

Fitness to Study for Applicants/Students with Severe Eating Disorders: Guidance for Higher Education Institutions

Introduction

This document has been drafted by Higher Education Occupational Practitioners (HEOPS), following wide consultation, as guidance for those providing occupational health advice to Higher Educational Institutions (HEI's) on applicants'/students' fitness to study or train and meet any required standards on completion of graduation.

Fitness standards in regulated professions meet the criteria in the Equality Act 2010¹ in that they are a proportionate means of achieving the legitimate aim of ensuring service user safety, and they are targeted at functions which are intrinsic to the discipline.

Medical and personal information disclosed during the assessment processes should be held in confidence by the occupational health service in accordance to the statutory (UK General Data Protection Regulation² (UK GDPR) and the Data Protection Act 2018³) and common law, professional requirements set by relevant regulators such the General Medical Council⁴ (GMC) or Nursing and Midwifery Council⁵ (NMC) and ethics principles⁶. Explicit informed consent should be obtained from the applicant/student if it is necessary for medical information to be shared

more widely.

OH should advise the HEI of the effects of an eating disorder on functional capacity, medical fitness to embark on the course and adjustments to allow the applicant/student to fulfil any required competencies for completion of training and professional practise after graduation. It is ultimately for the HEI to determine if the recommended adjustments are reasonable to be accommodated for the course but also for the future after graduation.

The Need for Guidelines

The question of whether applicants/students with severe eating disorders, in particular anorexia nervosa (AN), are fit to study is a difficult one as very often applicants/students themselves do not acknowledge they have an illness and want to commence or continue their studies even though their physical state may be severely compromised. It is often the unenviable role of the Occupational Health Practitioner to make a decision regarding such a applicant's/student's fitness to study. It is hoped these guidelines will ensure a safe, fair and consistent approach between Higher Education Institutions (HEI's)

The Detrimental Effects of Severe Eating Disorders on Health and Ability to Study

The presence of an eating disorder itself does not preclude attendance at higher education or academic success. In fact, patients with severe AN often prioritise academic work/study/achievement over all other aspects of their lives. However, severe eating disorders may have a profound impact on individual's psychological, social and physical functioning. They can affect a applicant's/student's cognitive ability and their insight and motivation to receive treatment. Without appropriate treatment they tend

to run a chronic course with a progressively worsening prognosis. This can affect the applicant's/student's ability to achieve their academic potential and prevent them benefiting from the broader aspects of HEI life.

Studies have shown that effective treatments for eating disorders offer the possibility of full and lasting recovery and that delaying such treatment may worsen the prognosis for recovery. It is therefore in the best interests of applicants/students with eating disorders to receive specialist treatment as soon as possible. HEI's should openly support applicants/students addressing their health issues but avoid undue interference or pressure regarding this unless there is a major concern about the applicant's/student's safety. Outpatient psychological therapies are the first line treatment of choice for the majority of people with eating disorders, including those with more severe forms of illness. Such treatments are likely to be compatible with studying, and for many applicants/students, the desire to succeed in their course and the support of peers incentivises them to tackle their health issues. For a small number of applicants/students however, it will be necessary to take time off from part or all of their studies to focus on overcoming or making substantial progress with regards to their eating disorder.

Identifying Issues

Approximately half of all first episode eating disorders commence in emerging adulthood (age 18 to 25), thus eating disorders are very common in student populations. However, most HEI's do not routinely screen for these disorders and the responsibility for seeking help rests with the student. Students with eating disorders may be reluctant to acknowledge the problem and fearful that their eating disorder may affect their eligibility to study. HEI staff with pastoral care responsibilities need vigilance regarding this condition and the skills to encourage and enable students with eating disorders to access prompt support. Training is

available through BEAT to help earlier detection and support with eating disorders: <https://www.beateatingdisorders.org.uk/training-events/find-training/training-for-university-staff/> Pastoral staff with concerns about a student's welfare should discuss these with the individual and encourage them to seek help but should also seek advice from a professional, knowledgeable about the locally available medical, psychological and academic supports.

Transitions

Moving to a new environment may have a detrimental effect on applicants/students with a pre-existing eating disorder. As a result, applicants/students with AN may lose weight rapidly during their first term which may go unnoticed. There are many reasons for this, moving away from family and friends, having to cook, shop and budget for oneself for the first time or eating in halls all may contribute, as may a change in treatment team or hiatus in care. Applicants/students may not appreciate the challenges of treatment transfer and the risks to them during this period. A tragic example of relapse and decompensation following the move to university was the case of Averil Hart (Parliamentary and Health Service Ombudsman's 2017 report 'Ignoring the Alarms'; www.ombudsman.org.uk). Foreign applicants/students may not know how to access the health system and there may be cultural problems with health seeking. Applicants/students needing a structured eating regime or with ritualised eating habits may find these disrupted. A pressured academic environment may also exacerbate the disorder.

