



Title	Abbreviated Medical Recruitment Standards for BTP Police Officers (Constables) & Special Constables
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Related Documents	<ul style="list-style-type: none"> • Medical Recruitment Standards for BTP Police Officers (Constables) & Special Constables Standards • College of Policing Guidance • Home Office circular 59 / 2004: National Recruitment Standards - Medical Standards for Police Recruitment • Home Office – Eyesight standards for Police Recruitment • Network Rail and TFL Medical standards • DVLA Medical Aspects of fitness for driving • National Policing Competency Framework
Document Overview	<p>This document provides an overview of the medical requirements for base BTP police officer roles for HR, Recruitment professionals and for general interest / use in recruitment literature</p> <p>It should not be used for absolute interpretation of the medical / clinical aspects of medical recruitment by none clinical groups.</p> <p>The intricacies of meeting medical requirements must be left to qualified health professions.</p> <p>None clinicians will be informed that candidates are FIT, UNFIT or on Medical Hold due to the complexities of clinical presentation and problems associated with non-clinician interpretation.</p>

Document Revisions

Date	Issue/Revision details	Revised by:
April 18	BTP Document Created	SB

Introduction

British Transport Police officers are at the frontline of community engagement for both service providers and users of the UK wide rail network. They are responsible for the protection of life and property, the prevention and detection of crime and the maintenance of public order through a range of sworn powers in line with British Transport Police, government and rail standards / legislation.

BTP officers are specifically responsible for providing a police service to members of the public using the railways and underground lines across England, Scotland and Wales. This work often exposes BTP Officers to difficult and stressful situations, whereby they can observe and deal with highly distressing situations, physical confrontation and a variety of other significant risks to health, safety and wellbeing. They often work long hours on rotational shifts and therefore fatigue, environmental / locational risk factors compound policing activity related health risk factors. BTP Officers therefore need to be resilient enough to cope with the physical and psychological demands and pressures of police work in and around the rail networks.

New applicants for policing roles must therefore be in good health, both psychologically and physically in order to not only commence undertaking police training duties but in order to maintain the required capabilities and standards required of them following recruitment into active policing roles. The National Occupational Standards (NOS) for Policing identifies the core / critical role components for Constables. Therefore within the selection of candidates the clinician should bear in mind the identified attributes as being core safety critical capabilities required for success and management of risk to self, colleague and the public within the role of a Police Officer.

In addition BTP officers Medical Recruitment Standards must incorporate / appreciate College of policing, Network rail and TFL standards in order to manage appropriate work related health risks and capabilities in the rail environment and those specific to any extended role such as firearms, response driving and CBRN activities.

To this end, BTP undertakes ongoing screening activities, including a medical examination and a fitness test to ensure individuals meet the health standards required for this challenging role when individuals look to commence on a career with BTP.

If individuals do not meet the necessary core standards of health and fitness identified, it is unlikely that they will possess the capabilities / attributes necessary to undertake the role of constable without undue risk to themselves, their colleagues and the wider public.

Noting a similar activity and risk profile, the medical standards identified within this document equally apply to BTP:-

- Special Constables
- Police Community Support Officers (PCSOs)
- Police Staff identified at risk through appropriate risk assessment and job safety and occupational health risk analysis

Additional Capabilities in BTP roles

Other policing roles, for example Authorised Firearms Officers, dog handlers, CBRN and other specialist roles, may require additional medical health / fitness criteria and capabilities to be met within the management of risk in that role.

There may equally be a statutory basis for candidates to meet further medical requirements for certain roles, for example Police response drivers.

Attainment of the BTP Medical Recruitment standard does not necessarily invoke capability and acceptability for other extended roles and these will need to be examined separately and specifically in line with the appropriate legislation / applicable standards.

Supporting Guidance

BTP have identified a number of sources in the development of the Medical standards for Police Officers and aligned policing roles.

The reference sources applied are typically:

National Recruitment Standards

- The circular 59 / 2004: National Recruitment Standards - Medical Standards for Police Recruitment sets out revised medical standards for police recruitment and replaces HOC 7/98. <https://www.gov.uk/government/publications/national-recruitment-standards-medical-standards-for-police-recruitment>
- Eyesight standards remain as set out in Circular 003/2017: amendment to eyesight standards, police recruitment. <https://www.gov.uk/government/publications/circular-0032017-amendment-to-eyesight-standards-police-recruitment>

Policing Professional Framework

The National Policing Improvement Agency (NPIA), in partnership with Skills for Justice, was tasked by the Flanagan Report to undertake a fundamental review of the Integrated Competency Framework (ICF) to ensure that it can continue to support police forces across the UK.

