

## University of Cambridge Occupational Health Service

### Optimum use of occupational health for medical students

#### Executive Summary

The Occupational Health Service provided by the University for its employees, is extended to some groups of students, including medical students. This is because medical students are following a vocational course of study for a professional qualification which will allow them to practice as doctors. Medical students have certain privileges and responsibilities that are different from those of other students, and different standards of professional behaviour are therefore expected of them. The medical profession is regulated by the General Medical Council and University medical schools have a responsibility to ensure that only medical students who are fit to practise medicine are awarded a medical qualification.

This guidance explains the purposes, the process, the possible routes of referral and the expected outcomes of medical student referrals to occupational health. It draws a clear distinction between self-referral and institutional (University medical school) referral.

Following this guidance and using the agreed referral pathways and procedures will help to ensure clarity and consistency about the process and outcomes.

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## **The role of Occupational Health**

The role of occupational health is to assess and advise employees and employers about the interactions between health and work. The University of Cambridge provides an Occupational Health Service for its employees. This service is extended to postgraduate students (PhD and PGCE) and undergraduate students undertaking vocational courses for professions that are externally regulated (medical and veterinary students). Occupational health services do not duplicate primary healthcare by other agencies. Occupational health services are generally advisory rather than interventional, therapeutic or supportive, although where appropriate, access to intervention, therapy and support may be facilitated or offered indirectly. Occupational health is likely to function most effectively as an independent advisory service, rather than having an advocacy role for individuals or institutions.

## **Purpose of occupational health referral for medical students**

A medical student may be referred for occupational health assessment of whether health may be a factor for consideration, where concern has arisen about:

- academic performance
- potential to fulfil the core competencies of the course
- fitness to study
- attendance
- behaviour
- fitness to practise medicine
- potential risks to the student, other students and university staff, patients/members of the public, now or in the future.

The occupational health physician will make an independent and objective assessment, in order to advise and support both the student and the medical school in finding workable solutions to manage these issues. In some cases, it may be concluded that health is not a contributory factor.

This guidance should be read in conjunction with the relevant statutes, ordinances and regulations governing the procedures of Progress Committee and the FTP committee.

## **Benefits of occupational health assessment**

The assessment will, as far as possible and where relevant, provide advice on:

- Medical fitness to study
- Medical fitness to practise medicine
- The presence of a health problem that might impact on either of the above
- How this might best be addressed
- Whether the student is seeking and receiving appropriate support

- How the student might best be supported
- Whether the health problem is likely to be short-lived, long term, amenable to treatment and compatible with study and medical practice in the short and long term
- Rehabilitation advice, where the student is returning to the course after a period of absence due to ill health
- How the student's health problem might impact on future academic performance, attendance, behaviour, study and medical practice
- The presence of potential risks to the student, other students and university staff, patients/members of the public, now or in the future, and how these might be mitigated.

Occupational health advice should enable the concerns to be addressed in a fair, sensitive and consistent way, which balances the needs of the student with the obligations of the medical school to support students and protect the public.

## **Routes of Referral**

### **Self-referral**

Students may refer themselves to occupational health for confidential advice, but this will not normally result in a written report. Self-referral is therefore not a substitute for "institutional" referral.

### **Institutional referral**

Where written advice or reports are required, a written referral should be submitted, following the agreed process (see section on How to Refer below), which includes discussing and sharing the referral with the student.

Referrals may be initiated by:

- Colleges (Senior Tutor, Tutor, Director of Studies)
- Directors of Education, clinical or biological science (pre-clinical students)
- The Progress Committee (including Clinical Dean)
- FTP committee

### **How to refer**

The key to obtaining useful advice from occupational health is to make a detailed referral, including all relevant information, and asking specific and relevant questions. A student referral form has been designed to facilitate this. There is a separate form for referrals from the FTP Committee. Alternatively, if a referral letter is used instead of the referral form, the following information must be included:

- Relevant background
- The nature of the concerns
- The support that has been offered and implemented to date
- The specific questions to be addressed by occupational health

- An indication that the purpose of the referral has been discussed and agreed with the student and that the student agrees to participate in the process.

The reason for the referral must be discussed with the student and the referral letter or form must be copied to the student.

It is well worth putting some thought into what information the medical school is likely to need in order to manage the situation, and asking the questions that will generate appropriate responses. If there is doubt or uncertainty about this, advice can be sought from occupational health on how best to draft the referral.

Completed referrals should be forwarded to the Occupational Health Service. Contact details are given at the end of this document.

