

# Home Office Circular 59 / 2004

## National Recruitment Standards - Medical Standards For Police Recruitment



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Broad Subject: Police Service

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Dear Chief Officer

This Circular sets out revised medical standards for police recruitment and replaces HOC 7/98. Eyesight standards remain as set out in HOC 25/2003.

The medical standards have been revised to bring them up to date and to take account of the implementation of the employment provisions of the Disability Discrimination Act to police officers on 1 October 2004.

The main change to the standards is that from 1 October it will be unlawful to exclude candidates automatically on the basis of a medical condition or disability. Each case should be looked at individually and assessed on its merits. The standards also reflect fitness to serve at the time of assessment and for a reasonable time. This differs from the previous standards which reflected fitness at the time of assessment and a prediction that the individual was likely to remain fit for the full duties of a police constable for the foreseeable future and was unlikely to have a condition or medical history which could lead to premature retirement on health grounds.

The revisions do not mean that people who are not fit to perform the job will be recruited. There is no expectation that people who cannot fulfil a substantial part of the role will be recruited. It means that the police service will recruit able people who have, until now, been excluded on medical grounds or the likelihood of early ill-health retirement.

The standards indicate that some medical conditions may be less compatible with police work than others. This is indicative only and each case will need to be looked at individually and assessed on its merits in the light of professional information and judgement.

Applicants should be assessed in terms of ability based on the role, functions and activities of an operational Constable as set out in the Police Integrated Competency Framework (PICF) and fitness for work assessed in terms of the framework of National Medical Standards for Recruitment. This will provide a common base for consistent decision making across force.

## **The Disability Discrimination Act 1995 (DDA)**

Under the DDA it is unlawful for an employer to discriminate against a disabled person in the arrangements he makes to determine who should be offered employment, in the terms on which he offers that person employment or by refusing to offer, or deliberately not offering, him or her employment.

If the recruitment arrangements, working arrangements or premises substantially disadvantage a disabled person, then the employer has an obligation to make reasonable adjustments that would remove that substantial disadvantage and thereby enable that person to compete equally for the job and/or perform the job. Adjustments are not required where there is only minor or trivial disadvantage.

From 1 October, the DDA will apply to medical standards for entry to the police service. Rejection on medical grounds must be justified in terms of the aspects of the job which the applicant would be unable to carry out with a specific condition, illness or disease even if reasonable adjustments were made. Consideration should be given to the nature and extent of the disability, any adjustment which can be made, costs and practicality and likely effectiveness.

### **Medical assessment procedure**

Forces should assess 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.

From 1 October therefore only applicants who are successful at assessment centre should be asked to complete and submit a Pre-Employment Medical Questionnaire (PEMQ). By operating this policy, the Police Service will give disabled people the opportunity to compete for jobs and demonstrate their skills and abilities on a fair and equal basis.

### **Pensions**

From 1 October, recruits will additionally be assessed as to the risk of premature ill-health retirement. Recruits whose pensions costs are likely to be disproportionately high due to their risk of early retirement on the grounds of ill-health will be excluded from all ill-health benefits under the Police Pension Scheme whether related to a disability under the DDA or not. However, the pension contributions of this excluded group will also be reduced.

The Force Medical Advisor (FMA) will provide a medical opinion as to the risk of premature ill-health retirement. This will inform the decision on eligibility and access to the ill-health benefits of the Police Pension Scheme.

Amendment regulations are expected to be put in place by 1 October and a further HOC issued.

### **Further guidance**

Guidance on the implementation of the DDA as it relates to the recruitment, medical and pensions procedures was published on 14 September 2004. The guidance entitled "Disability and the Police" includes annexes on Recruitment; Training; Appraisal, Selection and Promotion; Serving Officers; and Pensions.

