other identifiable triggers, could be helpful. Referral to the GP or encouragement to refer to a migraine clinic may be helpful. Overwork, stress, and mental illness such as anxiety and depression will aggravate migraine. Consideration should be given to encouraging the GP to arrange a psychiatric assessment as part of the management of migraine where it has become sufficiently problematic to disrupt work.

16.4.6 Parkinson's Disease

Parkinson's disease is chronic, progressive disorder presenting in middle to late life with an incidence of approximately 1 per 100 over the age of 65.

Resting tremor will not usually prevent teaching but, since it usually worsens in stressful situations, it may cause severe embarrassment, as may hypersalivation. The major problem is likely to be the bradykinesia. The loss of facial expression and reduction in modulation of the voice will reduce expression of emotion and could cause difficulties communicating with young pupils. Handwriting is often small and cramped and may be very difficult to read. Difficulty initiating emotion together with the small amplitude of motion may pose safety issues.

Depressed mood is frequent and in advanced Parkinsonism impaired cognitive function or dementia is not unusual.

Treatment of Parkinson's disease is usually quite successful but can bring its own problems. Neurologists will often delay giving L-dopa to defer resistance and 'on-off' phenomena. Most of the drugs used can have adverse psychiatric side effects including delusions and hallucinations.

Assessment of the teacher with Parkinson's disease needs to take account of any functional limitations together with the teacher's aspirations. Where a teacher wishes to work and reasonable adjustments will enable them to do so support can be given. It is important not to pressure the teacher to start treatment earlier than would otherwise be given as this may limit treatment options later. Medical retirement may well be appropriate in more advanced cases.

16.4.7 Dyslexia

Dyslexia is evident when accurate and fluent word reading and/or spelling develops very incompletely or with great difficulty[12]. Other symbolic systems such as mathematics and musical notation may also be affected in some individuals. Assessment of dyslexia is much more within the specialist field of educational psychology than of most medical advisers. The major problem faced by such teachers is likely to be with spelling. They may also be slower readers. Teaching older age groups is likely to present fewer problems. Examples of a range of adjustments that can be made to support teachers with dyslexia have been provided in a booklet issued to all schools by Skill, in consultation with officials in this Department – entitled 'Employing disabled teachers – a good practice guide for schools'(see Annex 4)

DfEE Circular 4/99[1] requires an entrant to ITT with a specific learning difficulty to show that their condition does not limit their capacity to teach and states that it is improper for a candidate not to state a specific learning difficulty in their application. The ITT organisation will be better placed to make such an assessment than the medical examiner.

In the case of dyslexia first being suspected in a serving teacher it will be helpful to obtain a formal assessment by a psychologist.

16.4.8 Asperger's Syndrome

Asperger's syndrome is a pervasive developmental disorder which is generally considered to be on the autistic spectrum. Affected individuals have no clinically significant delay in general language or cognitive development but they have qualitative impairments in social interaction and restrictive, repetitive and stereotyped patterns of behaviour, such as to cause clinically significant impairment in social, occupational or other areas of functioning[7,8]. Motor clumsiness is often observed. These characteristics are on a continuum and milder cases are often unrecognised.

Given the core diagnostic features of Asperger's syndrome, affected individuals have particular difficulties developing the empathic qualities outlined in section 3.2. Assessment of fitness needs to take account of: the subject, age range and ability range to be taught; the individual's history of school, college and employment achievements and specific information about levels of social integration and associated difficulties such as anxiety. A report from a psychiatrist or clinical psychologist will be useful in applicants declaring a history of Asperger's syndrome. If Asperger's syndrome is suspected it is appropriate to refer the person to a psychiatrist or clinical psychologist for diagnostic assessment and advice.

16.5 CHRONIC FATIGUE SYNDROME

Chronic Fatigue Syndrome is characterised by severe, disabling fatigue and other symptoms including musculo-skeletal pain, sleep disturbance, impaired concentration and headaches. The prognosis is variable and influenced by a number of factors. It appears that in some individuals the illness may be triggered by stressors including infection and particularly by two or more simultaneous stressors. Depressive illness may be present, either as a direct effect of the condition or as a secondary effect. Most sufferers are said to improve to some degree over 2 – 4 years.