Transition from CAMHS to adult EDS is another time of heightened risk and needs specialist oversight. It may be preferable that an applicant/student is accepted by adult psychiatric services in their hometown before they start at the HEI if they are felt to be at risk.

Students also spend significant time at home in between terms and may need to keep both their home and HEI general practitioner involved in their care. Individual and Family based therapy may need completion at home. A comprehensive training programme in the issues arising from age-related service and University transitions can be found here ([Eating Disorders Transitions Learning; FREEDfromEd.co.uk](http://EatingDisordersTransitionsLearning.org)).

Assessment and Monitoring

Occupational Health Practitioners should seek to understand whether transition to higher education can be undertaken in a safe and co-ordinated manner that is not likely to be detrimental to the applicant's/student's health. This may require assessment of the applicant/student and/or, with consent, a report from the individual's General Practitioner or specialist with an understanding of how the applicant/student can be supported once they move to the HEI. The physical and psychological demands of the course and any available clinical support and pastoral care are pertinent to this decision.

It is good practice to monitor the health over time of students who are currently in, or have recently completed, treatment. Physical health monitoring in eating disorders, including weighing, physical observations and blood tests in those with eating disorders, requires expertise however and, if it is felt that such monitoring is needed, it should be undertaken by the individual's GP or ED team. Occupational Health may need to seek reassurance about how the student's monitoring needs can be supported during the course. This generally requires a collaborative approach with good communication between various parties.

Disability Considerations

If the eating disorder is likely to be regarded as a disability under the Equality Act 2010 the HEI has an obligation to provide reasonable

adjustments to support an applicant/student who discloses a disorder. The decision as to what constitutes a reasonable adjustment is the decision of the institution and depends what is practicable to support but may include for example: reasonable deferment of the applicant's/student's place whilst the applicant/student engages in treatment, consideration whether part-time training or deferment of certain parts of training (such as a clinical placement) is possible, reasonable time flexibility to attend outpatient treatment or monitoring, adjustment of coursework deadlines/exam timings or additional pastoral or peer support. In vocational courses some HEI's may be able to support placements closer to the main HEI site during treatment programmes, protected mealtimes, or avoidance of specific triggers such as work with patients with eating disorders. HEI's must always consider the requirement for applicants/students to demonstrate they have achieved the defined core competence standards of a course when exploring support options and adjustments. Specific guidance about adjustments to training in regulated professions is outlined here:

https://heops.org.uk/wp-content/uploads/bsk-pdf-manager/2019/09/1521730240General_guidance_on_adjustments_for_students_training_in_regulated_professions_v23.pdf. Sometimes adjustments may not be practicable to arrange at short notice. Applicants/students should be signposted to contact an HEI's disability advisory service well before the course commencement to allow timely consideration of their support needs.

Severe Eating Disorders

A small number of applicants/students have a particularly severe eating disorder, particularly those with Anorexia Nervosa (AN). These applicants/students are very underweight, physically compromised and substantially impaired in their psychological and social functioning. Such a condition is associated with high mortality rates, particularly from sudden

death and suicide. These applicants/students often minimise their problems or deny having an eating disorder and instead focus solely on their studies even when they are very unwell. They may continue to perform academically but at huge expense to their physical and psychological wellbeing.

Difficulties with Implementation

Body Mass Index (BMI) is a proxy measurement for medical risk in AN. Whilst it is helpful to have a BMI in mind, below which applicants/students are regarded as unfit to study, this is a guidance value and should not be the only criterion applied when making the decision. Applicants/students from certain ethnic origins, such as Asia are recognised to have lower average BMIs. It is also less reliable at extremes of height, in people with diabetes and in men (who have higher average BMIs).

Applicants/students may excessively fluid-load prior to weighing. Rapid weight loss, physical comorbidity, low mood, excessive exercise, fluid restriction, vomiting or purging imply a greater medical risk, as do signs of muscle weakness, postural hypotension or dehydration. Substance misuse (including alcohol), overdoses, or misuse of prescribed insulin or thyroxine or GLP-1 agonists greatly increase the risk.

Assessment is complex and some AN patients may control their weight a fraction above a certain BMI in order to be passed fit but will remain unwell. It is also clear that while many applicants/students are cognitively compromised at very low weight, some seem able to continue to study without obvious impairment and achieve good exam results, but academic pressures may be perpetuating unhealthy behaviours. It is important there is collaboration between the occupational health and specialist teams in such cases to ensure that decision making is shared and informed. However there may be acute situations where the student presents to Occupational Health clearly very unwell before they have seen

any specialist. In such a situation the Occupational Health Practitioner may need to liaise urgently with the General Practitioner and advise the HEI regarding the student being acutely unfit pending further consideration.

The MEED Guidelines

The “MEED” Guidelines on medical assessment of AN are recommended to identify those who may need immediate medical assessment Royal College of Psychiatrists Document CR233: Medical Emergencies in Eating Disorders (MEED): Guidance on recognition and management (May 2022). [college-report-cr233-medical-emergencies-in-eating-disorders-\(meed\)-guidance.pdf \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/docs/default-source/clinical-guidance/college-report-cr233-medical-emergencies-in-eating-disorders-(meed)-guidance.pdf). As Occupational Health may be the first point of call for an applicant/student, clinicians assessing applicants/students must familiarise themselves with the MEED assessment criteria to recognise those applicants/students requiring urgent medical intervention.

