

Health and Medical Services Committee

24th April 2014 at 1.30pm
Liberation Room

AGENDA

PART 1

1. **Apologies for absence**
2. **Declarations of interest (*if required*)**
3. **Confirmation of the Minutes of the meeting held on 20th March 2014** Already issued
4. **Matters arising from the Minutes of the meeting held on 20th March 2014** Already Issues
5. **First draft of Immigration Medical Application – specific reference to prohibiting illness to be decided at the meeting** Paper Attached
6. **Environmental & Public Health Issues** Paper Attached
7. **Available Dental Procedures** Paper Attached
8. **Camp Medicine Chests – Accessibility Versus Safety** Paper Attached
9. **Date of Next Meeting: 15th May 2014**
10. **Exclusion of Press and Public**
The Chairman to move as follows:
“I move that the press and public be now excluded on the ground that the next items of business to be considered are likely to disclose exempt information under paragraph(s) 7 Information about individuals and Paragraph 9 Information about others financial and business affairs of Schedule 3 of the Committees (Public Access) Ordinance 2012.”

HEALTH AND MEDICAL SERVICES COMMITTEE

Open Minutes

Held at 11am on Thursday 20th March 2014
In the Liberation Room

These Minutes are draft minutes until confirmed by resolution at the next meeting of this committee

Present:	Honourable Michael Summers	Assembly Member	MS
	Honourable Barry Elsby	Assembly Member	BE
	Ms Hilary Rowland	Director of H & SS	HR
	Dr Angela Rowlands	Chief Medical Officer	AR
	Mrs Melanie Gilding	Lay Member	MG
	Mrs Wendy Shelbourne	Lay Member	WS
	Sqn Ldr Claire Booker	MPC	CB
Minutes:	Mrs Julie Fisher-Smith	PA to DHSS & CMO	JFS

PART 1

ACTION

1.0 Apologies for Absence

1.1 There were no apologies for absence.

2.0 Declarations of interest

2.1 There were no declarations of interest.

3.0 Presentation by Chris Cant – MTO Audit

3.1 Chris Cant supported Dr Ollie Cooper in the preparation of a MTO audit for the period January 2013 – December 2013. The audit highlighted the need to improve the process for referring MTO patients and as a consequence of the audit the need for a clear referral procedure for doctors has been identified.

3.2 It was also noted that returning MTO patients are not being properly followed up on their return. CMO agreed that she will be ensuring this happens.

3.3 HR reported that the audit will be conducted on an annual basis and expressed her gratitude to Dr Cooper and Chris Cant.

4.0 Confirmation of the Minutes of the Meeting held on 20th February

- 4.1 9.2 – The CMO advised that current work permit holders will not have to have a new medical examination when applying for a new work permit unless there has been a significant change in their health.

5.0 Matters Arising from the Minutes of the Meeting held on 20th February 2014

- 5.1 4.1 – “ it was agreed that the individual should ascertain beforehand who would be funding their treatment and that it should become the responsibility of the patient’s Government” – HR stated that there was no current policy that covered this. MS to take this to the Immigration Review Group. **MS**
- 5.2 4.3 – JFS prepared a schedule for HMSC visits to KEMH departments.
- 5.3 6.0 – *Audiology Charges* – Audiology currently purchase their hearing aids through Siemens. Siemens have agreed to supply the hearing aids at NHS prices providing we do not sell them on. If we wish to sell the hearing aids we will be charged the retail price (£775) + 25% discount, this would bring the price to £582. We currently pay £63.46 + approx. £20 for receiver and domes. HR to check the agreement with Sue Wilks. **HR**
- 5.4 7.1- “*A critically ill child or adult with severe disabilities*” BE asked for clarity. HR stated that a multidisciplinary team would decide if a child with severe disabilities needed both parents to accompany them for medical treatment overseas. HMSC agreed that this was a suitable way of determining the need for two parents to accompany the child.
- 5.5 8.1 – JFS reported that there was no paper relating to Hep B vaccinations submitted to ExCo in 2008. In July 2008 a paper by Dr Diggle went to HMSC. HR /CMO to prepare a paper for ExCo. **HR/CMO**

6.0 Director’s Report

- 6.1 HR presented the Director’s Report giving a brief overview and update on various activities within the Department:
- 6.2 Pharmacy is experiencing problems with the logistics of ordering. CB has been very helpful and has ordered some medicines for Pharmacy through the military.
- 6.3 Visiting Specialists – HR stated that it is the intention to stagger future specialist’s visits. This will relieve some of the pressure that is put on support staff during this period.
- 6.4 MLA queried if a visiting specialist advises that a patient is sent for

MTO would this case still need to be discussed at the weekly MTO meeting. The CMO confirmed that that is the current policy.

- 6.5 The mammography screening starts on 25th March. The age range of 47 -74 currently follow the new NHS guidelines. If someone falls out of that range and feel they should be screened they will be asked to complete a questionnaire that will then be sent to Southampton and the Southampton team will decide if they should be screened.

- 7.0 Date of Next Meeting** – 1.30pm on Thursday 24th April in the Liberation Room of the Secretariat

8.0 Exclusion of Press and Public

The Chairman to move as follows:

“I move that the press and public be now excluded on the ground that the next items of business to be considered are likely to disclose exempt information under paragraph(s) 7 Information about individuals and Paragraph 9 Information about others financial and business affairs of Schedule 3 of the Committees (Public Access) Ordinance 2012.”