The only treatments of proven benefit are graduated exercise programmes together with cognitive behaviour therapy. Epidemiological evidence is scanty, but suggests that most sufferers who are referred to specialists have a poor prognosis for full recovery, and the consensus is that some 40% of sufferers never get back to previous levels of functioning. Those who have other health problems, stresses at work or home, lack of support at home, or who are over 50 years of age, have a poorer prognosis, as do those with a long history of Chronic Fatigue Syndrome. It is important to ensure that any associated depression has been fully and appropriately treated before coming to any conclusion on the prognosis. Chronic Fatigue Syndrome can have sufficient adverse effect for it to be judged to be a disability within the meaning of the Disability Discrimination Act.

Depending on the level of function it may be possible to return a teacher to school if duties can be modified to fit their abilities. The concept of reasonable adjustment is important here.

Assessment of fitness can only be based on the pattern of disability shown since the start of the illness together with the current and pre-morbid personality. Longer duration of illness makes this assessment easier. Where the condition is of recent onset it may be impossible to make any predictions as to future fitness. Applicants for either ITT or employment cannot usually be found fit in these circumstances unless symptoms are mild when reasonable adjustment may well allow employment

Medical retirement in this condition is difficult since the requirement is that the teacher be unfit for any form of teaching, including part time work, until their normal retirement age. The current approach of the Medical Advisers to the Teachers Pensions Scheme is based on the epidemiological data quoted above, and the concept of likelihood is crucial. It is not necessary to be 100% sure that recovery sufficient for minimal part-time teaching will not occur. The appropriate basis under the regulations is 'likelihood' or 'balance of probabilities'. With that in mind, their approach is to suggest that teachers who have been suffering from Chronic Fatigue Syndrome for four or more years can be assumed to be unlikely to recover sufficiently to be able to return to teaching, and qualify for a pension. However where the illness is particularly severe and the factors mentioned above are present then they will use their discretion in determining eligibility for an ill-health retirement pension before 4 years have elapsed. It would be very unusual to recommend a pension before the illness has been present for 2 years (except in those close to pensionable age i.e. 60 years).

16.6 CARDIOVASCULAR AND RESPIRATORY

As a general rule cardiovascular and respiratory problems should not render individuals who are capable of attending school, unfit unless:

- The condition may be aggravated by exposure to substances at work and it is not possible to appropriately control such exposure.

- The condition may be adversely affected by specific aspects of the teaching duties eg physical activity in those teaching sport.
- There is significant risk of sudden incapacity which is unacceptable either because of the age of pupils involved, or the nature of the duties.

16.7 MUSCULOSKELETAL

The impact of musculoskeletal problems will depend upon the effect that the condition will have on the individual's ability to:

- Move around the classroom as required and respond quickly and efficiently to the needs of pupils.
- Undertake specific aspects of duties relevant to the teaching post concerned where mobility is a requirement.

Functional assessment and consideration of adjustments and limitations are essential before a fitness decision is reached. Involvement of the Occupational Health Nurse may be helpful.

16.8 SENSORY IMPAIRMENT

16.8.1 Many people with visual or hearing impairments are able to teach effectively. Some, by virtue of specific skills and their potential to act as a role model may be particularly suitable to teaching others with similar impairments. Nevertheless, the criteria for the award of Qualified Teacher Status require that individuals must be able to teach mainstream classes.

16.8.2 When assessing fitness to teach in serving teachers or candidates for ITT with hearing and/or visual impairments, it is necessary to consider:

- The need to optimise the potential of the teacher/candidate through support measures;
- The need to ensure consistent high standards of education for all pupils based on good quality communication with their teacher;
- The extent to which the individual will be able to satisfactorily complete all aspects of teacher training:
- Whether the individual will be able to supervise pupils safely and whether any reasonable adjustments – including the provision of support staff – can be made to ensure this;

16.8.3 Individual assessment should take account of:

- For those entering initial teacher training, the full range of duties which the individuals will be required to undertake to satisfactorily complete the training requirements.
- For those in employment, the range of duties associated with their specific post.

