



**Medical Student Referral to Occupational Health from the Fitness to Practise
Committee (FTPC)**

The main purpose of the Occupational Health Assessment report to the Fitness to Practise Committee (FTPC) is to provide health advice and information about a student's medical fitness to study and practise medicine. The reason may be in relation to concerns about the relationship between a student's health and performance, attendance, behaviour or because the student has a health condition that may be affecting their ability to carry out the requirements of the medical course.

Please refer to the guidance for Optimum Use of Occupational Health for Medical Students prior to completing this form.

1. Referrer's details:

Name of person making the referral:

Position:

Contact address:

.....

Contact telephone number:

Email address:

I am referring the following student for an occupational health assessment having fully explained and discussed the process with them by telephone / meeting / letter *(please indicate which)*. I have also discussed the referral with the following named Occupational Health Practitioner:

Signature: Date:

2. Student details:

Name: Title:

Date of Birth:

Year of course:

College:

Pre clinical Clinical Cambridge Graduate Course

Home address:

.....

.....

Contact number:

Email address:

3. Questions to be asked by the FTPC for Occupational Health (OH) to address:

Please provide the questions defined by the Chair of the FTPC that you would like answering from the Consultant Occupational Health Physician

Questions that may be relevant for OH to address:

- 3.1 Does the student have an underlying health condition that may affect their ability to practise?
- 3.2 If and when the student returns to the course, will they be able to effectively learn and undertake the responsibilities required of the medical course?
- 3.3 In your opinion, do they have a disability under the terms of the Equality Act 2010?
- 3.4 Do you have any concerns about the student's health that pose a risk to him/herself now or in the future?
- If yes: a) how severe is the risk?
 b) how long is this risk likely to continue?
- 3.5 Do you have any concerns about the student's health that pose a risk to patients and public safety now or in the future?
- If yes: a) how severe is the risk?
 b) how long is this risk likely to continue?

Any additional questions for OH to address:

4. Appointment arrangements:

Please indicate where the Occupational Health appointment details should be sent:

- | | |
|--------------------------------------|--------------------------|
| (i) directly to the student | |
| (a) at home | <input type="checkbox"/> |
| (b) at college | <input type="checkbox"/> |
| (ii) to the student via the referrer | <input type="checkbox"/> |

5. Student information:

The Fitness to Practise Committee (FTPC) wishes to obtain advice from the Consultant Occupational Health Physician for the reasons detailed in section 3.

The reason for the assessment is to assist the FTPC to address whether you are medically fit to study and practise medicine.

The University of Cambridge is committed to providing equality of opportunity to disabled students and will provide all reasonable support to enable a disabled student to complete the course.

Following the assessment and with your informed consent, a report will be sent to the Secretary of the FTPC. The content of the report will be explained to you during the occupational health consultation and you will be offered the opportunity to see the report before it is sent to the recipient.

Consent:

I understand the reason for this occupational health referral and I agree to undergo an occupational health assessment.

I understand that following the assessment a report will be written to the person referring me and that I will be given the opportunity to see an advance copy.

Signature of student: **Date:**

Please send completed referrals to:

University of Cambridge Occupational Health Service
1st Floor
16 Mill Lane
Cambridge
CB2 1SB