PART 2

9.0 Confirmation of the Exempt minutes of the Meeting held on 20th February 2014

- 9.1 The minutes were confirmed as a true and accurate record with no corrections.

10.0 Matters Arising from the Exempt Minutes of the Meeting held on 20th February 2014

- 10.1 *16.1* After discussion with the Attorney General’s Chambers further information needs to be obtained before a final decision is made.

Minutes confirmed this day of 2014

Medical Certificate

Applicant's note

The information in this section will help you complete this certificate. Please read the information in this section before you start to complete this certificate.

What if I submitted a medical certificate with my last application?

You may not need a new medical certificate if you have submitted a medical certificate completed and dated by an approved medical practitioner within the last 36 months with a previous application, and that information has been retained by Falkland Islands Immigration. If a new certificate is required, you are responsible for any fees.

Where do I go to get my immigration medical examination?

With your own General Practitioner.

Query Panel doctors

Your responsibilities

- You must pay the fees for the immigration medical examination, any tests required and all postage and courier fees.
- You must tell the truth. False statements on a medical certificate result in your application being declined, any visa granted being cancelled, and if you are in the Falkland Islands, you being required to leave the country.

How do I prepare for my immigration medical examination?

- If you are mildly unwell or on a short course of antibiotics, wait until you are better before having your immigration medical examination.
- Do not have alcohol or high fat meals 48 hours before your blood tests.

What do I bring?

- The certificate with sections A and I completed, and your name at the top of each page where indicated.
- Valid passport or national identity document for identification.
- Three recent passport photographs. Photographs must be no more than six months old.
- A list of all your medications (including drug name and dosage).

- All your medical notes and reports, immunisations record, blood test results, X-rays, scans and anything else that is relevant to your health if not held by your own GP.
- Your glasses (spectacles) or contact lenses if you use them.

What to expect for the immigration medical examination

There are three parts to the immigration medical examination:

1. Medical history and physical examination.
2. Urine and blood tests.
3. Chest X-ray, to be completed using the form *Chest X-ray Certificate*, the guide *Health Requirements* has more details.

The medical certificate must be completed in English.

- The medical history section (Section B) must be completed by the examining doctor or delegated person. If you are not sure about an aspect of your medical history, declare it.
- The physician will complete the physical examination. He or she will check your height, weight, mental state, hearing and vision, listen to your heart, lungs, feel your abdomen and check your reflexes, power and the rest of your nervous system.
- Some parts of the physical examination may be completed by a nurse or health care assistant.
- You will need to provide a urine sample during the immigration medical examination.
- You will also need to get blood tests.
- A chest X-ray and possibly some other tests if clinically necessary.

Women

- Do not have your immigration medical examination during your period (menstruation) because blood may affect the results. Wait until your period is finished before you have your immigration medical examination.
- Women over 45 years will need to have a breast examination. Unless you have a report from a breast specialist, a breast ultrasound scan or mammogram no more than 12 months old.

Children

- All children including babies must have an immigration medical examination.
- Children under 12 years of age do not need a chest X-ray unless the physician declares it is necessary or one is requested by Immigration
- Children under 16 years of age do not need a blood test unless the physician declares it is necessary or one is requested by Immigration.

What happens afterwards?

- Your doctor has to wait for all of your test results to complete the form.
- Your application form is complete only when all the test results and specialist reports have been completed and attached and the doctor has completed all sections of the form.

- You must lodge your completed immigration medical certificates, including all blood tests, and X-rays (*Chest X-ray Certificate*) and any other tests, within three months of the date the completed application form.
- Your application will be assessed by the Chief Medical Officer.
- You may be required to get further specialist reports or tests. You are responsible for paying for these.
- Your medical information may be retained by the Chief Medical Officer for use when assessing the applicant's health in the future or for audit reasons.

For more information:

If you have questions about completing the form:

- See our website ???
- Telephone ????



IMMIGRATION
Falkland Islands

Medical Certificate

Photograph

Section A Personal details

Question A1 must be completed by the examining doctor.

All other questions in this section must be completed by the applicant before the examination.

Please use a black pen and write clearly in English using CAPITAL LETTERS. Illegible forms will be returned for clarification. Tick or fill in all boxes.

Attach one recent passport-size colour photograph of yourself in the space provided.

The photograph must be no more than six months old. Write your full name on the back of the photograph.

A1 Examining physician certify identity by placing signature and date across photograph without obscuring the likeness of the person.

Valid photographic identification sighted? Eg. Passport ☐ Yes ☐ No

A2 Applicant: name as shown in passport

Family/last name

Given/first name(s)

A3 Other names you are known by

A4 Full home address

Telephone (daytime)

Email

A5 Gender Male ☐ Female ☐

A6 Date of birth
D D M M Y Y Y Y

A7 Country of birth

A8 Country of citizenship

A9 Number of children born to applicant

A10 List all countries you have lived, studied or worked in for three months or more in the last five years

A11 What is your intended work activity in the Falkland Islands?

Section B Medical History

Applicant:

- The examining physician will complete this medical history section with your assistance. You (the applicant) must NOT complete this section.
- If the form is for a child under 16 years of age, the examining physician (or a delegated staff member such as a nurse) will complete the medical history section with the assistance of a parent or guardian.
- If you answer 'Yes' to any question, please give details and give the physician any reports, tests or other information.