The following information should be obtained with the individual's consent, from a relevant specialist who has seen them recently and who has knowledge of the requirements of individuals with visual or hearing impairment and of the technological aids and other support available

- Details of the diagnosis, whether the condition is stable or likely to progress and whether or not there are any associated medical conditions or disabilities.
- The degree of impairment, preferably with an indication of the practical impact on day to day function
- Recommendations about appropriate management including technological aids and environmental changes which might constitute reasonable adjustments and use of personal aids such as hearing aids;
- Recommendations for monitoring and follow-up.

In order to secure reasonable adjustments it will be essential for the medical adviser and the teacher/candidate for teaching to have detailed discussions with the employer or ITT provider. The final recommendation regarding fitness to teach rests with the Medical Adviser, but the decision to accept that recommendation or not rests with the teacher training establishment or the employer. It is recommended that when a Medical Adviser is considering such cases, that they should seek input from other colleagues who have dealt with similar cases.

Where there are doubts about whether an individual with sensory impairment will be able to provide efficient and effective teaching, it may be appropriate for them to undertake a trial period of teaching. Where reasonable adjustments can be made it is important for the medical adviser to be explicit about the specific situations (i.e. pupils age range and subject area) for which the teacher can be considered fit and the teacher should be counselled accordingly.

16.9 INFECTION

Infections are rarely a bar to teaching except in the short term during an infective period. Advice on exclusion periods for common illness for school children was published in March 1999 jointly by the Department of Health, Department for Education and Employment and the Public Laboratory Service in the form of a poster and leaflet. This advice is equally applicable to staff. Copies are available free from the Department of Health (see Annex 4).

The following specific infections are worthy of further mention

16.9.1 Blood Borne Viruses

Blood borne viruses including HIV and hepatitis B and C are transmitted by: blood-to-blood contact (e.g., through transfusion or sharing of contaminated injecting equipment by drug misusers): sexual intercourse: and perinatal transmission from mother to baby. The relative importance of these routes varies between different viruses. Teaching duties do not include any activities which carry a greater than normal risk of transmission of blood borne viruses from teacher to pupil. If an individual is otherwise fit, they should not be excluded from teaching on the grounds that they are the carrier of a blood borne virus.

If there is evidence that a teacher has acquired a blood borne virus infection as a result of intravenous drug misuse, the considerations detailed in the section on substance misuse should apply.

16.9.2 HIV and AIDS

Where a teacher has advanced HIV disease their fitness for teaching will depend on their physical and psychological state. Professional consideration of this should be in line with other chronic debilitating conditions which carry a poor prognosis. If a teacher

with advanced HIV disease develops active tuberculosis the guidance in Section 16.9.4 should apply.

16.9.3 Hepatitis C

Spread is primarily by blood-to-blood contact. Teachers who are hepatitis C carriers pose no infective threat to their pupils and there is no basis for rejection on these grounds. There is a high incidence of hepatic cirrhosis and hepatoma in people who are infected with hepatitis C. Decisions on fitness and medical retirement will depend on their clinical state.

16.9.4 Tuberculosis (TB)

School staff in which tuberculosis is diagnosed should not work with children until their treating physician indicates that they are no longer infectious.

Pre-employment health questionnaires should include questions about symptoms of pulmonary tuberculosis. Candidates should be referred for further investigation if the candidate has symptoms such as chronic cough, unexplained weight loss, fever etc., which could indicate active tuberculosis.

In the case of a serving teacher or candidate for employment or teacher training being diagnosed with tuberculosis, the advice of the treating respiratory physician and/or the consultant in communicable disease control (CCDC) should be followed. This advice will include the need for contact tracing within the school. Before the individual is allowed contact with pupils it is necessary to ensure that: culture results and drug susceptibility tests are known (where available); he/she is responding to treatment and that he /she is taking medication as prescribed. Smear negative sputa should have been obtained. Further information is contained in guidance from the British Thoracic Society (see Annex 4).

An individual with multiple drug resistant tuberculosis (MDR TB) may be intermittently sputum positive for prolonged periods. In such cases the occupational physician should be particularly careful to liaise with the TB physician and should be alert to any symptoms which might suggest a recurrence. Teachers with MDR TB should not return to work until they have completed a course of treatment.

