



## **GMB response to DfE's 'Supporting Pupils with medical conditions' consultation**

Submitted online

Date: 15/05/26

GMB welcomes the opportunity to respond to the consultation on the draft statutory guidance for supporting children and young people with medical conditions and allergies.

As a recognised trade union, GMB represents school support staff working across early years settings, mainstream schools, special schools and further education. Our members include teaching assistants, learning support assistants, pastoral staff and other frontline roles who, for many years, have played a vital part in supporting children and young people to access a safe and inclusive experience of education.

School support staff have always provided day to day support for children with a range of health and medical needs as part of creating inclusive learning environments. However, as mainstream education has become increasingly inclusive, the medical conditions children present with have become more complex, long term and, in some cases, clinically intensive. This shift has occurred alongside significant pressures on NHS provision and created a risk as responsibilities for healthcare have informally transferred into education settings without clear authority, governance or resourcing.

GMB is clear that there must be a proper distinction between day-to-day medical support that enables access to education and clinical healthcare tasks that require professional clinical judgement, oversight and accountability. Clinical healthcare tasks must firmly remain the responsibility of the NHS. This distinction is essential not only to protect the safety, wellbeing and confidence of school support staff, but also to ensure that children and young people receive the appropriate level of healthcare provision that they are entitled to and deserve.

Our response is therefore grounded in two core principles: safeguarding the wellbeing and rights of children and young people with medical conditions and ensuring that school

support staff are not placed in unsafe, inappropriate or unsustainable roles that fall outside their training, contracts and professional remit.

### **About respondent questions**

1. Would you like us to keep your response confidential?  
No
2. What is your name?  
Stacey Booth
3. What is your email address?  
[Stacey.booth@gmb.org.uk](mailto:Stacey.booth@gmb.org.uk)
4. Which local authority area are you responding from?  
London Borough of Camden
5. Are you replying in an individual or organisational capacity?  
Organisation
6. If applicable, what type of organisation are you from?  
Trade Union
7. What is the name of your organisation?  
GMB Union
8. What is your role within the organisation?  
National Officer
9. If you are responding as an individual, in what capacity are you providing views to Consultation?  
N/A

### **Q10. Principles**

Do you agree with the principles we have identified for including children and young people with medical conditions (including allergy) as fully as possible in education?

Strongly agree     Agree     Neutral     Disagree     Strongly disagree

Comments (optional):

**(Agree, with comments)**

GMB agrees with the principles of inclusive education set out in the draft guidance and welcome the reference to Article 28 of the United Nations Convention on the Rights of the Child (UNCRC), which affirms every child’s right to education on the basis of equal opportunity.

These principles must, however, be read alongside Article 24 of the UNCRC, which guarantees every child the right to the highest attainable standard of health and to access health services appropriate to their needs, delivered in a timely and effective way and operating across organisational and professional boundaries.

The Children and Families Act 2014 provides an important framework for reconciling these rights. While the Act recognises that, in limited circumstances, certain elements of health provision may be deemed special educational provision where they educate or train a child or young person (for example through an Education, Health and Care plan), this is a narrow and carefully defined exception.

That exception does not extend to:

- Routine healthcare delivery
- Clinical nursing care
- Healthcare tasks requiring professional clinical judgement, regulation or supervision

Inclusive education cannot be achieved by transferring responsibility for healthcare from the NHS to education staff. Educational support arrangements must operate alongside — not instead of — NHS commissioned and clinically governed care.

The guidance should therefore make explicit that:

- Schools and colleges support inclusion within education,
- NHS bodies retain responsibility for clinical assessment, treatment and nursing care, and
- Effective inclusion depends on joined up working between health and education, with clear accountability and governance.

**Q11. Wellbeing**

Do you agree with the proposals for promoting the wellbeing of children and young people with medical conditions (including allergy)?

Strongly agree     Agree     Neutral     Disagree     Strongly disagree

Comments (optional):

**(Agree, with comments)**

GMB agrees with the principles of inclusive education and the emphasis on safeguarding pupils’ wellbeing. Children and young people with medical conditions are entitled to full participation in education, without unnecessary barriers or discrimination.