ISOBEL ROWLANDS

## Recommended Medical Standards

<b>EAR, NOSE and THROAT DISORDERS</b>		
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		
<b>Illness/injury/ disease</b>	<b>Police applicant</b>	<b>Notes</b>
<p><b>External ear</b></p> <p>Chronic otitis externa</p> <ul style="list-style-type: none"> <li>- Mild, occasional otitis externa</li> <li>- More severe, recurrent otitis externa</li> </ul> <p>Atresia or stenosis of ear canal</p>	<p>Likely to be suitable</p> <p>Likely to require further information, investigation and assessment</p> <p>Likely to require further information, investigation and assessment – unless excluded on audiometric criteria</p>	<ul style="list-style-type: none"> <li>• Impedes function, balance and use of communications equipment.</li> </ul>
<p><b>Tympanic membrane and middle ear</b></p> <p>Perforation</p> <ul style="list-style-type: none"> <li>- Healed</li> <li>- Chronic</li> </ul> <p>Ventilation tubes (grommets)</p> <p>Successful myringoplasty/ tympanoplasty</p> <p>Chronic otitis media</p> <ul style="list-style-type: none"> <li>- Healed</li> <li>- Inactive</li> <li>- Active</li> </ul> <p>Chronic serous otitis media</p> <p>Post-mastoid surgery</p> <p>Otosclerosis</p> <p>Facial palsy with loss of function</p>	<p>Likely to be suitable</p> <p>Likely to require further information, investigation and assessment</p> <p>Likely to require further information, investigation and assessment</p> <p>Likely to be suitable</p> <p>Likely to be suitable</p> <p>Likely to require further information, investigation and assessment</p> <p>Likely to require further information, investigation and assessment</p> <p>Likely to require further information, investigation and assessment, unless audiometric standards are not met. If active chronic disease – unlikely to be suitable</p> <p>Likely to require further information, investigation and assessment</p> <p>Likely to require further information, investigation and assessment</p>	

## EAR, NOSE and THROAT DISORDERS CONTINUED

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
<p><b>Inner ear</b></p> <p>Meniere's disease</p> <p>Benign positional paroxysmal vertigo</p> <p>Hearing</p> <p>Both ears above standard</p> <p>Both ears below standard</p> <p>Hearing in one ear above standard, and hearing in one ear below standard</p> <p>Applicants with hearing aids that bring their hearing above the minimum standard</p>	<p>Unlikely to be suitable</p> <p>Likely to require further information, investigation and assessment</p> <p>Likely to be suitable</p> <p>Unlikely to be suitable</p> <p>Likely to require further information, investigation and assessment – applicant must be assessed carefully</p> <p>Likely to require further information, investigation and assessment</p>	<p>Hearing standard - Hearing loss of more than a total of 84 dB over the 0.5 - 1.2 KHz range or more than a total of 123 dB over the 3,4 and 6 KHz range.</p> <p>For borderline cases or when hearing in one ear is above the standard and hearing in the other ear below standard, or when hearing aids are fitted, consideration should be given to a practical test of hearing to assess functional ability, for example speech and/or phoneme comprehension.</p>
<p><b>Nose</b></p> <p>Allergic vasomotor rhinitis</p> <p>Recurrent nasal polyps</p> <p>Persistent chronic sinusitis</p>	<p>Likely to be suitable</p> <p>Likely to be suitable but If there is a significant history then likely to require further information, investigation and assessment</p> <p>Likely to be suitable but If severe, likely to require further information, investigation and assessment</p>	
<p><b>Throat</b></p> <p>Tracheostomy</p> <p>Chronic laryngitis</p> <p>Other laryngeal disease</p> <p>Severe speech impediment</p> <p>Balance disorders and vertigo</p>	<p>Unlikely to be suitable</p> <p>Likely to require further information, investigation and assessment</p> <p>Likely to require further information, investigation and assessment</p> <p>Likely to require further information, investigation and assessment but unlikely to be suitable if the applicant cannot communicate effectively</p> <p>Likely to require further information, investigation and assessment</p>	<ul style="list-style-type: none"> <li>• Not compatible with safety near or in water</li> <li>• Unable effectively to perform vital task of radio and voice communication</li> <li>• Usually a symptom of another condition that may make the applicant unsuitable.</li> </ul>

## CARDIOVASCULAR SYSTEM

Some cardiovascular disorders can impair fitness by limiting working capacity or by risk of sudden incapacity. Therefore applicants with marked cardiovascular disorders will not be able safely and efficiently to perform the operational Police Constable role.