17 REASONABLE ADJUSTMENT

The Disability Discrimination Act 1995 (DDA) makes it unlawful for employers with 15 or more employees to discriminate against current or prospective employees with disabilities. It may be useful to note that some people with illnesses would be covered by the definition of disability which is 'a physical or mental impairment which has a substantial and long-term adverse effect on (a person's) ability to carry out normal day-to-day activities'. Under the Act, an employer dismissing a disabled person, or giving them compulsory early retirement, for a reason relating to the disability, would need to be able to justify this with a substantial and relevant reason. An employer cannot justify such treatment if the reason could be removed or made less than substantial, by a reasonable adjustment. For some employers and employees, reasonable adjustments might include:

- part-time working
- some additional sick leave
- redeployment to other duties, or
- the transfer of minor duties to another employee.

Further examples of what adjustments might be made, and help with what is meant by the word 'reasonable' are contained in DfEE Circular 20/99 *What the Disability Discrimination Act 1995 means for Schools and LEAs* (see Annex 4).

Financial assistance which might help with adjustments may be available from the Government's Access to Work programme. This is run by the Employment Service and can provide assistance towards additional costs resulting from disability eg additional fares to work, special equipment and adaptations to equipment and buildings. Information about Access to Work and other programmes to help disabled people can be obtained through the Employment Service's Disability Service Teams who can be contacted through local Jobcentres.

Medical Advisers are able to recommend adjustments which would enable teachers to continue in work, return to work, or work in a different role or in a different location, but it is for managers to determine whether it is reasonable for such adjustments to be made. There may be circumstances where the manager needs to consult with colleagues who have responsibility for areas of work or other buildings which may now be more suitable for the person.

Medical Advisers and managers may find it helpful to be aware of paragraph 3.2 from the DDA employment Code of Practice which suggests that:

'It will probably be helpful to talk to each disabled person about what the real effects of the disability might be or what might help. There is less chance of a dispute where the person is involved from the start. Such discussions should not, of course, be conducted in a way which would itself give the disabled person any reason to believe that he was being discriminated against.' "

18 PREGNANCY

Pregnancy is a natural state not an illness and teachers with uncomplicated pregnancies should be capable of undertaking their duties efficiently and effectively until commencement of maternity leave. It is however associated with physiological and anatomical changes which may require modifications to duties as pregnancy progresses. In assessing the need for such modifications, the specific nature of the teaching duties needs to be reviewed and common sense should prevail eg teachers in the later stages of pregnancy will have difficulty sitting on small chairs. Where complications of pregnancy arise, decisions regarding fitness need to be based on the nature of the specific problem.

Teachers who have a normal pregnancy, delivery and post natal period will be fit to return to teaching duties. Those who have experienced significant medical problems, whose period of maternity leave has been extended, or who have suffered from post natal depression should be assessed prior to returning to teaching duties.

19 HEALTH RISK MANAGEMENT

Although the focus of this guidance has been on assessing the fitness of individuals to teach, it should also be recognised that teachers in the course of their duties are exposed to potential hazards which require to be appropriately managed if adverse health affects are to be avoided. Such adverse affects would in turn have an impact upon an individual's fitness to teach.

The Management of Health and Safety at Work Regulations require all employers to conduct risk assessments to identify risks to health and safety and then to take appropriate action to control such risks. This approach should apply equally to the duties of teachers and will ensure that all general health risks are appropriately managed. DfEE provides guidance on safety in science education and on safe practice in Art and Design (see Annex 4). The following offers some guidance on the management of some additional hazards which are particularly relevant to teachers.

19.1 RUBELLA

Teachers, like the rest of the population, should have received the routinely available childhood immunisations including immunisation against rubella[13]. If a teacher has taken a decision not to have these immunisations however there are no grounds to reject them on this basis.The risk of exposure to rubella is now extremely low in the UK but, given that rubella can severely affect the fetus if contracted during pregnancy, female school staff who become pregnant are sometimes worried about a possible risk. In view of this it can be helpful to advise female school staff of childbearing age to be tested for rubella antibodies and immunised if appropriate well in advance of becoming pregnant.

19.2 HEPATITIS B

Transmission of Hepatitis B has been documented following bites from infected persons. In addition, a higher prevalence of Hepatitis B carriage has been found amongst certain groups of people with learning disabilities in residential accommodation compared with the general population. In view of this, where teachers are working with pupils with severely challenging behaviour and/or learning disabilities, occupational physicians should discuss with teaching (and other) staff the case for Hepatitis B immunisation. The decision to offer immunisation should not usually be based on the known prevalence of Hepatitis B amongst the pupils since the status of most pupils will be unknown. There is no place for compulsory vaccination, if the teacher declines the offer after discussion of the issue is documented (with or without the signing of a disclaimer).