Have you had or do you have any:

B1	Prolonged or repeated hospital admissions and/or any surgery?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>Give details</i>	<input type="text"/>
B2	Heart or lung condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>Give details</i>	<input type="text"/>
B3	Kidney bladder condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>Give details</i>	<input type="text"/>
B4	Diabetes?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>Give details</i>	<input type="text"/>
B5	Neurological condition, hearing or vision problems?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>Give details</i>	<input type="text"/>
B6	Physical, intellectual or Development condition?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>Give details</i>	<input type="text"/>
B7	Psychiatric (mental) problems or addiction?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>Give details</i>	<input type="text"/>
B8	AIDS, hepatitis B, hepatitis C, Or positive HIV tests?	<input type="checkbox"/> No <input type="checkbox"/> Yes <i>Give details</i>	<input type="text"/>

- B9** Tuberculosis (TB), treatment for TB, and/or household and/or occupational contact with someone with TB? ☐ No ☐ Yes *Give details*
- B10** Muscle, bone, skin, hereditary or autoimmune condition? ☐ No ☐ Yes *Give details*
- B11** Cancer, malignancy or organ Transplant? When? ☐ No ☐ Yes *Give details*
- B12** Government assistance for medical, Health or disability reasons? ☐ No ☐ Yes *Give details*
- B13** Any other treatment or therapy? ☐ No ☐ Yes *Give details*
- B14** Do you smoke or have you ever Smoked? ☐ No ☐ Yes *Give details*
- B15** Do you consume alcohol? ☐ No ☐ Yes *Give details*
- B16** Are you pregnant? ☐ No ☐ Yes *Give details*
- B17** List all medications and does (excluding contraceptive)

Drug Name	Dose	Quantity	Frequency

- B18** Family history: Please complete the table below detailing relationship, age and state of health of your parents, brothers, sisters. If any are deceased, please specify the age of death and cause of death.

Relationship (eg father, sister)	Age	State of health (if not good, please state reason)	Cause of death if deceased (please provide full details)	Age at death

Section C Declaration of person having the medical examination

This declaration must be signed and dated by the person being examined in the presence of the examining physician. A parent or guardian must sign on behalf of a child under 16 years of age. Please read carefully before signing.

I understand the notes and questions in Section A and B of this certificate and I declare the information given about me is true, correct, and complete.

I understand that this declaration also applies to the laboratory test section.

I declare that I will inform Falkland Islands Immigration of any relevant fact or any change or circumstance that may affect the decision on my application for a visa due to my health circumstances.

I authorise Falkland Island CMO to make any enquiries it deems necessary in respect of the information provided on this certificate and to share this information with other Government agencies (including overseas agencies) to the extent necessary to make decisions about my immigration status.

I undertake to pay the fees for this medical examination including laboratory tests and I also agree that I or my child will undergo, at my expense, any further medical examination (s) that may be required in respect of the immigration application.

I agree that the examining physician, and the laboratory who complete this certificate, may release to The Chief Medical Officer any information acquired with regard to the health of myself or my child.

I understand that if I make any false statements or provide any false or misleading information, or have changed or altered this form in any material way after it has been signed, my visa application may be declined and I may lose any right of appeal of the decision to decline the application. I may become liable for deportation. I may also be committing an offence and I may be imprisoned.

Signature of person being examined

Date __/__/____
DD MM YYYY

(of parent/guardian)

Full name of parent or guardian (if applicable)

Relationship to person being examined (if applicable)

Declaration of person assisting

I certify that I have assisted in the completion of this form at the request of the applicant and that the applicant understood the content of the form(s) and agreed that the information provided is correct before signing the declaration.

Signature of person assisting applicant
(if applicable)

Date __/__/____
DD MM YYYY

Full name of person assisting

Declaration of examining physician

Signature of examining physician

Date __/__/____
DD MM YYYY

Full name of examining physician

Section D Physical examination

This section must be completed by the examining physician. Answer all questions.

Where abnormalities are indicated, please provide all the relevant details in the space provided and attach any existing specialist reports. If you do not have enough space, attach a separate sheet. All attached sheets must be initialised by the examining physician.

Was a chaperone present during the examination? ☐ Yes Give details ☐ No ☐ Declined

Was the interpreter present during the examination? ☐ Yes Give details ☐ No ☐ Declined

If yes, provide name and relationship to person being examined

D1 Date of examination / /
DD MM YYYY

D2 Height in Metres Wight in kilograms

Body mass index (kg/m²) (for applicants aged 18 years and over)

D3 Pulse rate and rhythm ☐ Normal ☐ Abnormal Give details

D4 Bruits ☐ Normal ☐ Abnormal Give details

D5 Blood pressure Systolic Diastolic

D6 Peripheral pulses ☐ Normal ☐ Abnormal Give details

D7 Heart murmur ☐ Normal ☐ Abnormal Give details

D8 Visual acuity ☐ Normal ☐ Abnormal Give details

Corrected visual acuity Left Right

D9 General appearance ☐ Normal ☐ Abnormal Give details

D10 Cardiovascular system ☐ Normal ☐ Abnormal Give details

D11 Respiratory system ☐ Normal ☐ Abnormal Give details

D12 Ear, nose, throat ☐ Normal ☐ Abnormal Give details

D13 Abdominal and genitourinary system ☐ Normal ☐ Abnormal Give details

Item: 5

D14	Neurological system	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>
D15	Hearing	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>
D16	Eye/fundal	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>
D17	Physical, intellectual Or sensory capacity	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>
D18	Psychiatric status	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>
D19	Musculoskel system	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>
D20	Skin and lymph nodes including cervical lymph nodes in children under 15 years of age	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>
D21	Evidence of drug taking	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>
D22	Breast examination in women over 45 years of age	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>
D23	Children under five years of age: Developmental milestones	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>
D24	Children under three years of age: Head circumference	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>
D25	In your opinion, is the applicant able to live independently without significant support and perform activities of daily living without assistance?	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>

