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Council for Catholic Maintained Schools
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Principals of Grant-Aided Schools and
the Northern Ireland Council for Integrated Education

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PHYSICAL AND MENTAL FITNESS OF TEACHERS TO TEACH

SUMMARY OF CONTENTS

1. The Circular gives guidance on the assessment procedures for those concerned with the physical and mental fitness to teach of intending and serving teachers. It also outlines procedures for physical and mental assessment while in service as a teacher. Specific advice is given on particular diseases and disorders.

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Note

This guidance does not constitute an authoritative legal interpretation of the provisions of the relevant legislation as that is exclusively a matter for the Courts.

OBJECTIVES AND STATUTORY BASIS OF THE CIRCULAR

2. This Circular gives guidance on the assessment procedures for those concerned with the physical and mental fitness to teach of intending and serving teachers. The Circular explains the current recommended procedures relating to the physical and mental fitness of newly appointed and serving teachers.

3. The health, education and welfare of pupils are of paramount importance in reaching a decision on an individual's fitness to teach. Employing authorities will be concerned with the assessment of physical and mental fitness of entrants to the teaching profession, and with the suspension or termination of the employment of teachers on medical grounds.



4. The statutory basis for this Circular is found in the Teachers' (Eligibility) Regulations (Northern Ireland) 1997¹. Under Regulation 7, no person may be employed by an employing authority as a teacher in a grant-aided school, unless that authority is satisfied as to that person's health and physical capacity for such employment. Nor may a person continue in such employment if the employing authority is satisfied that he or she does not have the mental and physical capacity for it. See also circular No. 1997/14.

5. Employing authorities should retain the services of a medical adviser who is an appropriately qualified medical practitioner. Ideally, this should be an expert in occupational medicine. The Department's Medical Adviser cannot adjudicate on questions relating to the physical and mental fitness to teach of individual teachers except in cases arising under the Teachers' Superannuation Regulations (Northern Ireland) 1997, or in circumstances in which the Department is contemplating the exercise, on medical grounds, of the power under Regulation 9 of the Teachers' (Eligibility) Regulations (Northern Ireland) 1997 to suspend or bar a person from employment as a teacher or to make such employment subject to specified conditions.

6. The prime concern of employing authorities will be fitness to teach. Disability in itself does not result in a teacher being medically unfit to teach. The employment of disabled teachers can make an important contribution to the overall school curriculum, in terms of raising the aspirations of disabled pupils and educating non-disabled people about the reality of having a disability.

7. In making their assessment, medical advisers need to consider whether teachers who become disabled whilst in service, will be able to discharge their teaching duties effectively. It is possible that a person's physical capacity to manage his or her work may be enhanced with appropriate technical or human support or advice and institutional arrangements. **In considering the medical, physical and mental fitness of people for employment as teachers, the principal concern of examining medical advisers must be the health, education and welfare of pupils or students likely to be in their care.**

PHYSICAL AND MENTAL FITNESS TO TEACH ON ENTRY OR RE-ENTRY TO TEACHING

8. Regulation 7 of the Teachers' (Eligibility) Regulations (Northern Ireland) 1997 requires the employing authority to be satisfied as to the health and physical capacity of all teachers who are to be appointed to a grant-aided school.

9. A chest x-ray is no longer compulsory for all teachers on first entry to the profession. However, an x-ray should be required where there is evidence of persistent respiratory illness or epidemiological factors suggesting a risk of pulmonary tuberculosis, or if there are other specific reasons that the medical adviser finds applicable.

10. If the medical adviser to the prospective employing authority considers that a specialist opinion is necessary, the specialist should be selected by the applicant, on the advice of the applicant's GP or on the nomination of the medical adviser with the agreement of the applicant.

¹ SI 1997 NO. 312.



If an applicant wishes to appeal to the employing authority against the recommendation of its medical adviser, he or she may seek a specialist's opinion, again guided by the GP. Where an applicant submits such a specialist opinion, it should be considered by the medical adviser, who should report to the employing authority whether, in the light of the opinion, he or she wishes to amend the previous advice. The decision on whether to accept the applicant on grounds of physical and mental fitness rests with the employing authority.

Teachers on First Appointment

11. In the case of newly qualified teachers, an employing authority may accept the conclusions as to health of the teacher of an institution providing courses for the initial or further training of teachers where it appears reasonable to do so.