If a teacher or other staff member is exposed to the risk of Hepatitis B infection e.g., through being bitten by a pupil, post exposure prophylaxis with specific Hepatitis B immunogobulin and active immunisation should be considered. Guidance on active and passive Hepatitis B immunisation is provided in the UK Health Departments' memorandum 'Immunisation Against Infectious Disease'[13].

19.3 PARVOVIRUS B19 (FIFTH DISEASE, SLAPPED CHEEK DISEASE)

This is a common childhood illness characterised by fever and a rash with erythematous cheeks. The infectious period is from 7 days before and up to the appearance of the rash. The transmissibility of the virus to adults is relatively low.

Women who develop Parvovirus B19 infection in the first 20 weeks of pregnancy have a risk of fetal loss. The risk of acquiring infection in the workplace is not significantly different than in the community and annual seroconversion rates in primary school employees are similar to those of adults who have school aged children at home so routine exclusion of pregnant teachers from school is of no value. If there is an outbreak in the school (2 or more cases in the same year group or class with onset date within 3 weeks, or 3 cases in the school with onset date within 3 weeks) then consideration may be given to exclusion of employees who are less than 20 weeks pregnant until they are more than 20 weeks pregnant. However this is only likely to have any effect in reducing the risk of infection where the teacher can avoid contact with school age children at home and in the community. Employees who are less than 21 weeks pregnant and have been exposed to a confirmed case of parvovirus infection may be offered serological testing and counselled accordingly.

19.4 BCG VACCINATION

In general, teachers from the UK are not considered to be at higher occupational risk of tuberculosis. Teachers or candidates for teaching/teacher training who are otherwise at higher risk of tuberculosis e.g., new entrants to the UK from countries with a high prevalence of tuberculosis or contacts of named cases with active pulmonary tuberculosis, should be advised to seek tuberculin skin testing and BCG as appropriate. The local chest physician or CCDC can advise on arrangements for this.

19.5 VOICE TRAUMA

Teachers are one of the occupational groups most likely to present with voice disorders. Predisposing factors are: poor vocal technique; vocal strain; inadequate voice projection and inadequate breath support, for example due to asthma.

Teachers and trainee teachers experiencing vocal problems should be referred for appropriate specialist help from a speech and language therapist and/or ENT consultant. Prevention of voice problems is aided by education in voice projection and vocal care and follow up of teachers who have received voice training as undergraduates suggests that they have significantly fewer voice problems than their peers.

20 EFFECTS OF MEDICATION ON FITNESS TO TEACH

The majority of medications will not have sufficient adverse effects to impair performance as a teacher. Of those that do the adverse effects are likely to be too short lived to come to the medical adviser's attention.

Drugs that are important in this context are mostly those causing sedation. If a drug is causing undue sedation and cannot be stopped or changed then that person is unfit for teaching until they are able to discontinue the drug. Decisions about long-term fitness to teach will then depend on the prognosis of the underlying condition and the length of time treatment will be needed.

Anticonvulsants – can cause undue sedation. If the drug or dosage cannot be changed and the sedation is disabling then this will be a bar to teaching.

Sedatives or hypnotics – such as benzodiazepines may cause undue daytime sedation. There is little place for treatment with any of these compounds for more than a week or two and if affected the teacher should be advised to stay off sick until they have finished their treatment.

Antihistamines – the more old fashioned antihistamines such as Piriton or promethazine can cause quite profound sedation in some people. If affected the teacher may be able to switch to a non-sedating antihistamine. There are few conditions where prolonged treatment with a sedative antihistamine is absolutely necessary.

Antidepressants – the tricyclic antidepressants frequently cause marked sedation when given in adequate dosage. If the drug cannot be changed for a less sedative one then absence will be required. The SSRI group of drugs are for the most part non sedating and equally effective.

Anti-psychotic medication – these are often sedating. The underlying medical condition requiring its prescription is more likely to be a bar to teaching than the medication however.