Illness/injury/ disease	Police applicant	Notes
Coronary artery disease - Symptomatic  - Asymptomatic	Unlikely to be suitable  Likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>High risk of the operational role precipitating symptoms (chest pain) or a coronary event.</li> </ul>
Congenital heart disease - Corrected  - Uncorrected	Likely to require further information, investigation and assessment  Unlikely to be suitable	<ul style="list-style-type: none"> <li>Reassess after corrective surgery, unlikely to be suitable if loss of cardiovascular function</li> </ul>
Cardiac murmurs	Benign – likely to be suitable, else likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>Requirement to meet normal cardiovascular function both at rest and exercise</li> </ul>
Acquired valvular disease	Likely to require further information, investigation and assessment Unless benign unlikely to be suitable.	<ul style="list-style-type: none"> <li>May compromise exercise tolerance</li> </ul>
Disturbance of rhythm	Likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>May compromise exercise tolerance. Operational role may dangerously exacerbate the arrhythmia</li> </ul>
Cardiomyopathies	Unlikely to be suitable	<ul style="list-style-type: none"> <li>Operational role may precipitate a cardiac event. There may be a decrease in exercise tolerance.</li> </ul>
Uncontrolled hypertension	Likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>May be referred for monitoring and treatment to own GP and assessed again when condition investigated and controlled.</li> </ul>
Hypertension with end organ damage or unacceptable side-effects of treatment	Unlikely to be suitable	
Controlled hypertension with no side-effects of medication	Likely to be suitable	<ul style="list-style-type: none"> <li>Subject to (annual) medical examination.</li> </ul>
Established peripheral vascular disease affecting the lower limbs - Symptomatic  - Asymptomatic	Unlikely to be suitable  Likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>Condition is not compatible with exercise requirements of operational Police Constable.</li> </ul>
Raynaud's phenomenon	Likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>Cold may trigger painful attacks. May affect dexterity of hands in operating equipment.</li> </ul>
Varicose veins  Severe varicose veins	Likely to require further information, investigation and assessment Likely to be unsuitable if symptomatic or sufficiently severe to restrict capacity to perform operational duties.	<ul style="list-style-type: none"> <li>Condition will inevitably deteriorate substantially with prolonged standing and sitting.</li> </ul>

## RESPIRATORY SYSTEM

Conditions adversely affecting respiratory fitness will limit working ability most commonly from the sensation of breathlessness

Illness/injury/ disease	Police applicant	Notes
Any persistent respiratory disease impairing exercise capacity	Unlikely to be suitable	<ul style="list-style-type: none"> <li>Assessment should be made on a case by case basis.</li> </ul>
Asthma	Likely to require further information, investigation and assessment	
Treated hay fever without history of wheezing	Likely to be suitable	
Solitary spontaneous pneumothorax	Likely to be suitable	
Recurrent pneumothoraces	Likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>Reassess after treatment aimed at preventing further recurrences</li> </ul>
Chronic Obstructive Pulmonary Disease (COPD) affecting exercise capacity	Unlikely to be suitable	<ul style="list-style-type: none"> <li>The loss of normal respiratory function will limit exercise capacity even in the absence of superadded chest infections.</li> </ul>
Tuberculosis - Active  - History of a previous episode of TB	Unlikely to be suitable  Likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>Unacceptable risk of transmission during training period</li> </ul>
Successfully treated Tuberculosis	Likely to require further information, investigation and assessment	
Sarcoid	Likely to require further information, investigation and assessment	