### **Making an appointment**

Once a referral is received by occupational health, an appointment will be made with an occupational physician. The appointment details will be sent direct to the student and copied to the referrer, or if preferred may be sent via the referrer to forward to the student.

### **The assessment consultation**

A 45-minute appointment will be offered. During the consultation, the occupational physician will try to gather sufficient relevant information to make an objective assessment upon which to base advice to the student and the medical school.

At the beginning of the consultation, the occupational physician will explain the importance of confidentiality to the student, and confirm their understanding of the purpose of the referral. The process of the consultation and the report will then be explained before proceeding.

In all cases the student has the same rights to confidentiality as any other patient. (Medical Students: professional values and fitness to practice, Guidance from the GMC and the MSC, 2009, Appendix 2, paragraph 8)

Depending on the nature and content of the referral, the student may be asked about:

- their current and past health
- treatment, including any medication, they are receiving or have received
- their studies,
- any concerns they have
- their use of alcohol, tobacco and other drugs
- their family and social history
- anything else that may be relevant to the assessment.

The occupational physician may make written notes during the consultation, but will not normally include the above information in the report.

In some cases, it may be considered necessary to contact the student's GP or other treating healthcare specialist for further information that will contribute to the assessment. The student will need to give consent for this to take place. The Occupational Health Service has no influence over the time it may take for a GP or other healthcare specialist to respond, but responses are chased if not received promptly.

The student may be advised to contact the University Counselling Service.

The occupational physician may request an independent specialist report, e.g. from a psychiatrist, and arrange to see the student again once it is received

The occupational physician will decide whether a review consultation is appropriate, for example to review things in the light of further information or after a period of treatment or recovery. A report will normally be written after each consultation following an institutional referral and follow up arrangements made clear.

### **Basis of assessment**

An occupational health assessment is based on as much relevant information as is available, including:

- the information contained in the referral
- the information gathered from consultation with the student
- the occupational health practitioner's specialist knowledge and experience
- where necessary, and with the student's consent, further information from the student's GP, other healthcare specialist and/or an independently commissioned report e.g. from a psychiatrist who is not in a treating relationship with the student.

The following points about occupational health assessments should be borne in mind:

- They are dependent on a complex interaction of many factors, including health, personality, attitudes, beliefs, culture, environment, trust and disclosure
- They integrate a range of perspectives
- They are almost never absolute
- They may change with time and/or new information
- They are contingent, on purpose, context and focus
- They are usually based on incomplete information
- Students have the same rights to confidentiality as any other patients
- GMC guidance on confidentiality and consent (2009) includes and applies to occupational health practitioners. This guidance states that when providing information to third parties doctors should: "(a) be satisfied that the patient [in this context, the student] has sufficient information about the

scope, purpose and likely consequences of the examination and disclosure, and the fact that relevant information cannot be concealed or withheld;(b) obtain or have seen written consent to the disclosure from the patient or a person properly authorised to act on the patient's behalf; (c) only disclose factual information that can be substantiated, presented in an unbiased manner, relevant to the request; (d) offer to show the patient, or give them a copy of, any report written about them for employment or insurance purposes before it is sent, unless: (i) they have already indicated they do not wish to see it (ii) disclosure would be likely to cause serious harm to the patient or anyone else or (iii) disclosure would be likely to reveal information about another person who does not consent. If a patient refuses consent, or if it is not practicable to get their consent, information can still be disclosed if it is required by law or can be justified in the public interest."

- In practice, this means that students must be offered the opportunity to see any occupational health report, or written communication before it is sent to the medical school, and the occupational health practitioner must obtain written consent to send it, except under exceptional circumstances (see next point).
- GMC confidentiality guidance states that "Personal information may, be disclosed in the public interest, without patients' consent, and in exceptional cases where patients have withheld consent, if the benefits to an individual or to society, of the disclosure, outweigh both the public and the patient's interest in keeping the information confidential." However, breach of confidentiality is a serious issue and justification for it must be robust. Doctors must therefore "weigh the harms that are likely to arise from non-disclosure of information against the possible harm both to the patient, and to the overall trust between doctors and patients, arising from the release of that information".
- Medical students have a responsibility to report any illness or disability likely affect their fitness to practice medicine to their tutor, director of studies and, as appropriate, to the director of education (biological sciences).

For these reasons, it is helpful to provide as much relevant information as possible when making a referral.

## **Outcome**

A report will normally be prepared at the end of the consultation, or at least the content of the report discussed and agreed, and consent obtained to disclose it to the parties named in it. This is an opportunity for any factual misunderstandings to be corrected. Where the student exercises their right to see a copy of the report before it is disclosed, and where it is not possible to prepare it during the consultation, a deadline will be agreed (usually a maximum of five working days) for the student to inform occupational health about their consent, or otherwise, to disclose the report. The referrer will be kept informed if it is not possible to disclose the report immediately.