However, inclusion must not be achieved by **displacing NHS responsibilities onto education staff**. For inclusion to be meaningful and sustainable, the guidance must be explicit that support arrangements **cannot rely on unregulated delegation of healthcare tasks to school staff**, particularly support staff, who are not clinically trained or employed under healthcare governance frameworks.

#### Q12. Oversight of medical condition policies

**Do you agree with the proposal that a named governor and named senior leader should be responsible for the medical conditions policy?**

**Strongly agree**     Agree     Neutral     Disagree     Strongly disagree

Comments (optional):

##### **(Strongly Agree, with conditions)**

We support the requirement for every setting to have a published medical conditions policy with named senior leadership and governing body oversight.

However, medical conditions policies must:

- Clearly distinguish **educational support arrangements** from **healthcare delivery**
- Explicitly state that **healthcare tasks remain the responsibility of NHS-employed and clinically governed staff**
- Avoid suggesting that reasonable adjustments under the Equality Act can be used to legitimise clinical activity undertaken by education staff

Without this clarity, policies risk normalising unsafe and unlawful practices, particularly for support staff.

#### Q13. Review of medical condition policies

**Do you agree with the proposal that medical conditions policies should be reviewed at least annually, and after any serious incident or near miss, as described in the guidance?**

**Strongly agree**     Agree     Neutral     Disagree     Strongly disagree

Comments (optional):

##### **(Strongly Agree, with comments)**

GMB agrees that medical conditions policies should be reviewed annually to maintain compliance, reflect legislative change and support staff confidence in implementation, and reviewed again after any serious incident or near miss to ensure lessons learned are embedded across the school and practice improved. GMB would also like to add that fundamental to any policy being proposed is the practical application of it which requires risk assessments to be completed, this means that schools will need to start completing

robust and detailed risk assessments. The risk assessment process must be consulted on with the trade unions to ensure the risk assessment is suitable and sufficient and to help comply with legal requirements to protect staff and pupil safety.

#### **Q14. Scope of medical condition policies**

**Do you agree with the proposed scope of medical conditions policies?**

Strongly agree     Agree     Neutral     Disagree     Strongly disagree

Comments (optional):

**(Agree, with comments)**

GMB agrees with the proposed scope of medical conditions policies and welcomes the focus on identification, inclusion (including trips and visits), emergency response, medication management, reasonable adjustments, wellbeing and clear routes for raising concerns. However, throughout the policy scope the guidance must be explicit about the boundary between **educational support arrangements** and **clinical healthcare**. The policy should therefore 1) state clearly that clinical assessment, treatment planning, nursing care and clinical supervision remain the responsibility of the NHS; 2) ensure Individual Healthcare Plans are used as an education-based planning and communication tool that **references** relevant NHS care/action plans rather than duplicating or absorbing them; 3) clarify that training for school staff is primarily for awareness, risk reduction, escalation and emergency response, and does not in itself legitimise delegation of clinical tasks; and 4) require clear accountability, indemnity and consultation with recognised trade unions when roles, responsibilities and procedures are set or changed. Without these safeguards, the proposed scope risks normalising unsafe practice and placing support staff in inappropriate, high-stakes situations.

#### **Q15. Identification of children and young people with medical conditions**

**Do you agree with the medical conditions which we propose should be covered by medical condition policies?**

Strongly agree     Agree     Neutral     Disagree     Strongly disagree

Comments (optional):

**(Agree, with comments)**

GMB agrees that the proposed list is a helpful starting point, but it should be made explicit that it is non-exhaustive and that support must be based on the child or young person's needs and level of risk, not the diagnostic label. Any arrangements arising from the list must also be clear about role boundaries: education settings can put support in place for inclusion and emergency response, but responsibility for clinical assessment, treatment planning and ongoing clinical care remains with the NHS.

### Q16. Staff training on medical conditions

**Do you agree that our proposals set reasonable expectations for staff training on medical conditions?**

Strongly agree       Agree       Neutral       Disagree       Strongly disagree

Comments (optional):

#### **(Disagree, with comments)**

We support whole setting awareness training to ensure staff can recognise medical needs, understand agreed policies and respond appropriately in emergencies.