## ALIMENTARY SYSTEM

Illness/injury/disease	Police applicant	Notes
Peptic ulceration or dyspepsia	Likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>Chronic pain may interfere with role.</li> </ul>
Irritable bowel syndrome - Mild	<p>Likely to be suitable</p> <p>Likely to require further information, investigation and assessment</p>	Applicant under investigation; require close proximity to the toilet; require codeine for control; or if the IBS has a significant association with stress
Inflammatory bowel disease (Crohn's or ulcerative colitis)	Unlikely to be suitable, or if successfully treated UC, likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>Chronic conditions with unpredictable course and relatively high surgical intervention rates.</li> </ul>
Dietary conditions - Coeliac disease  - Lactose intolerance  - Food allergy	<p>Likely to require further information, investigation and assessment</p> <p>Likely to be suitable</p> <p>Likely to be suitable</p>	<ul style="list-style-type: none"> <li>Many sufferers will have minimal symptoms with good dietary control and will be suitable.</li> </ul>
Hernia	Likely to be suitable assuming > 3 months after successful surgical treatment Untreated hernia refer to GP/defer till after surgery	<ul style="list-style-type: none"> <li>Training and operational role will be compromised due to local weakness in abdominal musculature. Hernia is likely to increase in severity.</li> </ul>
Anal and perianal conditions  - Active chronic conditions	<p>Likely to be suitable</p> <p>Likely to require further information, investigation and assessment</p>	<ul style="list-style-type: none"> <li>Persistent perianal sepsis will cause significant absence.</li> </ul>
Chronic liver disease	Unlikely to be suitable	
Biliary disease - Gallstone disease  - Chronic biliary tree	<p>Likely to require further information, investigation and assessment</p> <p>Unlikely to be suitable</p>	
Pancreatitis - Single episode  - Chronic	<p>Likely to require further information, investigation and assessment</p> <p>Unlikely to be suitable</p>	
Stoma with good nutritional state and no complications	Likely to be suitable	<ul style="list-style-type: none"> <li>Consider need for provision of special padding on uniform belts</li> </ul>

## NEPHRO-UROGENITAL SYSTEM

Renal disease and its sequelae can have profound effects on the ability of an operational Police Constable to attend let alone be safe and functional in his/ her occupation. Sudden incapacity from pain, hypertension and renal failure are the major complications

Illness/injury/ disease	Police applicant	Notes
Haematuria/ Proteinuria	Likely to require further information, investigation and assessment	GP to investigate in the first instance
Nephritis	History of nephritis and ongoing impairment unlikely to be suitable. Otherwise likely to require further information, investigation and assessment	
Recurrent urinary tract infections	Likely to require further information, investigation and assessment	
Persistent major urethral abnormality	Unlikely to be suitable	<ul style="list-style-type: none"> <li>• Treatment is likely to be protracted</li> </ul>
Minor urethral abnormality	Likely to require further information, investigation and assessment	
Urinary incontinence	Likely to require further information, investigation and assessment	
Benign scrotal swellings	Likely to require further information, investigation and assessment	
Testicular tumours	See miscellaneous conditions	
Major congenital renal abnormality	Likely to require further information, investigation and assessment	
- normal renal function	Likely to be suitable	<ul style="list-style-type: none"> <li>• Normal renal function necessary to allow regular attendance and performance.</li> </ul>
Polycystic kidney disease	Unlikely to be suitable	<ul style="list-style-type: none"> <li>• Progression to end stage renal failure.</li> </ul>
Unilateral kidney (with remaining kidney functioning well)	Likely to be suitable	
Established renal stone disease	Likely to require further information, investigation and assessment	
Irreversible renal failure	Unlikely to be suitable	<ul style="list-style-type: none"> <li>• Associated fatigue, anaemia and therapy effects not compatible with operational Police Constable role.</li> </ul>
Renal dialysis (Haemo/CAPD)	Unlikely to be suitable	<ul style="list-style-type: none"> <li>• Associated fatigue, anaemia and therapy effects not compatible with operational Police Constable role.</li> </ul>

## ENDOCRINE SYSTEM

A defective endocrine system is unable to properly adjust and correlate the activities of the various body systems and is not able to make them appropriate for the changing demands of the external and internal environment.

Illness/injury/ disease	Police applicant	Notes
Insulin-dependent diabetes mellitus (type 1 or type 2)	Unlikely to be suitable. However, further information, and assessment will be needed	Further information and assessment will be needed in order to assess each case on its merits
Non-insulin dependant diabetes mellitus	Likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>• The complications of diabetes can degrade the functional capacity of an operational Police Constable.</li> <li>• Recent hypoglycaemic episode warrants deferral.</li> </ul>
Thyroid disease	Likely to be suitable – recruit must be undergoing treatment or have undergone successful treatment. If doubt exists, likely to require further information, investigation and assessment	
Pituitary disease	Likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>• Can be secondary to other conditions. If these other factors do not exclude a recruit then hormonal therapy treatment can allow individuals to return to normal function.</li> </ul>

### SKIN CONDITIONS

Skin disease can be as much if not more disabling than disease of other organ systems. Physical disability from skin disease derives from decreased mobility of the abnormal stratum corneum or an abnormally stiff dermis. Special concern is raised with extensive hand and foot involvement and the resultant effect on dexterity and mobility respectively.