Treatment Options:

Anorexia takes an average of five or six years from diagnosis to recovery. About 30% of patients do not recover. NICE guidelines recommend outpatient psychological therapies focused on the eating disorder as first line treatments of choice, and multi-disciplinary interventions in various more intensive settings to treat those with higher levels of severity or needing additional monitoring. Treatment options are subject to local variations. Early intervention is key, and all NHS adult services in England have integrated FREED (first episode rapid early intervention for eating disorders) services/care pathways. This pathway which offers rapid developmentally and illness stage appropriate care for people aged 16 to 25 with an illness duration of less than 3 years. FREED is thus relevant to

many applicants/students. Details can be found on www.FREEDfromED.co.uk.

Outpatient treatment

This broadly consists of a combination of psychological therapy and medical monitoring. It is less likely to be effective for patients with a low BMI ($< 15 \text{ kg/m}^2$) and for those who have previously had unsuccessful treatment. Additional obstacles may be long waiting times to start and interruptions to the treatment programme due to the short HEI terms. Students may find it difficult to make time for treatment in their busy term timetable.

Intensive Outpatient or Home treatment, Day Patient or Inpatient treatment

Severe eating disorders usually require more intensive and lengthy specialist treatment which requires the applicants / student to devote themselves fully to overcoming the disorder. If inpatient treatment is needed this may be best undertaken near to the applicant's/student's family.

Fitness to Study Assessment Process

Ideally, applicants/students with severe eating disorders should be identified prior to starting their course. Liaison, and where possible joint decision making, with any treating specialist and the applicant's/student's GP is important. This process may require considerable time and should be done well before the start of the academic year. If the applicant/student is deemed medically unfit, then this recommendation should be made to his/her HEI and reasonable deferral of their place should be considered.

The applicant's/student's right to confidentiality regarding their personal medical information must be respected throughout. The supervisor or HEI staff must not be involved in the assessment of treatment of applicants/students with an eating disorder even if they have expertise in this area.

Suspension on health grounds, is a decision for the HEI guided by the Occupational Clinician's opinion and the specialist's advice. It is likely to be distressing for the student and possibly their family. Such decisions should be made with sufficient care, taking into account the risks and mitigating factors of each case. Occupational Health Practitioners should consider the student's pastoral care needs and (with consent) liaise with their General Practitioner or treating team to ensure they are aware of this decision and, ideally, this should represent a consensus decision.

Fitness to resume studies

The student's fitness to resume their studies should be assessed by the Occupational Health Practitioner in liaison with the student and follow the advice of the student's specialist. This may require time. Clinical monitoring and treatment arrangements to support a safe return should be clarified by the treating team.

Guidelines for recommending that a student with an eating disorder take a year's intermission from his or her studies to focus fully on treatment and recovery:

- Significantly compromised physical state (e.g. BMI <16 kg/m² and/or purging, excess exercise, poor fluid intake, persistent electrolyte disturbance, medical instability (as per MEED Guidelines)). Risk is greater if there is rapid weight loss (e.g. 0.5 kg/

week over successive weeks). In males or people with diabetes the BMI threshold may need to be set higher e.g. 17kg/m²

- Significantly compromised psychological or social function (e.g. suicide risk, profound social withdrawal, marked cognitive impairment, substance abuse)
- Need for intensive treatment (day patient or inpatient) as recommended by a specialist in eating disorders.

Guidelines for recommending that a student is fit enough to return to their course:

- Stable and uncompromised physical state (e.g. BMI > 17 kg/ m², and medically stable)
- Sufficient psychological and social functioning to be able to cope with the demands of student life (e.g. no suicide risk, little if any cognitive impairment, able to function socially)
- Engagement in whatever management programme is recommended by a specialist in eating disorders. This may include regular monitoring of weight and physical state.

Links

[Supporting Students with Eating Disorders - Student Minds](#) Lessons from an audit of UK eating disorders provision and what we can do better together.

References

¹ Equality Act 2010 [Equality Act 2010](#)

² Regulation (EU) 2016/679 of the European Parliament and of the Council (UK GDPR) www.legislation.gov.uk/eur/2016/679/contents

³ Data Protection Act 2018 [Data Protection Act 2018](#)

⁴ Confidentiality: good practice in handling patient information, GMC
[Confidentiality: good practice in handling patient information - professional standards - GMC](#)

⁵ The Code Professional standards of practice and behaviour for nurses, midwives and nursing associates, NMC [The Code](#)

⁶ Ethics Guidance for Occupational Health Practice – 8th Edition, Faculty of Occupational Medicine [Ethics Guidance for Occupational Health Practice – 8th Edition](#)