However, training must not be used to imply competence to deliver healthcare.

The Children and Families Act 2014 allows only limited health provision to be treated as special educational provision where it educates or trains a child. This does not extend to clinical or nursing care, which must remain NHS commissioned and clinically governed.

The guidance should state explicitly that:

- Training does not equate to delegation of healthcare responsibility
- Training cannot substitute for NHS commissioning or clinical oversight
- Education staff cannot be expected to undertake healthcare tasks outside emergency first aid

Without this clarity, there is a real risk that training is used to displace NHS responsibility, leaving staff exposed to unsafe expectations and legal risk. Training alone cannot resolve the structural issues outlined above. While GMB supports appropriate awareness raising and training for education staff, this must not be used as a substitute for professional healthcare provision.

Training should include explicit clarification of:

- The distinction between educational support and healthcare tasks;
- Staff rights to refuse or withdraw from undertaking health related duties;
- The voluntary nature of medication administration by support staff; and
- The limits of staff responsibility and accountability.

Many members report uncertainty about whether the activities they are undertaking constitute clinical duties. The guidance should therefore support education providers to ensure that staff understand not only how to respond in an emergency, but also whether a task is appropriate for them to undertake at all.

### Q17. Who needs an Individual Healthcare Plan

**Do you agree with the proposal for which children and young people will need an Individual Healthcare Plan?**

Strongly agree       Agree       Neutral       Disagree       Strongly disagree

Comments (optional):

**(Neutral, with comments)**

We support Individual Healthcare Plans as a **planning and communication tool** to support inclusion, consistency and wellbeing in education settings.

However, the draft guidance risks overstating the role of IHPs in a way that blurs the boundary between school-led educational support arrangements, and NHS-led clinical care planning. Under the **Children and Families Act 2014**, healthcare provision remains the responsibility of the NHS except where it meets the strict legal definition of special educational provision. Even in those cases, this does not extend to **clinical nursing or routine healthcare delivery**.

IHPs should therefore:

- Describe how schools support access to education and safety
- Reference relevant NHS healthcare
- Avoid language that implies education staff are delivering healthcare

This approach properly reflects both **Article 28 (education)** and **Article 24 (health)** of the UNCRC and protects staff from inappropriate expectations.

**Q18. Scope of Individual Healthcare Plans**

**Do you agree with the proposed scope of Individual Healthcare Plans?**

Strongly agree     Agree     **Neutral**     Disagree     Strongly disagree

Comments (optional):

**(Neutral, with comments)**

The joint unions have raised concerns about the draft guidance's proposed approach to Individual Healthcare Plans (IHPs), particularly where these are described as being "owned" by education settings with healthcare plans attached or incorporated. (17 April Letter)

While GMB supports IHPs as an educational planning and coordination tool, the guidance must avoid blurring the boundary between school-led support arrangements, and **clinical care planning**, including nursing care plans, which fall within regulated healthcare activity. Where a child or young person has a diagnosed medical condition, educational support plans are necessarily dependent on clinically led healthcare plans. The guidance plans, without reproducing or absorbing them should therefore be explicit that:

- IHPs must not duplicate or replace clinical care plans;
- Education staff should not be expected to reproduce or interpret clinical instructions; and
- Responsibility for clinical planning, review and change remains with appropriately qualified healthcare professionals.

Failure to maintain this distinction risks drawing education staff into healthcare planning activities that sit outside their role and regulatory framework.

Across scope, training and Individual Healthcare Plans, the guidance must reflect the legal reality that inclusion cannot be achieved by displacing healthcare responsibilities from the NHS onto education staff. The Children and Families Act 2014 allows only limited, specific health provision to be treated as special educational provision and does not extend to clinical nursing or routine healthcare delivery. Clear, consistent boundaries are essential to protect children’s rights under Articles 28 and 24 of the UNCRC and to protect staff from unsafe and unlawful expectations.