Illness/injury/ disease	Police applicant	Notes
Extensive skin disease with chronic discomfort or disruption of dermal integrity.	Likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>• Exposure to irritants or inhospitable environments will result in frequent exacerbations.</li> </ul>
Widespread eczema/ dermatitis	Likely to require further information, investigation and assessment	
Mild eczema	Likely to be suitable	
Severe psoriasis	Likely to require further information, investigation and assessment	
Mild psoriasis	Likely to be suitable	
Malignant Melanoma, following excision	Likely to require further information, investigation and assessment	

## ORTHOPAEDIC and SOFT TISSUE CONDITIONS

Dexterity, mobility and good spinal function are essential physical requirements for an individual to undertake the role of an operational Police Constable.

Illness/injury/ disease	Police applicant	Notes
<b>General</b> Any previous injury (fracture, soft tissue injury) or congenital deformity, causing long term reduction in function of a joint or limb	Likely to require further information, investigation and assessment	
<b>Implants</b> Major joint replacement (total hip or knee)  Internally fixed fractures ('metal work')  Endoprosthetic replacements	Unlikely to be suitable  Likely to require further information, investigation and assessment Unlikely to be suitable	<ul style="list-style-type: none"> <li>• Unacceptable risk to the prosthesis from exercise requirements. Severe implications of prosthetic failure in an active adult.</li> <li>• Assess on case by case basis</li> <li>• Risk of re-fracture at site of metal work when returning to more energetic activities.</li> <li>• Used in osteosarcoma surgery. Unacceptable risk of prosthesis failure or fracture around prosthesis.</li> <li>• Assess on case by case basis</li> </ul>
<b>Knee disorders</b> Medial meniscectomy  Lateral meniscectomy  Ligamentous injury requiring surgery or causing instability  Osteochondritis dissecans	Likely to require further information, investigation and assessment Likely to require further information, investigation and assessment Likely to require further information, investigation and assessment Unlikely to be suitable	<ul style="list-style-type: none"> <li>• Risk of early osteoarthritis with associated disability.</li> <li>• Risk of re-injury in operational role.</li> <li>• Risk of severe knee joint damage.</li> </ul>
<b>Foot disorders</b>	Likely to require further information, investigation and assessment	
<b>Amputations (total or partial) of upper or lower limb</b>	Likely to require further information, investigation and assessment	
<b>Dislocation and instability of major joints</b> Single episode of dislocation with no recurrence Recurrent dislocation or surgical treatment required	Likely to be suitable  Unlikely to be suitable - rarely, if excellent surgical results from stabilisation further information, investigation and assessment could be sought.	<ul style="list-style-type: none"> <li>• Risk of recurrent dislocation whilst engaged in operational activities (e.g. restraining).</li> </ul>
<b>Cervical spine</b> Resolved whiplash  Cervical discectomy (+/- fusion)	Likely to be suitable  Unlikely to be suitable	<ul style="list-style-type: none"> <li>• May be exacerbated by physical activities and driving.</li> <li>• Cervical discectomy will often not improve neck pain. Also there may be persisting neurological disability in the upper limbs.</li> </ul>

## ORTHOPAEDIC and SOFT TISSUE CONDITIONS CONTINUED

Dexterity, mobility and good spinal function are essential physical requirements for an individual to undertake the role of an operational Police Constable.