The ICF Review addressed the issues highlighted by forces and national reports to ensure that the Policing Professional Framework (PPF) is a radical departure from the ICF and adds value, not only to national programmes and HR processes, but also to front line officers and staff members.

The Policing Professional Framework provides National Rank Profiles for Officers and Level Profiles for Staff based on National Occupational Standards (NOS). Supplementary Skills Sets link to each Rank or Level and contain any NOS core to roles within a Rank or Level.

The NOS framework equally serves as the basis to assist clinicians in making decisions regarding the capability of entrants into a Policing role, particularly where there is an underlying health condition that may or may not impact the ability to undertake basic role components as listed within the framework.

http://www.skillsforjustice-ppf.com/?rg_id=8&r_id=1#re

Network Rail and TFL medical standards

Persons working on or near Network Rail controlled lines (the majority of track workers) would normally need to comply with the requirements of the Network Rail company standard, Competency Specific Medical Fitness Requirements NR/L2/OHS/00124 Issue 2.

This requires entry medical and on-going periodic medical assessment along with drug and alcohol testing.

Essentially the related “medical” assures individuals are fit for task for trackside activities in an environment considered to be safety critical. However, there is an exemption order for Police and emergency services activities trackside. This is formally identified in the Railways and Other Guided Transport Systems (Safety) Regulations 2006: Reg 23 (4) – Part 4 Safety Critical Work, Rail Operating Guides (ROG).

Noting the exemption order and the largely dissimilar activity and therefore risk profile between trackside and policing operations, the BTP Force Executive Board have identified that the Policing Home office medical standards should take precedence as the base requirement / medical standard for deploying BTP Officers.

Whilst there is a differential between rail and policing standards in terms of colour vision and hearing capability, these differences are relatively inconsequential in practicable terms to the overall risk profile and situations officers can find themselves within BTP operations.

Indeed officers are not required to interpret rail signals and therefore the strict colour vision requirements of rail in comparison to policing standards need not apply to officers as long as they are not impaired by mono-chromate colour vision capability. The same rationale is applied to hearing capability where there is an existing differential between the rail standards and policing risk based requirements.

BTP have however noted a differential in on-going assurance medicals and will insist that officers are assessed against the BTP / NPCC / Home office approved medical standards every 3 years to ensure that optimum and deployed safety critical capabilities are maintained consistently in line with other higher hazard sectors.

Medical assessment process, frequencies and content

- Only applicants who are successful at an assessment center should be asked to complete and submit a Pre-start Medical Questionnaire.
- Fitness to undertake the JRFT in the assessment center will need to be verified.
- BTP typically assesses candidates' ability for the job before conducting health checks and medical assessments.
- Assessing all candidates and deciding who is most suitable before conducting health checks avoids discrimination claims and challenges that the job was not offered on prejudicial health grounds.
- By operating this policy, BTP will give disabled people the opportunity to compete for jobs and demonstrate their skills and abilities on a fair and equal basis.

Medical Assessment Frequency

BTP in the management of occupational health and fitness for task risk reserve the right to amend the frequency of interventions as dictated by rail track.

Role	Frequency
New Police Officer recruits	Pre-deployment as per BTP requirement and then 3 yearly to ensure appropriate fitness for task and health surveillance elements requirements are assured.
AFO	Annual
CBRN	2 yearly
Response Driver	3 yearly
Other roles	As dictated by the appropriate risk assessment
Psychological screening	As indicated by role psychological risk assessment

Initial Medical Assessment content

- Health questionnaire
- Medical / psychiatric history with GP endorsement / confirmation
- Social history
- Vaccination history – Hepatitis B immunity status
- Psychological screen where role identified as high psychological risk factors
- Height.
- Weight.
- Calculation of BMI.
- Visual acuity – distance and near, with and without glasses and contact lenses (if worn).
- Peripheral vision – ideally with a keystone
- Colour vision (Ishihara).
- Pulse.
- Blood pressure.
- Assessment of general mobility.
- Assessment of general mental state
- Audiogram.
- Urine test for glucose, drug and alcohol use detection
- Spirometry

Equality Act 2010

The role of the Police officer is complex and as identified often can pose various risks to health, safety and wellbeing both physical and psychological.