### **Q19. Incident reporting**

**Do you agree with the proposed approach for recording, reporting and learning lessons from serious incidents and “near misses” relating to medical conditions and allergy?**

Strongly agree     Agree     Neutral     Disagree     Strongly disagree

Comments (optional)

**(Agree, with comments)**

We strongly support requirements to record, report and learn from serious incidents and near misses.

However, incident reporting must also trigger:

- Review of whether inappropriate expectations were placed on staff
- Consideration of whether NHS involvement or commissioning arrangements were absent or inadequate
- Recognition of the emotional and psychological impact on staff involved in medical emergencies

Learning lessons must include system-level accountability, not just school-level process changes.

### **Q20. Oversight of allergy safety policies**

**Do you agree with the proposal that a named governor and named senior leader should be responsible for the allergy safety policy?**

Strongly agree     Agree     Neutral     Disagree     Strongly disagree

Comments (optional):

**(Strongly Agree, with comments)**

GMB agrees that allergy safety policies should be owned by a **named governor and a named senior leader**, ensuring clear accountability and oversight within education settings.

In addition, given the clinical risks associated with allergy and anaphylaxis, GMB believes this oversight should formally extend to a **named, appropriately qualified healthcare professional**, such as a school nurse or NHS-commissioned clinician. This is essential to ensure that allergy safety policies are informed by up-to-date clinical expertise and aligned with NHS standards of care.

#### Q21. Review of allergy safety policies

**Do you agree with the proposal that allergy safety policies should be reviewed at least annually, and after any serious incident or near miss, as described in the guidance?**

Strongly agree     Agree     Neutral     Disagree     Strongly disagree

Comments (optional):

**(Strongly Agree, with comments)**

GMB agrees that allergy safety policies should be reviewed **at least annually and following any serious incident or near miss**, in line with good governance and safeguarding practice.

As with all policies affecting staff roles, pupil safety and risk management, these reviews should:

- Consider lessons learned from incidents and near misses;
- Assess whether roles, responsibilities and training remain appropriate; and
- Include **consultation with recognised education sector trade unions**, to ensure workforce implications, staff safety and role clarity are properly considered.

Regular review, with meaningful consultation, is essential to maintaining confidence, compliance and safe implementation. GMB would also like to add that fundamental to any policy being proposed is the practical application of it which requires risk assessments to be completed. The risk assessment process must also be consulted on with the **recognised education sector trade unions** to ensure they are robust and adequate and to help comply with legal requirements to protect staff and pupil safety.

#### Q22. Scope of allergy safety policies

**Do you agree with the proposed scope of allergy safety policies?**

Strongly agree     Agree     Neutral     Disagree     Strongly disagree

Comments (optional):

**(Agree, with comments)**

GMB agrees with the proposed scope of allergy safety policies and the emphasis on minimising risk, emergency preparedness and inclusion of children and young people with allergies.

However, it is essential that allergy safety policies maintain a clear and explicit link to the **healthcare professionals responsible for clinical assessment, treatment and oversight**. While schools play a critical role in managing risk and responding to emergencies, responsibility for clinical judgement and healthcare decision-making must remain with appropriately qualified medical professionals.

Allergy safety policies should therefore:

- Clearly distinguish between educational support and clinical care;
- Reference relevant NHS care and action plans; and
- ensure that education staff are not expected to make clinical decisions beyond their competence or role.
- Be consulted on with the recognised education sector trade unions to ensure that they are robust and adequate and to help comply with legal requirements to protect staff and pupil safety.

### Q23. Allergy awareness training

**Do you agree with the proposals for allergy awareness training for all staff?**

Strongly agree     Agree     Neutral     Disagree     Strongly disagree

Comments (optional):

**(Neutral, with comments)**

GMB supports allergy awareness training for all staff, particularly training focused on:

- Recognising the signs and symptoms of allergic reactions and anaphylaxis; and
- Understanding how to respond appropriately in an emergency.

Such training is an important element of safeguarding and inclusion. However, it must be clear that allergy awareness training is intended to support **recognition, escalation and emergency response**, not to substitute for professional healthcare provision or to legitimise the routine delivery of clinical care by education staff.

