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Medical Standards & Screening

Standard Operating Procedure (SOP)

INDEX

1. Introduction
2. Application
3. Medical Screening Processes
4. Additional Information on Medical Screening & Standards for Police Officer Recruits
5. Responsibilities
6. Associated Documents and Policies

Appendix 1 Home Office Medical Standards for Police Recruitment (HOC 59/2004)
Appendix 2 Home Office Eyesight Standards for Police Recruitment (HOC 25/2003)
Appendix 3 Assessment Of Eligibility To Join Police Pension Scheme

1. INTRODUCTION

This Standard Operating Procedure supports the **People**Support Recruitment and Selection Policy. It is a reviewed Standard Operating Procedure and supersedes all previous directions relating to medical standards and screening.

2. APPLICATION

This Standard Operating Procedure takes immediate effect. It applies to all applicants to the Metropolitan Police unless it is stated otherwise in the applicable section. It also applies to all staff carrying out medical screening and processing the screening.

All police officers and police staff, including the extended police family and those working voluntarily or under contract to the Mayor's Office for Policing and Crime (MOPC) or the Commissioner must be aware of, and are required to comply with, all relevant MPS policy and associated procedures.

However, this SOP applies in particular to officers and staff in the following roles:

- **People**Support Recruitment Directorate

N.B. This list is not intended to be exhaustive.

3. MEDICAL SCREENING PROCESSES

Following successful selection and a provisional offer of employment, candidates will be medically assessed for the role.

The Medical team will take the Equality Act 2010 into consideration when assessing each candidate. Each candidate will be assessed individually and assessed on their merits in the light of professional information and judgement.

Assessment in person is undertaken for the following roles:

- New Police recruits
- Transferees & Rejoiners
- PCSOs
- Special Constables
- Designated Detection Officers
- Communications Officers
- Forensic Practitioners
- Custody Nurses
- Security Officers
- and other roles if the hazards of the role indicate this is advisable.

All other candidates will be requested to complete a health declaration which will be reviewed by a Nurse, but will not routinely be assessed in person.

The purpose of the Medical assessment is to (1) assess whether an individual is able to undertake the role for which they have applied & to consider potential adjustments (2) obtain a baseline measurement for comparison if there are later concerns.

The content of the Medical assessments will vary according to the needs of the role and Home Office guidance.

Written advice to Physical Training Instructors is to be provided indicating candidates' suitability to undertake the fitness test. All candidates attending for a medical assessment will receive a “fitness slip” [written advice] from the nurse to advise the PTIs of the candidates’ suitability to undertake the fitness test. Candidates are to be advised of safety issues relating to the fitness test.

Candidates who require further assessment will be placed on medical hold while this assessment is being undertaken.

Further medical information is to be obtained by **People**Support medical recruitment staff according to individual circumstances. This may be from candidates' medical specialists, therapists and General Practitioners. Personal assessments at appointments with a medical officer or other MPS-retained specialists may also be required.

Candidates are to be contacted as required for additional information and regarding the outcome or progress of assessments. Candidates may be contacted by the Nurse, the Medical Officers or the Medical team administrators if discussing health related matters.

Medical Officers may need to work with candidates, specialists, disability advisors, officer training advisors and others to provide advice and practical information for management regarding work adjustments (including those for candidates who have a disability covered by the Equality Act 2010).

Medical officers are to provide advice to **People**Support Recruitment management, principally at the Medical Case Conference, regarding candidates' requirement for adjustments, deferral of entry and suitability for appointment. Information and advice for training school and local managers is to be given by medical recruitment staff when necessary to assist during training and in the workplace.

Appropriate documentation is to be created and securely stored by **People**Support Medical Recruitment, in accordance with the Data Protection Act and guidance from professional bodies (GMC & NMC). Following notification by **People**Support Recruitment that a candidate has commenced employment the records will be transferred to **People**Support Occupational Health. The medical records for successful candidates are scanned onto their OH record. The paper records of all candidates are destroyed after two years. The medical records of employees are retained for the duration of their employment, plus at least thirty more years.

Medical Officers will communicate with **People**Support Occupational Health advisors to ensure ongoing medical support of candidates if it is anticipated that this will be required during employment.

All results will be uploaded onto MetHR by **People**Support Medical Recruitment staff.

At all times legal and professional ethical standards of medical confidentiality must be maintained.

4. ADDITIONAL INFORMATION ON MEDICAL SCREENING AND STANDARDS FOR POLICE OFFICER RECRUITS

PeopleSupport Recruitment Medical Staff use Home Office Medical Standards for police recruitment (HOC 59/2004, which replaces HOC 7/98) **APPENDIX 1**. Eyesight standards remain as set out in HOC 25/2003 **APPENDIX 2**.