Next steps – checklist

- Examining physician: ☐ Arrange urinalysis for all applicants five years of age and over.
- ☐ Complete Laboratory Referral Form and detach for applicant to take when giving blood sample.
- ☐ Consider noting any conditions which may be relevant to the radiologist when examining the X-ray.
(Refer to question D1 on the X-ray certificate)
- Applicant: ☐ Undergo blood tests and X-ray (refer to Sections H and I of this form and the *Chest X-ray Certificate*)

Section E Urinalysis and blood tests

This section must be completed by the examining physician on receipt of laboratory test results and urinalysis. The examining physician must sign and attach all test results.

Urinalysis

- May be completed via dipstick (by examining physician) or via laboratory. Where dipstick results return abnormalities attach full laboratory urinalysis.
- Required for all persons (except children under five years of age).
- Children under five years of age should have urinalysis if clinically indicated, for example, a history of kidney disease or recent tonsillitis.
- Females must not undergo urinalysis during their period (menstruation).
- Repeat/follow up laboratory urinalysis if positive blood pigment: red cells and/or test positive for protein.

E1 Urinalysis results

Date of test/retest	Protein	Glucose	Blood
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Date __/__/____

DD MM YYYY

☐ Dipstick ☐ Laboratory

Date (if tested again)

Date __/__/____

DD MM YYYY

☐ Dipstick ☐ Laboratory

Please attach results of all laboratory tests.

Blood tests

E2 Standard (compulsory) blood tests for all applicants 16 years of age and over.

Date __/__/____

DD MM YYYY

HbA1c	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Give details	<input type="text"/>
Serum creatinine	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Give details	<input type="text"/>
Hepatitis B surface	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive *	Give details	<input type="text"/>
Antigen (Hep B aAg)	*request hepatitis B antigen, Alpha-fetoprotein and liver function tests.			
Hepatitis C serology	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive *	Give details	<input type="text"/>
	*request HCVRNA.			
HIV	<input type="checkbox"/> Negative	<input type="checkbox"/> Positive *	Give details	<input type="text"/>

**repeat with Western Blot or local equivalent
For confirming HIV.*

Treponemal serology	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Give details	<div></div>
Full blood count	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	Give details	<div></div>

Please attach results of all laboratory tests

Section F Examining physician's summary of findings

This section is **COMPULSORY**. Please provide your comments on the history and health of this applicant, especially any areas where you consider follow-up is required. Please note any further tests or investigations that you would recommend.

[illegible]

Recommendation

Please consider the information provided about this applicant and refer to the handbook when making your recommendation. Based on the history, examination, the laboratory tests and the X-ray (if provided), you must consider whether:

- There are any significant finding
- There are any abnormal findings
- There are no significant or abnormal findings

1. ☐ No significant or abnormal findings
2. ☐ Abnormal findings (not significant)
3. ☐ Significant findings

Section G Examining doctors's declaration

This declaration must be signed and dated by the examining physician responsible for this examination. This declaration must be signed after the examining doctor has sighted and considered all medical test results. Please read carefully before signing. Please write name and other details below.

I certify that this person has been examined by me or staff under my supervision and their identification in terms of the best of my knowledge.

I certify that all tests, investigations and reports I have considered are signed by me and securely attached.

Signature of examining doctor

Date __/__/____

DD MM YYYY

Full name

Place of examination (city/state and country)

Postal address

Daytime telephone number

Email address

Would you like the CMO in the Falkland Islands to contact you about this examination?

☐ Yes

Issuing authority stamp

Laboratory tests

Section H Instructions for examining doctor

Examining doctor: Please complete your contact details.

Applicant's details (please write)

Applicant's full name

Applicant's date of birth

Date __/__/____

DD MM YYYY

Laboratory tests required

☐

Yes

☐

No

Standard (compulsory) tests	Discretionary tests
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☐

HbA1c

☐

Serum creatinine

☐

Hepatitis B surface antigen (Hep B aAg)

☐

Hepatitis C serology

☐

HIV

☐

Treponemal serology

☐

Full blood count

Signature of examining doctor

Date __/__/____

DD MM YYYY

Examining doctor's full name

Postal address

Issuing authority stamp

Section I Confirmation of identity and declaration

Applicant

- Attach one recent colour passport photograph in the space provided.
- Complete I1 to I7 before your examination.
- Present this form when having blood taken for testing.
- The declaration below must be completed and signed in front of the person taking blood.

Person taking blood

- ☐ Valid photographic identification sighted? (For example, passport).
Certify identity by placing signature and date across photograph without obscuring the likeness of the person.

Applicant details

I1 Passport Number**I2** Applicant's name as shown in passport

Family/last name

Given/first name(s)

I3 Other names you are known by**I4** Gender ☐ Male☐ Female**I5** Date of Birth __/__/____
DD MM YYYY**I6** Country of birth**I7** Country of citizenship

Applicant's declaration

I certify that I have read and understood the declaration at section C on page 4. I understood that the declaration at that section also applies to the laboratory tests.