To this end the BTP has a duty to manage risks encountered within the role to officer, police colleagues and the wider public, particularly within a railway context.

Where underlying health conditions present an acute, immediate and or ongoing level of unacceptable or uncontrollable risk to the core role of a constable and the public at large, the candidate will not be permitted to enroll in the Police Officer training program on medical grounds.

An appropriate appeals procedure is in place where there is disagreement in the outcomes of medical screening for a place on the BTP Police Constable training programme.

Each case will be looked at individually and assessed on its own merits.

Appropriate input from occupational health clinical experts and where necessary treating specialists will be sought.

BTP Officer safety critical role related capability requirements

A BTP Police Officer will typically be able to demonstrate a wide range of capabilities in the following areas. These capabilities have particular relationships with the wider protection of health safety and well-being requirements of the individual officer, policing colleagues and the wider public in the rail environment. Where there is significant impairment of these capabilities the candidate will likely prove to be unsuitable for the role.

General Guidance for Recruitment Clinicians	
Candidate is able to:	
	<ul style="list-style-type: none"> • Work a variety of variable shift patterns including night shifts, unsocial hours.
	<ul style="list-style-type: none"> • Gather and submit information that has the potential to support law enforcement objectives.
	<ul style="list-style-type: none"> • Provide an initial response to incidents.
	<ul style="list-style-type: none"> • Arrest, detain or report individuals.
	<ul style="list-style-type: none"> • Conduct priority and volume investigations.
	<ul style="list-style-type: none"> • Interview victims and witnesses in relation to priority and volume investigations.
	<ul style="list-style-type: none"> • Interview suspects in relation to priority and volume investigations.
	<ul style="list-style-type: none"> • Search individuals and their personal property.
	<ul style="list-style-type: none"> • Carry out systematic searches of vehicles, premises and open areas.
	<ul style="list-style-type: none"> • Manage conflict.
	<ul style="list-style-type: none"> • Provide initial support to victims, survivors and witnesses and assess their need for further support.
	<ul style="list-style-type: none"> • Be medically capable of attempting and passing the Job related Fitness Test and maintaining fitness to the levels specified by BTP and as guided by the College of Policing.
	<ul style="list-style-type: none"> • Medically / physically capable of undertaking and passing Police Safety Training (PST) and Emergency Life Support training (Module 1) (DDOs Module 3).
	<ul style="list-style-type: none"> • Able to deal with levels of workplace stress and non-physical confrontation that are normal in a police role.
	<ul style="list-style-type: none"> • Possess good memory, concentration and qualities generally suitable for a role with a critical requirement for strong decision making and cognitive abilities.
	<ul style="list-style-type: none"> • Possess a good standard of vision with and without prescribed aids.
	<ul style="list-style-type: none"> • Possess a good standard of hearing
	<ul style="list-style-type: none"> • Can speak, receive and give instruction clearly and audibly according to foreseeable Policing Constable scenarios.
	<ul style="list-style-type: none"> • Record, document and reference information as required.
	<ul style="list-style-type: none"> • Noting the specific context of the BTP related work environment, attain / maintain appropriate rail trackside medical standards for independent / unaccompanied working. The specific hearing and colour vision capabilities however are not practicably required and the default BTP standards will apply noting the exemption identified earlier in this document.

Specific Medical Standards Abbreviated

Physical Capability item	Specific standard
Uncorrected Visual Acuity (No glasses or contacts)	BTP Policing requirement 6/60 COP / Home office removed the 6/36 requirement in 2017 however the rationale was not explored for all settings fully and therefore the base Network Rail of 6/60 standard is deemed appropriate for BTP Policing candidates who will be expected to work trackside and who may in all scenarios not have corrective lenses
Distance vision with or without spectacles or contact lenses	COP Policing Requirement 6/12 or better with either your right or left eye 6/6 both eyes together
Near vision with or without spectacles or contact lenses	COP Policing Requirement N8
Colour Vision	COP Policing Requirement <ul style="list-style-type: none"> • Monochromats are not accepted (complete colour deficiency) • Mild anomalous trichomats are acceptable in standard policing roles. • Severe anomalous trichomats are likely to appropriate in some standard policing roles but not extended roles such AFO and Taser • The use of colour correcting lenses is not acceptable.
Visual Fields	COP Policing Requirement <ul style="list-style-type: none"> • A view of at least 120 degrees horizontally by 100 degrees vertically is required. • Free of any large defective areas, particularly in the fovea. • Defects smaller than the physiological blind spot will be acceptable.
Eye Surgery	<ul style="list-style-type: none"> • Radial keratotomy, arcuate keratotomy or corneal grafts are not accepted. • Other forms of refractive surgery such as LASIK, LASEK, PRK, ICRS and epiflap are all acceptable provided that six weeks have elapsed since surgery, there are no residual side effects and the other eyesight standards are met.
Hearing Capability	COP Policing Requirement by audio metric assessment 84 dB at 0.5, 1 and 2 KHz, and / or 123 dB at 3, 4 and 6 KHz. Candidate is likely to be unfit for entry to the police service if hearing capability deficit at the specified thresholds above.
Fitness Test Level	The requirement for candidates for police constable, special and PCSO is to attain the 5.4 rating in the 15 metre shuttle run.
Blood Pressure	Candidates would ideally present in the normal ranges at rest i.e. 140mmHg systolic and below 90mmHg diastolic
Substance Misuse	Is not compatible with a policing role