Each case will be looked at individually and assessed on its merits in the light of professional information and judgement. The standards reflect fitness to serve at the time of assessment and for a reasonable time. This would entail the candidate, if successful, being able to serve in the MPS long enough to justify the initial recruitment and training costs. The standards indicate that some medical conditions may be less compatible with police work than others. There is no expectation that people who cannot fulfil a substantial part of the role will be recruited.

Applicants will be assessed in terms of ability based on the role, functions and activities of an operational Constable as set out nationally by the National Policing Improvement Agency (NPIA). In cases where the medical officer assesses that a candidate may have a requirement for adjustments or deferral of entry, or there are concerns regarding suitability for appointment, they will be discussed with Police Recruitment management at a Medical Case Conference. Medical Recruitment will provide advice to management: decisions regarding adjustments and whether to employ rest with **People**Support Police Recruitment management.

Individuals who are judged by the Medical Officer to be fit for the role for the next 5 years but have an increased risk of requiring ill-health retirement will be passed FIT and referred to the Selected Medical Practitioner (SMP) **APPENDIX 3**. A Training place will not be offered until the SMP has made a decision regarding the Pension eligibility.

5. RESPONSIBILITIES

The ownership of this Standard Operating Procedure resides with the Director of **People**Services Recruitment.

It is the responsibility of all members of the Metropolitan Police Service involved in recruitment and selection to the Metropolitan Police Service to ensure compliance with this Standard Operating Procedure.

Responsibility for implementing, monitoring and reviewing the Standard Operating Procedure rests with **People**Support Recruitment.

6. ASSOCIATED DOCUMENTS AND POLICIES

- Recruitment and Selection Policy
- Equality Act 2010
- Disability and the Police: Recruitment Section, published by the Home Office
- Data Protection Act 1998: Part One, Section 2 – Sensitive Personal Data
- General Medical Council ethical guidance – Confidentiality: Protecting & Providing Information (www.gmc-uk.org)
- The Nursing & Midwifery Council, The NMC Code of Professional Conduct: Standard for conduct, Performance & Ethics (www.nmc-uk.org)

APPENDIX 1

Home Office Medical Standards for Police Recruitment (HOC 59/2004)

Ear, Nose and Throat Disorders

Concern is raised with some ENT conditions where disruption of attendance, ongoing discomfort, balance or hearing incapacity will have major detrimental effects on the operational role of a Police Constable.

Illness / Injury / Disease	Police Applicant	Notes
External ear		
Chronic otitis externa		
Mild, occasional otitis externa	Likely to be suitable	
More severe, recurrent otitis externa	Likely to require further information, investigation and assessment	Impedes function, balance and use of communication equipment
Atresia or stenosis of ear canal	Likely to require further information, investigation and assessment – unless excluded on audiometric criteria	
Tympanic membrane and middle ear		
Perforation		
Healed	Likely to be suitable	
Chronic	Likely to require further information, investigation and assessment	
Ventilation tubes (grommets)	Likely to require further information, investigation and assessment	
Successful myringoplasty / tympanoplasty	Likely to be suitable	
Chronic otitis media		
Healed	Likely to be suitable	
Inactive	Likely to require further information, investigation and assessment	
Active	Likely to require further information, investigation	