Illness/injury/ disease	Police applicant	Notes
<p><b>Lumbar spine</b></p> <p>Single level resolved lumbar disc disease +/- discectomy</p> <p>Multiple level lumbar disease Recurrent low back pain/ persistent sciatica</p>	<p>Likely to require further information, investigation and assessment</p> <p>Unlikely to be suitable Likely to require further information, investigation and assessment</p>	<ul style="list-style-type: none"> <li>• Low back pain +/- lower limb symptoms can be disabling. Exacerbated by driving, standing for long periods, other physical tasks.</li> </ul>
<p><b>Arthritis and related conditions</b></p> <p>Rheumatoid arthritis</p> <p>Controlled gout without complications</p> <p>Ankylosing Spondylitis with chronic pain</p> <p>Mild Ankylosing Spondylitis with preserved function</p> <p>Reiter's Diseases / reactive arthropathy</p> <p>Connective tissue diseases</p>	<p>Unlikely to be suitable</p> <p>Likely to be suitable</p> <p>Unlikely to be suitable</p> <p>Likely to require further information, investigation and assessment</p> <p>Likely to require further information, investigation and assessment</p> <p>Likely to require further information, investigation and assessment</p>	<ul style="list-style-type: none"> <li>• Progressive joint damage with degrading of operational capacity.</li> <li>• Assessment should be made on a case by case basis.</li> <li>• Can cause diagnostic difficulties and often unpredictable course. Potential for severe incapacitation.</li> </ul>

## HAEMATOLOGICAL DISORDERS

Illness/injury/disease	Police applicant	Notes
Previously undetected iron deficiency anaemia	Likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>Refer to GP initially for investigations and treatment.</li> </ul>
Other anaemias	Likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>Many of the underlying conditions causing anaemia will make the applicant unsuitable.</li> </ul>
G6PD deficiency	Likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>Highly variable, but an applicant may be suitable.</li> </ul>
Polycythaemia (Haematocrit>0.55)	Unlikely to be suitable	<ul style="list-style-type: none"> <li>Unacceptable risk of disabling complications.</li> </ul>
Thalassaemia major with severe chronic anaemia	Unlikely to be suitable	<ul style="list-style-type: none"> <li>Unable to safely perform required exertion.</li> </ul>
Sickle cell disease	Unlikely to be suitable	<ul style="list-style-type: none"> <li>Anaemia &amp; crises.</li> </ul>
Sickle cell disease trait	Likely to be suitable	<ul style="list-style-type: none"> <li>Usually asymptomatic.</li> </ul>
Mild haemophilia <ul style="list-style-type: none"> <li>- Symptomatic</li> <li>- Asymptomatic</li> </ul>	Unlikely to be suitable  Likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>Physical tasks and risk of injury may precipitate haemorrhage.</li> </ul>
Thrombocytopenia	Likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>If platelets &lt; 25 X 10<sup>9</sup>/l then the recruit is unlikely to be suitable.</li> </ul>
Anticoagulation therapy	Unlikely to be suitable	<ul style="list-style-type: none"> <li>The underlying condition may also make the applicant unsuitable.</li> </ul>
Leukaemia/ lymphoma with complete remission	Likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>Those in complete remission may be suitable following further investigation.</li> </ul>

## INFECTIOUS DISEASE

Illness/injury/ disease	Police applicant	Notes
HIV infection <ul style="list-style-type: none"> <li>- Symptomatic</li> <li>- Asymptomatic</li> </ul>	Unlikely to be suitable  Likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>• Assessment should be made on a case by case basis.</li> </ul>
Resolved Hepatitis A infection	Likely to be suitable	
Hepatitis B carriers	Unlikely to be suitable	
Resolved Hepatitis B infection without carrier status	Likely to require further information, investigation and assessment	
Hepatitis C and D	Unlikely to be suitable	
Resolved Hepatitis E infection	Likely to be suitable	
Glandular fever	Likely to require further information, investigation and assessment	