Signature of applicant
(or parent or guardian)Date __/__/____
DD MM YYYY

Full name of parent or guardian

Relationship to person being examined

Declaration of person assisting

I certify that I have assisted in the completion of this form at the request of the applicant and that the applicant understood the content of the form(s) and agreed that the information provided is correct before signing the declaration.

Item: 5

Signature of person assisting applicant

Date __/__/____
DD MM YYYY

Full name of person assisting

Declaration of person taking blood

I certify that I have confirmed the applicant's identity in terms of papers, photographs and appearance.

Signature of person taking blood

Date __/__/____
DD MM YYYY

Full name of person taking blood

Health Requirements

This leaflet will give you information on the health requirements you must meet to be granted entry into and remain in the Falkland Islands. This will apply for all those who apply for a work or residence permit for longer than 6 months.

Those applying to enter for less than 6 months must have, if British, adequate medical insurance to cover medical evacuation costs and for non-British applicants to cover all medical costs.

Acceptable standard of health

Applicants must have an acceptable standard of health. We consider you to have an acceptable standard of health if you are:

- unlikely to be a danger to public health
- unlikely to impose significant costs or demands on the Falkland Islands health services for treatment and drugs, including aero medical evacuation costs or special education services
- able to carry out the duties for which you have been granted entry.

Showing that you have an acceptable standard of health

To show that you have an acceptable standard of health you may have to complete a medical certificate. There are four different medical certificates:

- *Adult Medical Certificate for work permit applications*
- *Child Medical Certificate for work permit applications (under 12)*
- *Resident Medical Certificates – short term*
- *Permanent Resident Medical Certificates*
- *Chest X-rays will be required in certain circumstances, ie if you come from an area with a high incidence of TB. SEE APPENDIX 1*

If you have a previous medical certificate you may not need to produce a new certificate provided no more than three years have elapsed and there have been no significant changes to your health.

Medical certificates are required if you are

- If you are the applicant
- Are the partner or dependent child of the applicant

The medical certificate is the first part of the application to be filled out when applying to come to the Falklands. Delays in doing this will delay your application.

Countries, areas and territories with low incidence of tuberculosis (tb)

American Samoa	Jamaica
Andorra	Jordan
Antigua and Barbuda	Libya
Australia	Liechtenstein
Austria	Luxembourg
Barbados	Malta
Belgium	Monaco
Bermuda	Montserrat
British Virgin Islands	Netherlands Antilles
Canada	Netherlands
Cayman Islands	New Zealand
Chile	Norway
Costa Rica	Oman
Cuba	Puerto Rico
Cyprus	Saint Kitts and Nevis
Czech Republic	Saint Lucia
Denmark	San Marino
Dominica	Slovakia
Finland	Slovenia
France	Sweden
Germany	Switzerland
Greece	Trinidad and Tobago
Grenada	Turks and Caicos Islands
Iceland	United Kingdom
Ireland	United States of America
Israel (including the Occupied Palestinian Territory, and including East Jerusalem)	United States Virgin Islands
Italy	Vatican City

If you hold a passport from a place that is not on the list, you must provide a chest X-ray.

You must provide a Chest X-ray Certificate if you:

- Have lived in or visited a place/places not on the list above for a combined total of three months or more in the five years prior to your application.

Where do I go for a medical examination?

In UK see your General Practitioner

????? INTRODUCE PANEL DOCTORS

How long are medicals certificates valid for?

A *Medical Certificate* and/or a *Chest X-ray Certificate* (and associated reports) must be less than three months old at the time you lodge your application.

Generally, medical and chest X-ray certificates provided to us will be valid for three years. If you have lodged another application with us recently, and you provided a medical and/or chest X-ray certificate with your previous application, you may not have to submit another certificate provided there have been no changes in your health.

What will we do with information about your health?

When you have submitted your application, we will assess your health status. We use the information provided on your medical examination form as the basis of our assessment.

We may request further medical information from you after you have lodged your application if we need to establish whether you have an acceptable standard of health. We therefore ask you to sign that you agree that the Chief Medical Officer can seek further medical information.

People who do not have an acceptable standard of health

If you or any family member included in your application does not have an acceptable standard of health, your application **may** be declined. With certain conditions a medical waiver may be granted or exceptions put in place.

Medical waiver cannot be granted if you or your family have one of the following

- require dialysis treatment, or dialysis treatment will be required within five years from the date of the medical assessment.
- severe haemophilia.
- have a physical, intellectual, cognitive and/or sensory incapacity that requires full-time care, including care in the community, or full time special needs at school
- currently has tuberculosis (TB) (any form including pulmonary, non-pulmonary, multidrug-resistant and extensively drug-resistant TB) and has not completed full treatment for TB
- has a history, diagnostic findings or treatment for multidrug-resistant or extensively drug-resistant TB.
- Gastric banding
- Others to be decided

Applicants who are pregnant

Need to have a full discussion with the Chief Medical Officer of the Falkland Islands before applying.

Item: 6

Environmental Health Issues and Public Health

It has come to my notice that tattooing has been going on in the community. This is a cause of concern because of possible health risks.

I will outline what should be necessary for a tattooist to operate.