APPENDIX 2

HOC 25/2003 Date 1 APRIL 2003

THIS CIRCULAR IS ABOUT: EYESIGHT STANDARDS FOR POLICE RECRUITMENT

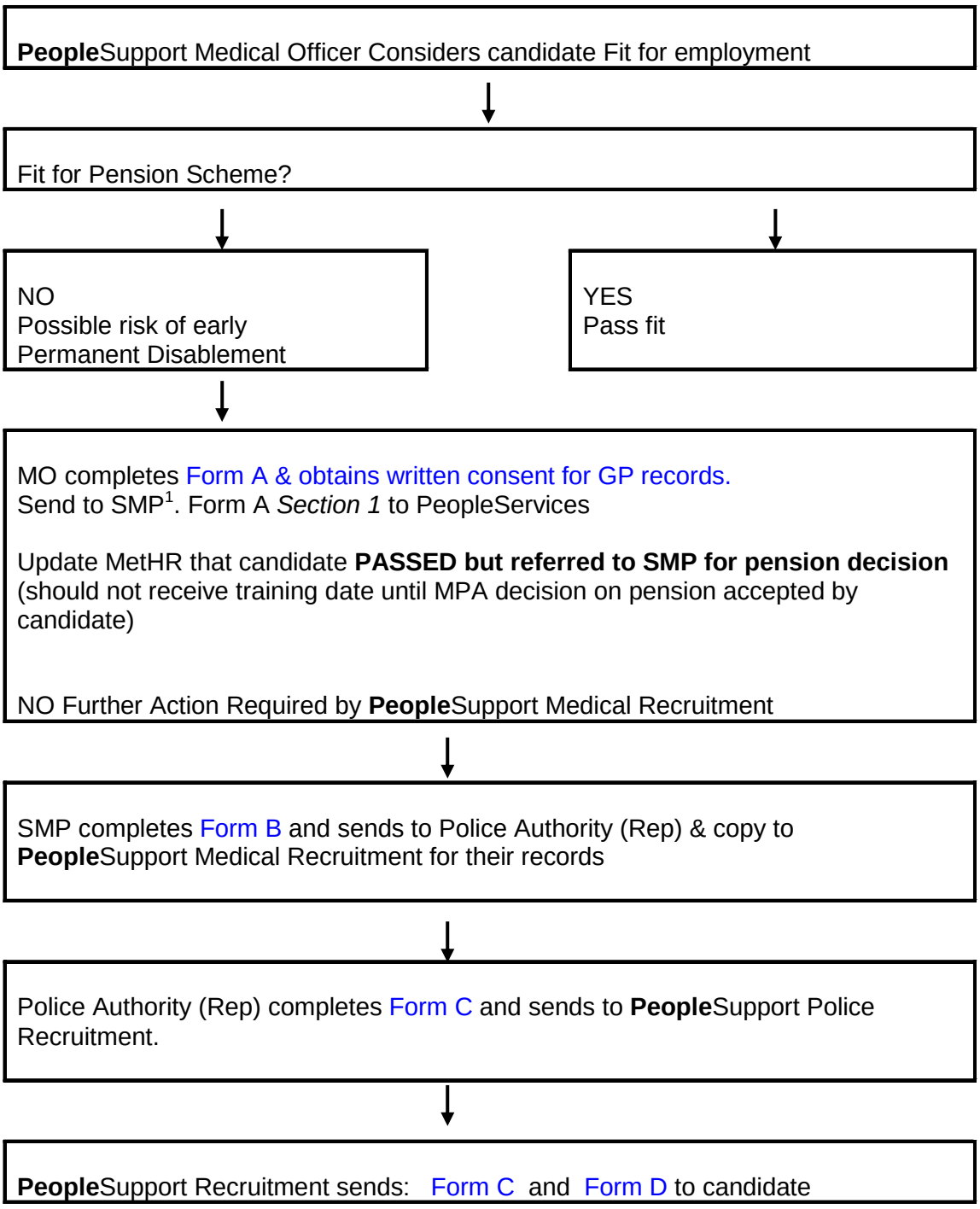
EYESIGHT STANDARDS: POLICE RECRUITMENT

The standard of eyesight which must be met by a candidate for appointment to a police force in respect of each of the matters specified in the first column of the following table is that specified in the second column of the table.

Eyesight	Mandatory standard
Static Visual Acuity[1]	Corrected distance visual acuity must be 6/12 in either eye and 6/6 or better, binocularly. Corrected near static visual acuity must be 6/9 or better, binocularly. [Applicants who do not reach the standard should not be rejected but should be invited for a further test after obtaining a stronger prescription]. Uncorrected visual acuity must be 6/36 or better, binocularly. Corrected low contrast distance visual acuity must be 6/12 or better for a 10% contrast target, binocularly.
Visual Field[2]	A field-of-view of at least 120 degrees horizontally by 100 degrees vertically is required. The field-of-view should be free of any large defective areas, particularly in the fovea. Single defects smaller than the physiological blind spot, and multiple defects that add to an area smaller than the physiological blind spot, should be acceptable.
Colour Vision[3]	Monochromats should be rejected. Mild anomalous trichromats are acceptable and should be treated as normals. Severe anomalous trichromats and dichromats are also acceptable but should be instructed in coping strategies. [Applicants who show a lowered discrimination for blue colours should be referred to an ophthalmologist for further assessment. This should include a measure of their dark adaptation performance].
Spectacles and contact lenses	Correction should be worn where necessary to achieve 6/6 binocularly. Corrective spectacles and contact lenses are acceptable for the tasks of an Operational Police Constable.
Eye Surgery	PRK, LASIK, LASEK, ICRS, cataract surgery: There is no significant weakening of the cornea and applicants should not be rejected. A period of at least 6 weeks after surgery should be allowed before applications are accepted. There may be a reduction in low light level visual performance: Test visual performance under low illuminance conditions. Radial Keratotomy (RK), Arcuate Keratotomy (AK), corneal grafts. Any other surgical procedures that result in a significant weakening of the cornea. There is a measurable risk of corneal rupture if the eye is struck. Applicants should be rejected.

APPENDIX 3

ASSESSMENT OF ELIGIBILITY TO JOIN POLICE PENSION SCHEME



[1] Send to the Medical Retirement Secretariat at Occupational Health with Form A & copies of all the available medical documentation. Place in a sealed envelope marked on outside **'medical confidential, referral to SMP for assessment of PC Candidate'**, with the **candidate's details including DOB on the outside, the name of the medical officer referring the candidate & whether consent for SMP to receive GP records has been obtained.**