Teachers changing Schools

12. No appointment should be confirmed until the employing authority has satisfied itself as to the health of the appointee. In appointing teachers with recent previous service in Northern Ireland, the employing authority's medical adviser may, where it appears reasonable, rely on medical records from previous employment. If employing authorities approach such a teacher's previous employers, then the teacher should be informed of this. A teacher in receipt of an Infirmity Pension from any awarding authority, would not normally be regarded as satisfying the health requirements of the Teachers' (Eligibility) Regulations (Northern Ireland) 1997.

TEACHERS IN SERVICE WHO BECOME MEDICALLY UNFIT

13. It falls to the employing authority or head teacher to take any emergency action when they have reason to think that a teacher may have become medically unfit to perform teaching duties. The role of the employing authority is to consider whether the health, education or welfare of pupils will be put at risk by the teacher's condition. Regulation 7 of the Teachers (Eligibility) Regulations (Northern Ireland) 1997 sets out the procedure to be followed. Many teachers who become unfit can continue to discharge their duties effectively with a change in the technical or human support or institutional arrangements. Advice is available from relevant disability organisations and from the Disablement Employment Adviser who can be contacted at local Job Centres.

14. Where the issue of dismissal of a teacher on medical grounds arises, the employing authority is obliged to give the teacher concerned the opportunity to submit medical and other evidence and to make representations. If the teacher so requests, the employing authority must arrange for him or her to be medically examined by an appropriately qualified medical practitioner: the teacher's own medical practitioner may, upon request, be present at the examination.

Suspension or Barring

15. The Department's power to suspend or bar a teacher on medical grounds should not be confused with the general powers of employing authorities and head teachers to suspend where necessary. What follows deals specifically with the Department's power under Regulation 9 of the



Teachers' (Eligibility) Regulations (Northern Ireland) 1997 to direct on medical grounds that a teacher should be suspended, or that his or her employment should be terminated or made subject to conditions. In such circumstances, the Department would direct the employing authority to suspend or bar the teacher in the interests of the establishment in which that teacher is employed, and of the pupils in the teacher's charge. It may be necessary to order a teacher's suspension or barring to ensure that the teacher does not stay at work or resume duties whilst there is a risk to pupils or to other members of staff, or if the teacher is unable to give efficient service.

16. There are many medical conditions which may lead to the suspension of a teacher from duty (see Appendix). Those conditions which may present a particular risk are pulmonary tuberculosis or other infectious diseases likely to infect pupils in the school situation; epilepsy, which can present problems of alertness; and psychiatric disorder (including alcohol and drug misuse). Guidance on the action to be taken in such cases is given below. *It is the responsibility of the employing authorities to decide, on medical advice, whether a teacher is fit to resume duty.*

a. Pulmonary Tuberculosis

A teacher who has active pulmonary tuberculosis, including tuberculous pleural effusion, should be suspended from duty immediately and should not be permitted to return until a report from a consultant physician confirms that there is no longer a risk of infection being spread, and that the teacher is fit to resume duties. A return to teaching duties should also be made conditional upon regular checks of the teacher's health for a period of time to be agreed between the employing authority's medical adviser and the consultant physician.

b. Epilepsy

Recent advances in treatment have made it possible to achieve complete, or almost complete, control of epileptic seizures in the great majority of persons with a predisposition towards them. Should a seizure be severe or should there be recurrent attacks of any kind, the medical adviser should be informed and advice sought on the need for temporary suspension from duties while investigations are proceeding and treatment is being established. Where the possibility of a teacher having an epileptic seizure was known at the time of appointment, suspension should not be necessary because of an occasional seizure, but seizures occurring in a teacher not previously known to be subject to them should be fully investigated. A teacher of physical education who has an epileptic attack should always be suspended from specialist duties pending further investigation; other cases should be judged according to the circumstances in which the teacher has been working.

Before allowing a teacher to return to service, the medical adviser to the employing authority should normally require a full report from a specialist showing the results of investigations, the nature of seizures, their severity and frequency, whether nocturnal or diurnal, or both, the prognosis and the medication prescribed and its effects. They will also need to take into account the age-range of the children in the teacher's charge and whether that teacher has been doing, or would do, work involving particular physical risks to the teacher or the pupils, such as physical education, science or technology (including home economics).



c. Psychiatric Disorder

In the case of a teacher thought to be psychiatrically ill, the employing authority's medical adviser should be informed and advice sought on the need for temporary suspension from duties while investigations are proceeding and treatment is being established. A teacher who has been absent from duty for a continuous period of more than three months arising from psychiatric disorder, including that arising from alcohol and drug misuse, should not be permitted to resume teaching duties until there is satisfactory evidence of his or her fitness to do so. When feeling able to resume duties, the teacher should therefore be advised to arrange for a consultant psychiatrist (preferably one who is familiar with the case) or the GP (where referral to a consultant psychiatrist has not been considered necessary) to submit a report to the medical adviser to the employing authority. *It then falls to the employing authority to decide whether the teacher is able to resume a full teaching role.*