A tattooist's job would include:

- advising clients on suitable tattoos
- making sure that the chosen design is exactly what the client wants
- making sure that clients understand that tattooing is permanent
- placing the chosen design onto the customer's skin, either by drawing freehand or using a transfer
- following the lines with an electrically-operated needle, which injects ink under the skin
- using different shapes and numbers of needles depending on the type of tattoo
- following strict hygiene and health and safety procedures

To do this there really should be some form of licence as in the UK.

The tattooist should be vaccinated against hepatitis for their own protection and for the protection of their clients.

The premises should be inspected for cleanliness and hygienic use of equipment.

Other treatment operators where there should also be some environmental health standards are:

- massage
- manicure
- acupuncture
- cosmetic piercing
- light treatments, for example sunbeds, lasers and IPL
- electric treatments, for example electrolysis
- other special treatments of a like kind, for example semi-permanent skin colouring, vapour, sauna or other bath treatments (please note this is not an exhaustive list, for further advice on whether a particular treatment requires a licence please contact the licensing team)

Environmental health should look at:

- (a) the premises are not structurally suitable for the purpose;

(b) there is a likelihood of nuisance being caused by reason of the conduct, management or situation of the premises or the character of the relevant locality or the use to which any premises in the vicinity are put;

(c) the persons concerned or intended to be concerned in the conduct or management of the premises used for special treatment could be reasonably regarded as not being fit and proper persons to hold such a licence;

(d) the persons giving the special treatment are not suitably qualified;

(e) the premises have been or are being improperly conducted;

(f) the premises are not provided with satisfactory means of lighting, sanitation and ventilation;

(g) the means of heating the premises are not safe;

(h) proper precautions against fire on the premises are not being taken;

(i) satisfactory means of escape in case of fire and suitable means for fighting fire are not provided on the premises;

The above facts suggest the need for some environmental health law/protocols in the Falklands.

So far we have only looked at “beauty therapy”.

However, more importantly we should be looking at some environmental health laws for food hygiene in retail and hospitality premises. At the moment there is the old Public Health Ordinance, which is still current.

The following is an example.

“ Prevention of food being exposed to infection, etc. (30 of 1949)

7. Any person concerned in the preparation, storage or handling of articles of food and drink intended to be sold for human consumption who shall fail to take all reasonable and proper precautions to prevent such articles being exposed to infection or contamination shall commit an offence and shall be liable to a fine of £20 and to a further fine not exceeding £5 for each day during which the offence continues after conviction therefor.”

In view of impending changes in the Falklands with increasing local population, documents suggest by 2030 the population will have increased in Stanley by 1000, and increasing number of tourists it is essential that this is looked at urgently.

In the old days (pre 2001) there used to be the Board of Health on which was CMO, DDPW, Environmental Planning Officer, Senior Veterinary Officer and Attorney General.

We are now in the 21st century and public expectation of hygiene standards etc are much greater and therefore an urgent review of ENVIRONMENTAL HEALTH is needed.

The position of an environmental health officer should be considered, possibly in conjunction with the agricultural environmental worker.

PUBLIC HEALTH includes environmental health but covers a much wider field.

Public health is about helping people to stay healthy, and protecting them from threats to their health. We want everyone to be able to make healthier choices, regardless of their circumstances, and to minimise the risk and impact of illness.

Examples are:

- Planning for health emergencies-pandemics epidemics ,
- Helping people survive cancer.
- Reducing Smoking
- Reducing harmful drinking
- Preventing drugs misuse and dependence
- Reducing obesity and improving diet.
- Giving all children a healthy start in life

At the present time all the above is not possible to do any Public Health in the manner appropriate.

At present it is part of the CMO role to cover Public Health but it is just not possible. The time has to be devoted to clinical work and producing and giving clinical guidance to all staff. All this is way behind.

1. Until there are enough resources, the standards in the hospital and primary care cannot improve with any speed.
2. Public Health needs to be considered separately so a health strategy for the island can be created.
3. Environmental Health needs to be initiated.

KEMH Dental Services

The purpose of this document is to rationalise and formalise the types of dental treatment that can be provided by KEMHDS, and under what circumstances.

This is thought prudent in order to make the service transparent, and to define the scope of the service in the interests of all stakeholders

- FIG/KEMH
- Dental Staff – General Dental Practitioners (GDPs), Registered Dental Nurses (RDNs) etc.
- Service Users

The following principles guide and inform the provision of dental services:

- Treatment will only be offered where it is clinically necessary to secure, or to prevent a deterioration, in the oral and/or general health of the patient,
- Patients must be able to exercise informed choice and must give valid consent to Treatment. Once accepted under the KEMHDS arrangements, patients should be given the information necessary to make informed choices about their healthcare.
- Treatments that are cosmetic or are requested by the patient for social reasons are not provided under the KEMHGDS arrangements.
- Patients should be encouraged to enter into a continuing relationship with their Dentist, but those not wishing to do so should be offered such care and Treatment as is appropriate, considering what they are willing to undergo.
- Prevention and the Treatment of any underlying disease should be incorporated into any course of Treatment.

- Modern teaching advocates minimal intervention in many cases; such guidance should be followed.
- The prognosis of individual teeth and the mouth in general should be considered when offering complex forms of treatment.
- Treatment should be appropriate to the circumstances under which a patient seeks care, i.e. whether they are seeking emergency/urgent care or as a patient who attends regularly or as one who needs management for a chronic condition.

Patients do not have a right under KEMHDS to demand specific forms of treatment, the only criteria are whether the Treatment is clinically necessary to secure their Oral Health and whether the Treatment is likely to be long-lasting.