<p style="text-align: center;">General Health</p>	<p>There should be no medical condition or treatment likely to cause:</p> <ul style="list-style-type: none"> • Sudden loss of consciousness • Impairment of awareness or concentration • Sudden incapacity • Visual impairment of a temporary or transient nature • Impairment of balance or coordination • Significant limitation of mobility
<p style="text-align: center;">Gender Reassignment</p>	<p>It is reasonable to identify if any individual is due to undergo surgical procedures within the next 2 years as this will likely impact time away from an active policing role for post-surgery recovery and any complications that may arise as a result of the surgery.</p> <p>Officer Safety trainers facilitate their needs by discussing directly with them their requirements around changing facilities when attending training.</p> <p>Training is provided in how to search members of the public who are undergoing Gender Reassignment, when subject to a police search.</p> <p>All transgender candidates should be referred to Occupational Health</p> <p>HR: Accept the gender as the acquired gender and where possible make this gender appear on the system, and treat the candidate as being of the acquired gender throughout as far as possible.</p> <p>HR: Arrange for the uniform provided to be appropriate for the acquired gender. The medical team can provide a letter of support if necessary.</p> <p>The candidate needs to be informed that the routine DNA testing carried out in training identifies gender and this situation may lead to a query.</p> <p>They should note the reference number of their DNA swab and inform the DNA lead by email of the situation as soon as the swab has been taken. Then any queries will be dealt with confidentially in the lab and there will be no embarrassing messages coming back to the candidate.</p>
<p style="text-align: center;">Dyslexia</p>	<p>Candidates will not be suitable if they possess impairments that restrict significantly the capability requirements as identified in the National Policing Improvement Agency and BTP capability framework.</p> <p>It is reasonable to allow a candidate some adjustments in examinations as long as the core safety critical roles of a police officer are indicated as being impacted by the learning disorder.</p> <p>Some recruits are being prescribed specially tinted lenses to enable them to overcome the visual disturbances in their dyslexia.</p> <p>Advice from Specialists at the City University is these lenses should only be used when using a computer or for extensive reading.</p> <ul style="list-style-type: none"> • Only a very small percentage of people with dyslexia will benefit from coloured lenses • A pre-reading and post-reading assessment using the Wilkins rate of reading test must be used to establish significant improvement (apparently the Adult Dyslexia and Skills Development Centre use this test) • The optimum benefits are achieved when using a computer and for extensive reading. The value is questionable short bursts of reading/writing such as notes for a pocket book. • Coloured lenses will distort colour vision

Outcomes of Recruitment Medicals

Outcome categories of candidate medicals fit into a number of categories.

Medical Recruitment Outcomes Categories
Pass - Fit for BTP Policing duties
Fail – Unfit for BTP Policing duties
Medical Hold

- Medical Holds decisions will ideally be kept to a minimum. However the length of time a medical hold remains in force may for a variety of reason be out with the control of BTP.
- If candidate is to be a Medical Hold the active medical / recruitment file will be identified with 'Med Hold/ Date of this decision, printed name of person making this decision' & type of hold (put number of category as below) & review date

Medical appeals process and case conference

All appeals in respect of a rejection on medical grounds must be in writing and directed to the recruitment team and then escalated to the BTP OH manager.

The reviewing occupational health clinician will ensure that:

- They have the relevant medical information
- The candidate has been assessed in person by a medical officer or by a specialist assessing for BTP
- Expert advice or assessment has been obtained where required.
- Further information and assessment will be undertaken as necessary.