## MISCELLANEOUS CONDITIONS

Illness/injury/ disease	Police applicant	Notes
Childhood or early adult malignancy	Likely to require further information, investigation and assessment	
Narcolepsy	Unlikely to be suitable	
Body Mass Index outside normal range - 18 to 30	Likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>BMI should only be used to screen individuals.</li> </ul>
Malignant disease	Likely to require further information, investigation and assessment	
Genetic disease	Likely to require further information, investigation and assessment	
Chronic pelvic inflammatory disease (PID) with chronic pelvic pain	Likely to require further information, investigation and assessment	
Incapacitating menorrhagia	Likely to require further information, investigation and assessment	
Incapacitating dysmenorrhoea	Likely to require further information, investigation and assessment	
Endometriosis	Likely to require further information, investigation and assessment	
Fibroids and ovarian cysts	Likely to require further information, investigation and assessment	
Cervical dysplasia CIN 1/2	Likely to be suitable	
Cervical dysplasia CIN 3	Likely to require further information, investigation and assessment	
Invasive carcinoma	Unlikely to be suitable	
Polycystic ovary disease	Likely to require further information, investigation and assessment	
Pregnancy	Likely to be suitable after 3 months following delivery	
Termination of pregnancy	Likely to be suitable after 4 weeks following termination providing there are no complications	

## NEUROLOGICAL DISORDERS

Illness/injury/disease	Police applicant	Notes
Epilepsy – single seizure	Likely to require further information, investigation and assessment	<ul style="list-style-type: none"> <li>Those in whom no abnormality is found should have their acceptance for entry deferred for a period of 18 months<sup>1</sup>.</li> </ul>
Epilepsy – recurrent seizures	Unlikely to be suitable	<ul style="list-style-type: none"> <li>Assessment should be made on a case by case basis.</li> </ul>
Migraine	Likely to require further information, investigation and assessment	
Headaches / Severe headaches	Likely to be suitable	
Head Injuries  Subarachnoid haemorrhage  Transient Ischaemic Attacks  Hydrocephalus/insertion of shunts  Multiple sclerosis  Motor neurone disease, cerebella ataxias, progressive peripheral neuropathy and Parkinson's disease	Likely to require further information, investigation and assessment  Likely to require further information, investigation and assessment  Likely to require further information, investigation and assessment  Unlikely to be suitable  Likely to require further information, investigation and assessment  Unlikely to be suitable	<ul style="list-style-type: none"> <li>Consideration should be given to applicants deferring entry for 12 months.</li> <li>It is recommended that applicants suffering from MS be deferred for 12 months after the date of appearance of their last set of symptoms.</li> </ul>

<sup>1</sup> There is a high risk of recurrence during this time. If the seizure has occurred within the past 18 months it is recommended that entry to the Police service be deferred for that period. If it is clear that the condition is likely to be permanent, then the applicant is unlikely to be suitable.

## Recommended Mental and Psychiatric Health Standards

<b>CONDITIONS AFFECTING MENTAL AND PSYCHIATRIC HEALTH</b>		
<b>Illness/injury/disease</b>	<b>Police applicant</b>	<b>Notes</b>
Disorders first diagnosed in childhood or adolescence	May not be suitable but further information, investigation, assessment required	<ul style="list-style-type: none"> <li>Assessment should be made on a case by case basis.</li> </ul>
Cognitive and Amnesic Disorders	Unlikely to be suitable	<ul style="list-style-type: none"> <li>Assessment should be made on a case by case basis.</li> </ul>
Substance related disorders	Unlikely to be compatible but further information and assessment will be needed	<ul style="list-style-type: none"> <li>Assessment should be made on a case by case basis.</li> </ul>
Schizophrenia / Schizophreniform Disorder / Schizoaffective Disorder / Delusional Disorder	May not be suitable but further information, investigation, assessment required	<ul style="list-style-type: none"> <li>Assessment should be made on a case by case basis.</li> </ul>

<b>CONDITIONS AFFECTING MENTAL AND PSYCHIATRIC HEALTH</b>		
<b>Illness/injury/disease</b>	<b>Police applicant</b>	<b>Notes</b>
Mood Disorders / Depression / Bipolar Disorders	Likely to require further information, investigation and assessment	
Generalised Anxiety Disorder / Panic Disorder / Phobic Anxiety / Obsessive Compulsive Disorder / Adjustment Disorder / Posttraumatic Stress Disorder	Likely to require further information, investigation and assessment	
Somatoform Disorders / Factitious Disorders / Dissociative Disorders / Chronic Fatigue Syndrome	Likely to require further information, investigation and assessment	
Eating disorders	Likely to require further information, investigation and assessment	
Personality Disorders	Unlikely to be suitable	<ul style="list-style-type: none"> <li>Assessment should be made on a case by case basis.</li> </ul>