

MEDICAL OFFICERS OF SCHOOLS ASSOCIATION

THE SCHOOL DOCTOR: GUIDELINES FOR HEAD TEACHERS

AIM

The aim of these guidelines is to indicate to head teachers what they might reasonably expect from their school health service and from the school medical officer. The guidelines are intended as guidelines only and are provided as a basis for negotiation within each school.

INTRODUCTION

Each independent school should have its own school doctor to whom the head teacher may refer on any matter relating to school health. Bear in mind that the obligations and responsibilities of this individual may well be divided between the obligations between their patient and the obligation to the school. At all times the relevant documentation from the Children Act and other relevant Government Guidelines should be borne in mind.

THE SCHOOL DOCTOR'S ROLE

In addition to the provision of general medical services the school doctor would normally be responsible for

1. The medical supervision of the school's health services including:
 - a. The school sick bay / sanatorium
 - b. Regular appropriately timed visits to the school medical centre for the provision of healthcare.
 - c. New pupil's medical questionnaires, implementation of an appropriate screening programme for new entrants.
 - d. Immunisations, both routine health immunisations and for travel where appropriate.
 - e. Appropriate care of day pupils, not necessarily registered with the school medical officer for the provision of acute medical care as appropriate.
 - f. liaison with parents as appropriate
 - g. Pre employment medicals for staff
2. Advice on occupational and environmental health matters
3. Advice on any individual patient's health, as may be deemed appropriate according to context and to content, having in mind due regard to confidentiality.
4. Annual report for the school's governing body.

In addition, the head teacher should feel able to ask the school doctor to contribute to any school committees concerning health matters in the widest possible sense, as well as ensuring the school doctor is kept informed of any matter, general or specific, germane to the doctor's role. Furthermore, consideration should be given to the school doctor contributing to the school prospectus about the school's health service, often a very important consideration for prospective parents and likely to become more so. A school might institute a health

column in their school magazine, written by students but with recommendation that advice is sought from the school medical officer with regard to any medical content. This could prove to be a powerful tool for health education.

It is strongly recommended that all of the above is considered for inclusion in a contract, between the parties, after due negotiation, to establish the level of service required by the school which is compatible with the doctor's other commitments. It is also recommended that this contractual arrangement is reviewed on a regular basis.

Relevant information on the responsibilities of school doctors and on school doctors' contracts can be found in the latest addition of the Medical Officers of Schools Association's core publication "The Handbook of School Health" 18th edition.

THE HEAD TEACHER / SCHOOL DOCTOR RELATIONSHIP

Each party in this relationship needs to be cognisant of the various stakeholders which affect the individual party's responsibilities and attitudes. For the doctor these are mainly but most importantly include the strictures placed upon medical practitioners concerning medical confidentiality. Similarly head teachers have a wider role involving overall school safety this needs to be born in mind at all times. Most importantly each party has a duty of care to the individual pupil in the context of the wider school community.

Whether the relationship develops well enough to achieve this depends almost entirely on the party's concerned having a clear understanding of and respect for each other's roles. This is most likely to come about with frequent, regular discussion; so engendering a mutual trust. When this does occur it is more likely the school doctor will be able to fulfil the prime role of being the pupil's doctor and advocate while being mindful of and serving the best interests of the school

THE MEDICAL OFFICERS OF SCHOOLS ASSOCIATION (MOSA)

The Association was formed in 1884 and in the preface to the first edition of the MOSA handbook is written:

"...one of the most urgent matters which forced itself to the front, as claiming immediate attention, was the need for the general adoption of more definite rules for guarding our great educational establishments from the outbreak and spread of preventable infectious diseases".

Today, MOSA has by no means forgotten this aim, particularly in the light of the current increase in tuberculosis, and the presence of types of hepatitis and HIV, but it has expanded its role considerably, not least in education in all aspects of school health, including mental health, and in the mutual support of its members. Regular educational meetings and news letters, a biennial presentation of academic research papers, a handbook and increasing integration with the school nurses' education programme, and a connection with European student health bodies are some of the measures employed in our constant effort to improve all aspects of school health in the independent sector.

Membership of MOSA is a *sine qua non* for a school doctor.

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