Analgesics – opioid analgesics will all cause some degree of sedation and impaired judgement. Long-term use of potent opioids is likely to be a bar to teaching.

Over the counter medication – can quite frequently cause sedation especially cough syrups and cold cures. If affected teachers should be advised to stop taking them, as they are never essential.

Chemotherapy & radiotherapy – will frequently cause too many adverse effects to allow a teacher to work. This may just be for the day or two after treatment allowing work for 3 or 4 days per week or may be for the entire length of treatment, which can be 6 months or more. Unless the chemotherapy is being given for purely palliative reasons the teacher may be expected to be able to resume work at the conclusion of treatment and wherever possible the post should be kept open for them, or an alternative post should be found for them

REFERENCES

1. Department for Education and Employment (DFEE) circular 4/99, Physical and Mental Fitness to Teach of Teachers and of Entrants to Initial Teacher Training

2. Department for Education and Employment Obtaining Occupational Health Advice on Fitness to Teach: a guide for Teacher Employers and Managers and for College Admissions and Pastoral Care Tutors The Stationery Office December 2000.

3. Department for Education and Employment *Teachers: meeting the challenge of change* SO 1998

4. Cabinet Office *Working Well Together: Managing Attendance in the Public Sector*, June 1998.

5. The Faculty of Occupational Medicine – Guidance on Ethics for Occupational Physicians 5th Edition May 1999

6. HM Treasury Review of Ill Health Retirement in the Public Sector, HM Treasury July 2000

7. American Psychiatric Association – Diagnostic and Statistical Manual of Mental Disorders 4th Edition 1996

8. World Health Organisation – The ICD-10 classification of mental and behavioural disorders: clinical descriptions and diagnostic guidelines WHO 1992

9. Health and Safety Commission, Education Service Advisory Committee – Managing Work-related Stress: a guide for managers and teachers in schools 2nd edition 1998

10. Beck A.T., Warel C. H, Mendelson M et al 1961. An Inventory for measuring depression. Archives of General Psychiatry 31, 219-25.

11. Zigmond A. S, Snaith RP 1983 Hospital Anxiety and Depression Scale Acta Psychiatria Scandinavica 67(6): 361-70

12. The British Psychological Society – Dyslexia, Literacy and Psychological Assessment 1999

13. UK Health Departments *Immunisation Against Infectious Disease* London HMSO 1996

ANNEX 1 WORKING PARTY

The guidance was jointly prepared by:

Dr W J Gunnyeon	Registrar, Faculty of Occupational Medicine Past Chairman, Association of Local Authority Medical Advisers Managing Director, Aon Occupational Health and
Dr P A Atkinson	Local Authority Co-ordinator, Association of Local Authority Medical Advisers Consultant Occupational Physician Blackpool Victoria NHS Trust

The Working Party members were:

Dr Hilarie Williams	Department for Education and Employment and Department of Health
Dr Olivia Carlton	Department of Health
Dr Doreen Miller	Faculty of Occupational Medicine
Dr David Snashall	Health and Safety Executive
Paul Bleasdale	Department for Education and Employment
Christopher Tabern	Royal College of Nursing
Dr Geoff Singleton	Medical Adviser to the Teachers Pension Scheme

Input was received from colleagues in both the Faculty of Occupational Medicine and the Association of Local Authority Medical Advisers.

ANNEX 2 OCCUPATIONAL MEDICINE QUALIFICATIONS – PHYSICIANS

The following qualifications are awarded by the Faculty of Occupational Medicine in the UK:

ASSOCIATESHIP

Associateship of the Faculty (AFOM) is a qualification awarded to those medical practitioners who have sufficient broad clinical experience and full or part-time experience in occupational medicine to satisfy the Regulations and who pass the examination for Associateship of the Faculty of Occupational Medicine.

MEMBERSHIP

Membership (MFOM) is intended for registered medical practitioners who wish to specialise in occupational medicine. Successful candidates will normally have completed satisfactorily a prescribed period of supervised training in one or more approved posts, be Associates of the Faculty and have submitted an acceptable thesis, dissertation or substantial published work.

FELLOWSHIP

The Board of the Faculty may elect as Fellows (FFOM) those who have made a distinguished contribution or who have rendered exceptional services to the science and practice of occupational medicine.

