

MOSA GUIDELINE

Head teachers and school doctors – a working relationship

Introduction

1/ The **aim of this guideline** is to indicate to head teachers and school doctors what they might reasonably expect from each other and what the governing body and academic staff might expect from the school's medical service.

2/ It is intended that **the guideline** should be **advisory only** but, at the same time, provide a **basis for negotiation** for both the school and the doctor in, for example, contractual discussions.

3/ MOSA advocates that **each independent school should have its own school doctor** to whom the head teacher may refer about any matter relating to the health of the students, staff or the wider school community.

4/ The doctor should be aware of the **potential for conflict** between the obligation to his patients and that to the school as his employee.

5/ At all times the **relevant parts of the Children Act 1989** and other applicable **government guidelines** should be followed ^{1,2}.

The school doctor's role

6/ In addition to the **provision of general medical services**, the school doctor would **normally be responsible for**: -

- the **supervision of the school's medical service** including the medical centre and the school nurses.
- providing regular, appropriately timed **visits to the medical centre** for the provision of NHS healthcare. Schools and school doctors should agree **which pupils will be registered** for NHS services with the doctor – all pupils, all boarders or another arrangement, as appropriate for that school.
- **new pupil medical questionnaires** and the implementation of an appropriate **health screening programme** for new entrants.
- **routine health immunisations**, as guided by DoH policy, and **immunisation for travel** where appropriate. The administration of these immunisations varies by area and is sometimes carried out by the school nursing staff while in other areas by the local NHS school nurses.
- appropriate **care of day pupils**, not necessarily registered with the school doctor, for the provision of acute medical care as necessary.
- **liaison with parents** as appropriate.
- discussion about, and some agreement on, the **provision of urgent care** to pupils outside normal hours. Out of hours (OOH) provision is now outside the General Medical Services contract and will therefore be **provided usually by the local NHS OOH system** or, in some circumstances, by **arrangement with the school doctor** and his practice.

Pre-employment medicals for school staff

6/ Some schools may wish the school doctor to provide **pre-employment advice or medicals** for all or some staff. If so, this should be considered as an **additional, non-core service** and may need **additional funding** arrangements. Schools and doctors should be aware of the potential conflict of interest that this can create.

Occupational health

7/ It should be recognised that most school doctors **do not possess occupational health experience or qualifications**, and that provision of this by the school doctor could create a conflict of interest.

8/ Schools should consider **arranging occupational health services** through an external trained source.

Confidentiality

9/ From time to time, the school doctor may be asked details about the health of a pupil or a member of staff who is his patient. The school should be aware of the **duty of confidentiality** that, although not absolute, is owed by every medical practitioner to his patient.

10/ Medical information may be discussed with a third party but usually only with the **express consent of the patient concerned** and there may be occasions when the doctor must observe confidentiality and will be unable to tell the school the information it is seeking. (See the website of the **General Medical Council** for further information ³).

Personal, Social and Health Education (PSHE)

11/ It is often appropriate for both the school doctor and school nurses to be involved with the **school's PSHE programme** either in **providing written material** or **actual teaching**. (MOSA members are able to access an excellent presentation about PSHE, "**What is PSHE and why?**" given by Dr. Richard Hook at the May 2015 Summer Meeting at Marlborough College – www.mosa.org.uk > Members' area > Presentations).

Cover for sporting events

12/ Providing **cover for school sports** is **not a core part of the services** of a school doctor, although many schools do contract with the doctor, other doctors or other first aid providers to cover sports events. Appropriate arrangements should be considered and there should be discussion between the doctor and the school.

Additional advice

13/ The head teacher should feel able to ask the school doctor to **contribute to any school committees** or to **discussions of the school governors** about **health matters in general**. Also, it is appropriate for the school doctor to be kept informed of any general or specific health matters pertinent to his role.

14/ Consideration should be given to inviting the school doctor to **contribute information** about the school's health provision to the school's **prospectus** and **website**.

Contracts and fees

15/ It is strongly recommended that all of the above is considered for inclusion in a **contract of employment** for the school doctor, negotiated between the doctor and the school, which will establish the level of service required by the school in line with the doctor's other commitments and responsibilities.

16/ It is recommended further that this contractual arrangement is **reviewed on a regular basis**.

17/ Current, suggested **rates of remuneration for school doctors** can be found on the **MOSA website** but the information is only accessible to MOSA members (www.mosa.org.uk > Members' area > Fee per pupil).

18/ These rates are often used as a starting point for discussion while considering the above issues and taking into account the differing sizes, locations and needs of the schools.

The head teacher – school doctor relationship

19/ Both the school doctor and the head teacher need to be cognisant of the **various stakeholders** who will affect each other's responsibilities and attitudes. For the doctor these most importantly include the strictures placed upon medical practitioners **concerning medical confidentiality** (see 9/ and 10/ above).

20/ In a similar way, head teachers have a wider role involving the **overall safety** of the school.

21/ Most importantly each party has a **duty of care** to the individual pupil in the context of the wider school community.

22/ Whether the relationship develops well enough to achieve this depends almost entirely on the both parties having a clear understanding of, and respect for, each other's roles. This is most likely to come about with **frequent, regular dialogue** so engendering a mutual trust. Discussions may include theoretical, problematic cases in advance of any such real issues occurring.

23/ When the relationship does develop like this, it makes it more likely that the school doctor will be able to fulfil the prime role of being the pupil's doctor and advocate while at the same time being able to serve the best interests of the school.

The Medical Officers of Schools Association (MOSA)

24/ The Association was formed in 1884 largely to develop "definite rules for guarding our great educational establishments from the outbreak and spread of preventable infectious diseases".

25/ Today, MOSA remains well aware of this aim, particularly in the light of current illnesses such as SARS and swine flu. However, its role has expanded considerably, not least in

providing education in all aspects of school health, including mental health, and in the mutual support of its members.

26/ Regular newsletters, biannual medical education meetings, increasing integration with the school nurses' education programme and cooperation with European student health bodies, particularly participation in the biennial congresses of the European Union for School and University Health and Medicine (EUSUHM) when academic research papers are presented, are some of the measures employed in the constant effort to improve all aspects of school health in the independent sector.

27/ **Membership of MOSA** is available to **any healthcare professional** currently or previously registered with an appropriate, professionally recognised body. This includes school medical officers, nurses and dental practitioners. Details of how to apply are available on the MOSA website⁴.

References and useful websites

¹ <http://www.ofsted.gov.uk/> (Ofsted, the Office for Standards in Education, Children's Services and Skills)

² <http://www.education.gov.uk/> (Dept. for Education > Policies)

³ http://www.gmc-uk.org/guidance/ethical_guidance/13257.asp (General Medical Council)

⁴ <http://www.mosa.org.uk/join.asp> (How to join the Medical Officers of Schools Association)

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