Protocols for dental examinations

Examinations will be provided:

- For those presenting for the relief of symptoms or other problems
- Regularly, for those patients wishing to enter into an ongoing care relationship with their GDP, at intervals determined by their risk of developing disease, following National Institute for Clinical Excellence UK (NICE) guidelines.
- For regular monitoring for those at risk of developing oral disease.
- For children to be seen at specific age milestones in their dental development at the ages of 3,6,9 and 12.

Examinations requested outside this protocol for non-clinical reasons, e.g. going on holiday, getting married, dental fitness certification will be provided for a charge sufficient to cover departmental time and costs.

Protocols for dental radiography under

- Intra-oral radiographs will be taken in accordance with current Faculty of GDP (UK) Guidelines.

- Panoramic radiographs will be taken in accordance with current Faculty of GDP (UK) guidelines; the department does not have the necessary facilities to take panoramic radiographs, but will arrange for the patient to be referred to the radiography department where necessary.
- Radiographs taken for non-clinical reasons will be charged at a rate sufficient to cover departmental time and costs.

Protocols for prevention

- Prevention forms an integral part of any course of Treatment.
- In addition preventive programmes may be undertaken in the community to address local needs.
- Preventive programmes for patients identified as 'low risk' will not normally be provided.

Protocols for Periodontal (gum) care

- Periodontal care will be provided in accordance with current guidelines for the management of disease rather than for cosmetic reasons.
- Scaling and polishing carried out at the patient's request, but where there is no, or insignificant periodontal disease may be offered and charged at a rate sufficient to cover departmental time and costs.

NB - Management of patients with more complex treatment requirements (BPE Codes 3 or above in any sextant) will be provided but it should be noted that, in other settings, such patients would normally be referred to dentists with specialist interest in periodontology in accordance with current referral guidelines.

Protocols for fillings and endodontic care

- Fillings, will be provided and this department has adopted the latest guidelines for a minimal intervention approach
- Current teaching on the use of composite and glass ionomer materials in premolar and molar teeth suggests that they are the treatment of choice for single surface restorations, although sound amalgam fillings should not be replaced merely for the sake of substituting one filling for another, no dental intervention is completely free of risk. Two or more surfaces should be restored with amalgam in order to comply with best available scientific evidence on longevity of dental restorations.
- Root fillings will be available in anterior teeth in the aesthetic zone (Incisors, canines and premolars). Normally, patients requiring Molar endodontics would be referred to a dentist with a special interest in endodontics in accordance with current referral guidelines, where dentists do not feel they have the expertise to provide the treatment themselves. The ability to do this is limited because of the Islands geographical isolation. In any case the success rate for molar endodontics is considerably less than for other teeth and the procedures are extremely expensive in terms of time resources.

Root Canal Treatment

Should only be provided where:

- The condition of the whole mouth is good enough to justify it
- The tooth can be restored to function
- The patient is co-operative and likely to be able to endure the procedure
- In the case of molar teeth, the arch is otherwise intact or the molar is of strategic importance to the retention of a dental prosthesis.

Protocols for treatments involving laboratory work, such as veneers, inlays, crowns and bridge abutments

- Treatments involving laboratory work will only be provided where the condition of the whole mouth (including the periodontal status) justifies it, and there is no other clinically acceptable form of treatment.
- The condition and health of the tooth or teeth concerned must indicate a reasonable prognosis. There should be no significant mobility.
- An appropriate radiograph will normally be taken to show the peri-apical condition, with bone support usually not <50% of root length and to assess the adequacy of any root filling present.

Protocols for porcelain veneers

- A veneer on an upper tooth anterior to the first premolar may be provided for the following reasons:
- Masking gross discolouration (>50% of Surface Area)
- Restoration of fractured teeth as an alternative to a jacket crown where the occlusion so permits.
- Improvement of morphology of teeth that have not developed normally where the occlusion permits
- Where an existing veneer has failed, providing the replacement is not likely to fail for the same or similar reasons and the occlusion permits

Protocols for crowns and inlays

The guidelines as to the conditions of the mouth necessary for advanced treatments must be met. A crown or inlay may be provided if:

- The tooth is in immediate need of repair and there is so much missing tooth material or serious marginal discrepancy that the tooth cannot be restored by other means:
 - For an incisor at least 1/3 of the incisal edge is missing
 - For a premolar at least one cusp is missing

- For a molar tooth more than one cusp is missing.
- No other restoration will achieve oral health
- An existing crown has failed and renewal is the only treatment that will conserve the tooth.

The following conditions as to types of crown and material used will normally apply:

- Full metal crowns will be constructed in precious or non precious alloy
- Bonded porcelain (metalloceramic) crowns will only be placed anterior to the first molar (save only that a hybrid crown may be used with a cosmetic facing on an upper first molar where the tooth is in the aesthetic zone and where the facing would not be compromised by the occlusion)

Protocols for General Anaesthesia and sedation

- General Anaesthetics and sedation will not normally be provided under a GDS Contract
- Pts requiring sedation or GA will be referred to a practice/facility with appropriate equipment and expertise

Protocols for extractions and oral surgery

- Non-surgical extractions and associated postoperative care will be provided
- Dento-alveolar and Oral/Maxillofacial surgery, including surgical extractions, periodontal and endodontic surgery may be provided OR if the dentist does not have sufficient experience or expertise, referred to a dentist with a special interest in maxillofacial and oral surgery. Such referrals will be in accordance with any appropriate guidelines issued by NICE

Protocols for dentures

- Dentures will be provided if the dentist considers that the gap needs restoring for functional reasons or if there is an unsightly space in the aesthetic zone
- Acrylic dentures will usually be provided, unless there are indications for a chrome-based denture.
- Chrome based dentures may be provided if:
 - Three months have elapsed since extractions
 - It is unlikely that further extractions will be necessary
 - There is a low caries incidence
 - There is no active periodontal disease
 - Where an acrylic denture has fractured on more than one occasion

Patients wearing partial denture are generally considered to be at high risk of periodontal disease, and high levels of compliance with preventive advice and personal oral hygiene would be expected.