Further details may be found in the Standing Orders of the Faculty and in the Regulations for the Award of Associateship and Membership.

TRAINING

1. Specialist

Specialist training in occupational medicine is prescribed by the Faculty of Occupational Medicine and conforms to the requirements of the European Specialist Medical Qualifications Order 1995. The route to entry onto the Specialist Register of the General Medical Council involves four years training in an approved post and attainment of the Associateship and Membership qualifications.

2. General

Doctors working in other specialities with a part-time interest in occupational medicine may undertake introductory training in occupational medicine and/or attend specific topic courses at several academic centres across the United Kingdom.

DIPLOMA IN OCCUPATIONAL MEDICINE

This qualification is designed for medical practitioners who are working part-time in the practice of occupational medicine or who have an interest in occupational medicine as it affects other branches of medicine. Holders of the Diploma in Occupational Medicine have demonstrated a level of competence appropriate to the generalist working in occupational health.

DIPLOMA IN DISABILITY ASSESSMENT MEDICINE

The Faculty introduced this qualification in 1999 for doctors who wish to demonstrate a level of proficiency in disability assessment medicine. This qualification is designed for practitioners in the fields of rehabilitation and assurance medicine and those working for the Benefits Agency.

The Diploma in Occupational Medicine and Diploma in Disability Assessment Medicine are quite separate from other qualifications of the Faculty and are not part of the formal training route to Membership or entry onto the specialist register of the GMC.

CONTINUING MEDICAL EDUCATION

The Faculty, as a member of the Academy of Medical Royal Colleges, is committed to the concept of continuing medical education (CME) and continuing professional development (CPD) as a means of encouraging and maintaining the highest professional standards of knowledge and practice of doctors. It believes it is in every doctor's interest to demonstrate currency of professional development and believes it is a professional obligation of all doctors practising occupational medicine that they obtain sufficient training to develop and maintain competence at the level at which they practice.

NURSING QUALIFICATIONS

The UK Central Council for Nursing, Midwifery and Health Visiting and the Royal College of Nursing define the requirements for a nurse to be recognised as an occupational health nurse. These are that the nurse must be a Registered General Nurse (RGN) who has undertaken a recognised specialist course in occupational health, accredited by the English National Board for Nursing, Midwifery and Health Visiting.

ANNEX 3 *SAMPLE* PRE EMPLOYMENT HEALTH QUESTIONNAIRE

CONFIDENTIAL

Please return sealed in the envelope provided to:

(TO BE COMPLETED BY APPLICANT)

Surname ______________________________

First names ______________________________

Previous or alternative names ______________________________

Title (Mr./Mrs/Ms/Miss) ______________ Date of Birth ______________

Address ______________________________

____

____

____

Day time telephone ______________ Evening telephone ______________

General Practitioner (Name & Address) ______________________________

____

____

____

Post applied for ______________________________

Age range to be taught ______________________________

Department ______________ Start Date ______________

____

Have you ever worked for the Authority before? Yes ☐ No ☐

(If under a different name at the time please give previous name)

____

Date(s) employed ______________________________

Name and address of last teaching post (or initial teacher training college if newly qualified)

____

____

____

Name ______________________ **Date of Birth** ______________________________________

Please answer all of the following questions. If you answer yes, please give further details, continuing on a separate piece of paper (which you should enclose with this form) if necessary.