NOEL REDMOND

NOTES OF GUIDANCE TO MEDICAL ADVISERS ON MEDICAL STANDARDS FOR TEACHING

1. It should be borne in mind that teaching is very demanding both physically and mentally. The medical adviser should consider sympathetically the full facts of the case where there is an unfavourable medical history and particularly where a teacher is currently free from signs or symptoms of disease. Deformity, illness or permanent disability should not of themselves constitute medical reasons for rejection. With suitable arrangements it may be possible for such individuals to carry out all their duties effectively.
2. Having considered the evidence from a medical examination and specialist advice if necessary the medical adviser should classify the teacher in one of three categories:-
 - A Those who are in good health and free from physical defects or who have conditions which are not likely to interfere with efficiency in teaching.
 - B Those who are in good health but who suffer from conditions which are likely to interfere to some extent with their efficiency in teaching either all subjects or certain specified subjects, though these conditions are not serious enough to make the teacher unfit for the teaching profession.
 - C Those whose condition is such as to make them unfit for the teaching profession. Teachers should not normally be included in this category unless they have a psychiatric or physical disorder likely to interfere seriously with regular and efficient teaching.

For teachers placed in category 'B', the medical adviser should help the employing authority identify any support those teachers might need. A category 'C' classification should be given to teachers who are not in a satisfactory state of health at the time of the examination but who may, after appropriate medical treatment, make a good recovery. It will be open to such teachers to make a fresh application once they are able to provide a satisfactory medical report following treatment. A teacher likely to be placed in category 'C' should be advised to seek a specialist's opinion before a final decision is made. In the rare case where a teacher is to be classified in category 'C', arrangements should be made for the teacher to receive advice and counselling on the medical reason for this decision. The teacher has the right to offer additional medical specialist advice to the employing authority for the medical adviser and/or examiner to reconsider his/her decision. *The final decision on physical and mental fitness to teach rests with the employing authority.* There is no appeal to the Department.

3. In reporting on teachers, medical advisers should take account of the main subject in which the teacher intends to specialise. In certain subjects of the school curriculum continuous alertness is particularly important because of the potential risks to pupils. These include physical education and subjects with a practical component such as the sciences and technology (including home



economics). Teachers whose conditions which may adversely affect such alertness, eg episodes of partial or complete loss of consciousness, should not generally be considered fit to teach these subjects. Physical fitness is also important for teachers whose chosen specialism may require them to accompany pupils on field trips.

4. An x-ray of the chest is not required unless there is evidence of persistent respiratory illness, or epidemiological factors suggesting a risk of pulmonary tuberculosis, or if there are other specific reasons that the medical adviser finds applicable. If the teacher has missed routine BCG vaccination at the age of thirteen and has not otherwise been tested and considered for vaccination, the need for this should be considered.

Specific Disorders

Communicable Diseases:

Pulmonary Tuberculosis

5. No teacher with a diagnosis of active pulmonary tuberculosis (including tuberculous pleural effusion) can be considered fit to teach unless the consultant physician responsible for the treatment provides the medical adviser to the employing authority with a certificate of fitness stating that the teacher is free from the risk of conveying infection. In the latter circumstances the medical adviser, in consultation with the consultant physician, will need to check the teacher's continuing fitness at regular intervals.

Human Immunodeficiency Virus (HIV) Infection

6. On present evidence there is no risk of HIV infection being passed on other than where there is direct contact between the blood, semen or vaginal fluids of an infected and an uninfected person. Thus there is no risk of infection being passed on by teachers (or student teachers) in the normal school context. It follows that there are no grounds for asking a healthy teacher questions designed to elicit information about HIV infection. Teachers who volunteer information that they are HIV antibody positive should not on that account be refused employment. If the health of an infected teacher deteriorates and affects their general fitness or efficiency to continue to work, the position should be reviewed with the medical adviser.

Respiratory Diseases

7. If the presence of any respiratory disease gives rise to doubts about a teacher's fitness, the medical adviser should obtain the opinion of a specialist physician. An intending specialist in physical education should be classified 'C' if a diagnosis has been made of any respiratory disease whose effects are other than mild or temporary.

Cardiovascular Disorders

8. Heart disease including congenital heart disease will not interfere with efficient teaching if there is no accompanying disability and classification should take account of this. The advice of a consultant should be obtained for any teacher with a cardiac disorder who wishes to become a



specialist teacher of physical education and for any teacher whose heart condition gives rise to doubts about medical fitness.