The occupational physician's opinion cannot be lobbied or negotiated, but the student may withhold consent for the occupational physician to give their opinion. In such cases (which are rare), a letter will be written informing the referrer that a consultation took place and that the student withheld their consent for the occupational physician to send a report. The medical school may then draw its own conclusions or proceed without the benefit of occupational health advice. Because the duties of a doctor include protecting patients and colleagues from any risk posed by their health, the medical school may have to consider whether a student who does not allow disclosure of an occupational health report has something they wish to hide.

In the exceptional circumstances where the duty to protect the public overrides the duty of confidentiality to the student, the occupational physician will explain to the student what information will be disclosed, to whom and why.

The occupational health report will address the specific questions asked in the referral as far as possible. Depending on the referral and the case, the report may include:

- Responses to the specific questions asked in the referral
- A statement regarding the presence or absence of a health condition that may impact on the student's studies, attendance or medical practice
- An opinion on, or the occupational physician's concerns about, the student's medical fitness to study and/or to practise medicine
- The presence of any risks the student's health may pose to the student, other students, university staff, patients or the public, now and in the future.
- An indication of the prognosis for the student's health and its likely impact on their medical fitness to study and/or to practise medicine
- Recommendations or advice about how the student may best be supported, including adjustments that may be considered. (It is for the medical school to decide whether the recommended adjustments are reasonable).
- Whether further information has been requested from the student's GP or another healthcare specialist.
- Review arrangements
- A statement that, having discussed and agreed the content of the report, the student consents to its disclosure to the parties named.

Reports do not usually include medical details such as diagnoses or details of treatment, unless the occupational physician considers it would be helpful to do so and the student gives their consent for this.

Once reports are completed, and consent obtained, reports are sent, marked "strictly private and confidential", by internal mail, to the parties named in the report.

When an occupational health report is received, arrangements should be made by the college or clinical school as appropriate, for the referrer to discuss the report with the student and any other relevant parties.

If it would be helpful to arrange a case conference between occupational health, the referrer, the college tutor, director of studies, the student or any other relevant parties, such a meeting can be arranged. The occupational physician may suggest a case conference. The occupational physician's duty of confidentiality includes case conferences. Information already disclosed with consent can be verbally clarified, but new information or new questions will need further consent from the student.

### **Time frames**

Initial appointment: the student will usually be contacted within four working days of receiving a referral (allowing for mail deliveries) and an appointment offered, where possible, within 20 working days.

Reports are usually dispatched within 2-7 working days of the appointment.

### **Missed appointments**

If a student contacts occupational health to rearrange an appointment, an alternative appointment will be offered.

If the student fails to attend and to make contact, one further alternative appointment will be offered, and the referrer informed.

If a second appointment is missed without contact, no further appointments will be offered, but the referrer and the student will be informed. It is then for the referrer to contact occupational health to discuss how to proceed.

### **Referrals from the Fitness to Practice (FTP) Committee**

All referrals are likely to include a concern about monitoring and supporting the student. Referrals from the Fitness to Practice (FTP) committee will include additional focus on the University's duty to ensure public safety.

If referral to the Occupational Health Service has been made via the FTP Committee, the FTP Committee may also make direct referral for other opinions, e.g. from a psychiatrist. Reports from such assessments can only be made available to the Occupational Health Service with the student's express informed consent in writing.

Occupational Health referrals from the FTP Committee, are made in the context of the significant question 'is this student fit to practise medicine?' In these circumstances the FTP Committee needs full disclosure of all relevant information to make a fully informed judgement. If a student is unwilling to undergo an Occupational Health assessment or allow full disclosure of the report from such an assessment, the FTP Committee, whose



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primary responsibility is towards protection of the public - may have to consider whether the student is seeking to hide something, and proceed accordingly as specified in the relevant statutes and ordinances.

**For further advice, please contact:**

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Cambridge  
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**References:**

1. Medical Students: professional values and fitness to practice, Guidance from the GMC and the MSC, 2009. In particular, paragraphs 5, 35-38, 41, 46-54, 57, 77, 108, 127, Table 1 and appendix B.
2. Gateways to the professions: Advising medical schools: encouraging disabled students, GMC and the Department for Innovation, Universities and Skills (England), (2008)
3. GMC consent and confidentiality guidance, October 2009
4. Faculty of Occupational Medicine Ethics Guidance for Occupational Health Practice, 2012