



Health Matters and Medical Evidence Practice Statement

Introduction

As part of processing and adjudicating fitness to teach cases, GTCS staff, Panels and Conveners may encounter a range of situations in which health matters are a factor that require to be considered. Health matters can be raised in support of hearing postponement/adjournment requests (and similar), private hearing and anonymity applications as well as in mitigation (or explanation) of identified fitness to teach allegation(s). It is also important to be aware that health matters can be raised not just by the Teacher who is the subject of the fitness to teach process but also others involved, for example witnesses.

It is important that health matters are considered carefully and that, in the interests of fairness of the process, there is a general consistency of approach as to the form and standard of medical evidence that is required throughout.

This practice statement provides guidance to GTCS staff, Panels and Conveners as well as parties on medical evidence requirements in order to enable health matters to be properly and fairly considered no matter where in the process they may arise.

Requirements

Medical evidence should take the form of an appropriately detailed letter from a medical practitioner¹ setting out the following:

- A specific diagnosis;
- The severity of the condition(s);
- A **specific** explanation of how the condition(s) impacts upon attendance at the hearing and/or engagement with the hearing process (as well as any recommendations as to reasonable adjustments that could or should be made to facilitate attendance/engagement);
- What the treatment is; and
- What the prognosis is.

The medical practitioner concerned should have an appropriate level of expertise and specialism according to the condition concerned: this will often be a matter of judgement. For example, where matters of mental health are concerned, it would generally be expected that the medical practitioner involved would have a relevant mental health specialism (e.g. in psychiatry).

The medical practitioner should also have reached his/her conclusions following an appropriate examination/consultation methodology in order to ensure he/she is well informed. For example, it would not generally be expected that a medical practitioner would be in a position to provide appropriately detailed medical evidence based on one telephone consultation with the person concerned.

The strength and quality of medical evidence must correspond to the level and seriousness of the matter at issue. For example, the weight of evidence required for an application for a private hearing will be higher than that required for an application for a short extension of time to submit evidence for Panel consideration. An 'unfit for work' document will always be insufficient for any matter that is of a higher level and to which greater seriousness is attached.

¹ The medical practitioner must be registered currently with the UK General Medical Council with a current licence to practise (or an equivalent that is satisfactory to GTCS)

If medical evidence that meets the requirements above is not available, an explanation as to why this evidence is unavailable should be provided together with an indication of what evidence may be produced in future and when.

In some circumstances, additional or independent medical evidence may be sought: Panels/Conveners should seek advice from the Servicing Officer in relation to this where they consider this might be necessary.

In all cases, medical evidence should not be treated as determinative. Staff, Panels and Conveners should always carefully consider and weigh up the medical evidence provided in the context of all the other factors relevant to the matter at issue.

Staff, Panels and Panels should remain mindful at all times that medical evidence is sensitive personal information and that it is important to keep the information appropriately safe and secure.