Gastro-intestinal Disorders

9. A teacher with recurrent abdominal symptoms suggestive of peptic ulceration or other intestinal disorder should be considered fit for teaching only if a favourable report has been obtained from a consultant.

Endocrine Disorders

Diabetes

10. Teachers with diabetes may be considered fit for teaching if their diabetes is adequately controlled. The advice of a consultant should be obtained in any doubtful case and in all cases where the teachers are controlled by oral agents or insulin and wish to train as specialist teachers of physical education or other subjects where continuous alertness is particularly important.

Neurological Disorders

Epilepsy

11. A teacher who has been subject to epileptic attacks should not for this reason alone be excluded from teaching if he or she has been free from attacks for a period of two years at the time of completing the questionnaire. Particular care should be taken if the teacher wishes to teach physical education or any of the other subjects mentioned in paragraph 3 of this Appendix. The medical adviser should obtain a full report from a specialist, describing the nature of the seizures, their severity and frequency, whether nocturnal or diurnal or both, the results of investigations, the prognosis, the medication prescribed and its effect.

Other Disorders

12. The medical adviser may wish to obtain the advice of a specialist in any doubtful case, particularly where the condition may be progressive.

Psychiatric Disorders (including those Arising from Alcohol and Drug Misuse)

13. If a teacher has had a psychiatric disorder (including drug or alcohol misuse) requiring treatment by a specialist within the last three years, a report from a consultant psychiatrist (who should wherever possible be the psychiatrist who has been responsible for the treatment) should be obtained on the fitness of the teacher to teach children and to be a member of a school community.

Musculo-skeletal Disorders

14. Handicapping conditions should be a cause of rejection for general teaching only if they are so severe as to prevent effective class work. High standards of mobility and range of movement

are however required for intending specialists in physical education. In doubtful cases the opinion of an orthopaedic surgeon or consultant in rheumatology and rehabilitation should be obtained. The advice in paragraph 17 below concerning school experience may be helpful in determining whether or not the disorder is likely to provide a serious obstacle to a successful teaching career.

Renal Disorders

15. A teacher with signs of renal disease should be considered fit for teaching only if a favourable report has been obtained from a consultant.

Specific Impairments

Impaired Hearing and Impaired Eyesight

16. Neither a severe hearing loss nor a severe visual impairment is of itself a bar to teaching. It is, however, a relevant factor in considering a teacher's capacity to give effective service as a teacher in the maintained system as a whole for a reasonable period into the future. This includes the ability to participate fully in school activities, including the supervision of practical work. A severe visual or hearing impairment is likely to be a particularly important consideration for teachers intending to teach physical education or other subjects, such as sciences and technology, where physical hazards are present and pupils are particularly mobile.

17. The final decision whether or not to admit a teacher with impaired hearing or eyesight rests with the employing authority. In considering the capacity of such a teacher to give effective service as a teacher, an employing authority might wish to arrange for the teacher to spend a day or two in a school as part of the selection procedure, and to obtain advice from the school on whether or not the impairment is likely to provide a serious obstacle to a successful teaching career. The teacher, too, might find it helpful to obtain advice from the school, particularly if considering specialising in a highly practical subject.

18. When doubt arises about the capacity of a teacher with impaired hearing to understand speech satisfactorily, or the visual capacity of a teacher with impaired eyesight, the medical adviser may wish to obtain a specialist's report. For example, on the basis of an educational specialist's advice, the medical adviser might explore with the teacher ways in which he or she can respond competently in an educational setting and overcome any difficulties which may arise in the teaching situation.

19. In the case of a teacher with impaired hearing, if ordinary conversational speech cannot be understood at about six metres, even with an individual hearing aid, the medical adviser may wish to obtain the opinion of an otologist who should include a series of audiograms among the information provided on the teacher. Wherever possible, due weight should be given to the results of any operative treatment, eg for otosclerosis.

20. In the case of a teacher whose best corrected vision does not attain 6/12 Snellen in at least one eye, the medical adviser may wish to obtain from a consultant ophthalmologist an opinion

on the nature and extent of the impairment and the prognosis. A specialist's report will be particularly important where a teacher intends to teach subjects such as physical education, sciences, or technology or where he or she has a colour vision abnormality and intends to specialise in teaching art.

Impaired Speech

21. If a teacher has a serious and permanent speech impairment the employing authority will need to consider whether he or she has the capacity to communicate effectively with the broad range of pupils encountered in an ordinary school.