	Yes	No	Details
Have you ever had any illness, medical problem or disability that may currently affect your ability to work safely as a teacher?	☐	☐	
Have you ever been treated in hospital? If yes, please give reason(s) and dates.	☐	☐	
Have you seen a doctor in the last year for ***any*** kind of health problem? If so please give reason(s).	☐	☐	
Are you having any treatment or investigations of any kind at the moment?	☐	☐	
Are you waiting for any treatment, operation or investigation?	☐	☐	
Have you ever had any illness or health related problem that may have been caused or made worse by your work?	☐	☐	
Have you ever been medically retired from ***any*** job, or left ***any*** job because of ill health?	☐	☐	
Have you had any days off sick in the last 2 years? If yes, please give number of days and reasons to the best of your recollection.	☐	☐	
Do you have any eyesight problems not corrected with glasses?	☐	☐	
Do you have any hearing problems?	☐	☐	
Do you have any difficulties standing, bending, lifting or with any other movements?	☐	☐	
Have you ever had any back problem?	☐	☐	
Have you ever had any problem with your joints including pain, swelling or stiffness?	☐	☐	
Have you ever suffered from any mental illness, psychological or psychiatric problem, including depression, anxiety, nervous debility, nervous breakdown, schizophrenia or eating disorder (anorexia or bulimia)?	☐	☐	
Have you ever had a drug or alcohol problem?	☐	☐	
Have you ever had fits, blackouts or epilepsy?	☐	☐	
Have you ever had any skin problems?	☐	☐	
Have you ever had any heart or blood pressure problems?	☐	☐	
Have you ever suffered from asthma, bronchitis or chest problems?	☐	☐	
In the last 12 months, have you had a cough for more than 3 weeks, coughed up blood or had any unexplained weight loss or fever?	☐	☐	
Have you ever had hepatitis or jaundice?	☐	☐	
Do you have any other medical conditions?	☐	☐	
Are you on any medication at present?	☐	☐	
Do you feel well at present?	☐	☐	
Are you allergic to anything? If so, what?	☐	☐	

Declaration

I declare that all of the statements and information I have made on this questionnaire are true to the best of my knowledge. I understand that giving false information or failing to disclose any significant information could result in dismissal.

Signed ______________________________ Date ______________________

ANNEX 4 FURTHER INFORMATION AND ADVICE

(See references in Section 21 also)

STATUTES

The Health and Safety at Work etc Act 1974

The Management of Health and Safety at Work Regulations 1999

The Education (Teachers) Regulations 1993

The Education (Teachers) (Amendment) (Number 2) Regulations 1997

The Education (Teachers) (Amendment) Regulations 1998

The Education (Teachers' Qualifications and Health Standards) (England) Regulations 1999

The Disability Discrimination Act 1995

The Data Protection Act 1998

The Access to Medical Reports Act 1988

GOVERNMENT CIRCULARS AND GUIDANCE

(see references in Section 22 also)

Department for Education and Employment Circular 4/99 – Physical and Mental Fitness to Teach of Teachers and of Entrants to Initial Teacher Training

Department for Education and Employment Circular 4/98 – Requirements for Courses of Initial Teacher Training.

Department for Education and Employment, Extending Fitness and Qualifications and Barring Checks to Agency Teachers and Volunteers – July 1998.

Department for Education and Employment Circular 20/99 – What the Disability Discrimination Act Means for Schools and Local Education Authorities

Department for Education and Employment: DDA: What employers need to know (available from the Disability Rights Commission Helpline – 08457 622633)

Department for Education and Employment Guide, Employing Disabled People – A Good Practice Guide for Managers and Employers. (Also available from the DRC Helpline)

Department of Health, Department for Education and Employment, Public Health Laboratory Service Guidance on Infection Control in Schools and Nurseries 1999

Department for Education and Employment, Safety in Science Education, London HMSO 1996

Department for Education, A Guide to Safe Practice in Art and Design, London HMSO 1995

OTHERS

ALAMA Working Party Report: Poole CJM, Baron CE, Gunnyeon WJ et al. Ill Health Retirement – Guidelines for Occupational Physicians. Occupational Medicine 1996; 46:402-6

Joint Tuberculosis Committee of the British Thoracic Society. Control and prevention of tuberculosis in the United Kingdom: Code of Practice 1994. Thorax 1994;**49**:1193-1200 (currently being revised).

SKILL: Employing disabled teachers: a good practice guide for schools (020-7450 0620)

Disability Rights Commission Helpline 08457 622633 (08457 622644 for textphone) provides a range of free booklets about the DDA, and can provide further information and advice to disabled teachers and their managers

Teachers Benevolent Agency Helpline (Teacherline) 08000 562 561 – confidential advice for teachers.

Advice on how teachers who become disabled through illness or injury can continue to carry out their duties effectively is available from the Employment Service's Disability Service Teams, who can be contacted through local Job Centres

DfEE and DoH Publications can be obtained from

Prolog
PO Box 5050
Sherwood Park
Annesley
Nottinghamshire NG15 0DJ

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Printed in the United Kingdom for The Stationery Office
TJ003097 C25 12/00 9385 13931