Editorial

Health assessment of applicants for nurse training

The publication of the Tunbridge report\(^1\) created an awareness of the lack of occupational health for employees of the National Health Service (NHS). The relative independence of health authorities and the absence of a centrally coordinated administration in the NHS have unfortunately prevented the establishment of a uniform occupational health service. Those familiar with developments following Tunbridge are only too well aware of the widely varying and uncoordinated standards of practice that have evolved as a consequence. Most of the 300 or so doctors practising occupational medicine in the NHS are part time and their experience of the subject varies widely. The absence of established and documented practice and procedures for reference has presented enormous difficulties for many of these doctors.

In 1983 the NHS working group of the Society of Occupational Medicine was established to examine, improve, and coordinate standards and to publish the results in the form of guidelines. Wide consultation has taken place beyond the confines of the working party through the NHS regional occupational health groups; the guidelines therefore represent a wide body of informed opinion. The first completed document – Health Assessment of Applicants for Nurse Training\(^2\) – was published by the SOM early in May 1985. Many doctors and nurses, informed and experienced to a greater or lesser degree, have held firm, but at times varying, opinions about what will render an applicant unfit to nurse. The criteria have often been illogical, inconsistent, and applied unthinkingly. The working party has looked objectively at the various health issues and produced clear and objective guidelines. This important document will therefore be warmly welcomed by all concerned with the medical selection of applicants for nurse training. It endorses the effectiveness of assessment by health questionnaire and health interview by the occupational health nurse, a method that will enable the majority of applicants to be passed fit. When there are serious doubts about medical fitness for a nursing career the applicant should be referred to a doctor. It is important that applicants are rejected on medical grounds only by a doctor and that, in the event of rejection, the applicant should be advised by the doctor of the reasons for this rejection since it is the reasonable expectation of an applicant to be so informed. It also concentrates the mind of the examining doctor on the issues of relevance.

It is surprising—to some at least—how few physical limitations there are to training for a nursing career provided that motivation, personality, and aptitude are good. Doctors and nurses practising occupational medicine in the Health Service must be only too well aware that some student and pupil nurses leave their training because of a medical condition that would have presented no problem had they been happy and enthusiastic about their nursing. In deciding the fitness of some candidates with physical limitations a discussion with representatives from the school of nursing may be necessary and valuable. This may allow a better assessment of the functional qualities that will be necessary if the applicant is to master and overcome a physical handicap. Although there are in fact few physical problems that are an absolute bar to nursing, some conditions must raise grave doubts as to fitness and will probably exclude selection. Eczema of the hands, a history of serious back pain, and psychiatric limitations usually require rejection. Perhaps the hardest of all applicants to reject are those with a history of anorexia nervosa. An accompanying letter from a head teacher expressing strong support and enthusiasm for nurse training can make rejection all the harder. Unfortunately, many with a history of anorexia nervosa do not cope with the demands and pressures of training and it is often best to acknowledge this at the outset. It is the positive aspect of the guidelines that make a major contribution to rational selection. There need be no bar to well controlled diabetes provided it is clear that the applicant can cope with the morning and evening dose rotation often necessary for night duty. There can be no possible medical objection to accepting applicants with epilepsy whose control would qualify them for an ordinary driving licence. It is reassuring and helpful to be advised that provided that visual acuity is 6/12—corrected if necessary—monocular vision is no cause for rejection.

This important publication should be read and consulted by all occupational health nurses and doctors responsible for medical selection of applicants for nurse training. It is likely that more rather than fewer
applications will be accepted for training as a result.  

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References


Correspondence and editorials

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