Protocols for bridges

Bridges will only be provided where the condition of the whole mouth justifies it, and there is no other clinically acceptable form of treatment and if the following conditions are met:

- Patient aged 17 or over
- Bridges should be provided at least six months post extraction of teeth
- There should be satisfactory peri-apical and periodontal condition and a reasonable prognosis for all other teeth in the mouth

- Proposed abutment teeth should show no significant mobility, have bone support of not less than 50% of root length and an adequate root filling, if present.
- The provision of a denture previously has proved unsatisfactory
- There should be either:
 - A single anterior space of not more than 2 units in an otherwise healthy and intact arch of not fewer than 10 units; or
 - A single posterior space of not more than 2 units where the replacement of the missing unit(s) is necessary for the stability of the occlusion
- Bridges should have an adequate retainer to pontic ratio:
 - Not more than one pontic per retainer in cantilever bridges
 - Two pontics per retainer in fixed movable bridges
 - 3 pontics per 2 retainers in other bridges
- No more than one bridge in the same jaw should be provided
- The replacement of a failed bridge must fulfil the conditions above

Protocols for implants

Implants are not available. In exceptional circumstances such treatment may be commissioned by HMSC/MTO Committee at their discretion.

The Stable Table Approach

This model is intended to assist the decision whether or not the treatment requested or required should be provided under KEMHDS or by outside referral. Treatment should only be provided if the following four criteria are satisfied:

- 1) available
- 2) indicated
- 3) appropriate
- 4) Clinically cost effective

Available

Treatment can only be available to a particular patient if the service has a contract to provide it, e.g., if there is no contract to provide sedation or domiciliary visits or advanced mandatory services, then this will not be possible. If the patient requires/requests these services they might be offered on referral to another provider. The problem with this might be that treatments provided by specialist providers generally require specialist maintenance and this would be difficult to provide on the islands. Most general dental practitioners would lack these specialist skills.

Indicated

In providing treatment, certain options may be indicated for particular situations. E.g., a root treated molar requiring cuspal coverage will need an onlay or crown and therefore these are the only two types of restoration that are indicated in the circumstances for that purpose. There is no restriction on the material that can be used, as long as it secures OH.

Clinically cost effective

A clinically effective intervention is one that does a pt more good than harm. A clinically effective intervention is effective in real-life circumstances, not just in ideal or experimental circumstances.

A cost effective treatment is one that, with respect to costs – which includes materials and labour costs – provides the longest lasting and most effective solution. In the e.g. above, the most clinically effective solution could be an onlay

and the most cost effective material would be cast alloy containing stainless steel, cobalt chromium or nickel chromium alloys.

Appropriate

This aspect tests the appropriateness of the intervention on the patient for whom it is intended. Specific clinical factors may determine the suitability or otherwise of a particular intervention. E.g., a tooth that is being considered for a crown may lack sufficient bone support, may be periodontally compromised, may have questionable endodontic status or occlusally insufficient clinical height. None may be absolute contraindications of themselves but together may guide the clinician away from a crown to another solution. Thus, even if the other 3 legs of the stable table are constructed, that specific intervention may not be appropriate.

It may be possible to offer the intervention on a private basis but one must be mindful of the ethical dilemma and consent issues raised; if it is not appropriate, it is not appropriate period, if one is acting in the pt's best interests. If the patient demands treatment then it could be made available to them provided valid consent is obtained. In such circumstances it would be important to record the discussion in the clinical record & invite the patient to sign a consent/disclaimer.

The ideas above are derived from a publication by D'cruz et al – “*Understanding NHS Dentistry*”. The authors have kindly stated in the book that the principles can be used and adapted by dentists to their individual practice's requirements, or indeed to any environment where there is a cost limited, state funded dental health system. These protocols are intended to define the scope of the service on offer from KEMHDS. The department does not have unlimited resources and therefore the fund needs to be protected from individual patients making unreasonable/disproportionate demands of it at the potential expense of other

service users. It is also intended to protect the GPs in the service from being expected to indulge in herodontics at the risk of complaints/litigation.

None of the above is intended to be prescriptive or to deprive the dentist of exercising their clinical judgment in each case.

Item: 8

Camp medicine chests

Having recently updated the Camp medicine chest for Port Louis and surrounding area, I was reminded of how unworkable the system is. Some years ago, each farm had its own medicine chest. In an attempt to save money, I believe, whole areas of the Camp now share one chest, with one person nominated to be responsible for it, (which is me, for the North Camp.)

It is supposed to be accessible to everybody, at all times, but this is impossible to achieve if it is also to be kept safe from children.

Is it not possible, in the light of increased prosperity, to go back to having more medicine chests in the Camp?