Training should reinforce role boundaries and ensure staff understand both **what they should do in an emergency** and **what sits outside their responsibility**.

### Q24. Adrenaline devices

**Do you agree with the proposal that all schools should stock “spare” adrenaline devices for emergency use?**

Strongly agree     Agree     Neutral     Disagree     Strongly disagree

Comments (optional):

**(Agree, with comments)**

GMB supports the proposal that schools should stock **spare adrenaline devices for emergency use**. Access to emergency medication is a critical safety measure and can be life-saving.

This support is given on the understanding that:

- Spare adrenaline devices are used strictly in emergency situations;
- Staff administering emergency medication are acting in a first-aid, life-saving capacity; and
- Wider responsibility for allergy management, treatment planning and clinical oversight remains with healthcare professionals.

The availability of spare adrenaline devices must sit within a wider, properly governed system that includes healthcare professional input, clear policies, training and support.

### **Q25. Specific considerations**

**Do you agree that the information provided here is helpful?**

Strongly agree     **Agree**     Neutral     Disagree     Strongly disagree

Comments (optional):

**(Agree, with comments)**

GMB agrees that this section is helpful in highlighting the wide range of considerations that may apply when supporting a child or young person with a medical condition or allergy. However, it should be made clear that the list is non-exhaustive and that individual circumstances may involve additional factors and interdependencies not captured here. GMB has concerns about home-to-school transport for children with clinical healthcare needs: transport staff and passenger assistants must not be placed in vulnerable positions through informal delegation of clinical tasks, and there must be an appropriate, clinically governed healthcare system to ensure responsibility sits with qualified healthcare professionals. Food provision is also a key area, where GMB members are often responsible for preparing meals, managing allergy safety and ensuring policies are followed, while providing suitable alternatives (including vegetarian, vegan, gluten-free, coeliac and tube-fed requirements). This is a substantial responsibility, frequently carried by staff on low pay and in poor working conditions. If government places high priority on children thriving, it must also place high priority on the workforce supporting them, including fair pay, terms and conditions.

### **Q26. FE colleges and post-16 institutions**

**Do you agree that FE colleges and post-16 institutions should be subject to a statutory duty to make arrangements for supporting learners in statutory 16-19 education (including those up to 25 if they have an EHC Plan) with medical conditions and allergy?**

Strongly agree     Agree     Neutral     Disagree     Strongly disagree

Comments (optional):

**(Agree, with comments)**

GMB agrees that FE colleges and post-16 institutions should be subject to a statutory duty to make arrangements for supporting learners with medical conditions and allergy. However, legal compliance must be resolved so that this duty does not translate into an expectation that education settings provide clinical care. GMB is clear that responsibility for clinical healthcare rests with the NHS, within appropriate clinical governance and accountability. Before any further guidance is proposed, this issue must be addressed across the education sector to ensure settings are legally compliant and to prevent GMB members being placed in vulnerable, high-stakes situations.

### **Q27. Non-maintained special schools**

**Do you agree that non-maintained special schools should be subject to a statutory duty to make arrangements for supporting pupils with medical conditions and allergy?**

Strongly agree     Agree     Neutral     Disagree     Strongly disagree

Comments (optional):

**(Agree, with comments)**

GMB agrees that non-maintained special schools should be subject to a statutory duty to make arrangements for supporting pupils with medical conditions and allergy. However, legal compliance must be resolved so that this duty does not translate into an expectation that education settings provide clinical care. GMB is clear that responsibility for clinical healthcare rests with the NHS, within appropriate clinical governance and accountability. Before any further guidance is proposed, this issue must be addressed across the education sector to ensure settings are legally compliant and to prevent GMB members being placed in vulnerable, high-stakes situations.

### **Q28. Independent schools**

**Do you agree that independent schools should be subject to a statutory duty to make arrangements for supporting pupils with medical conditions and allergy?**

Strongly agree     Agree     Neutral     Disagree     Strongly disagree

Comments (optional):

**(Agree, with comments)**

GMB agrees that independent schools should be subject to a statutory duty to make arrangements for supporting pupils with medical conditions and allergy. However, legal compliance must be resolved so that this duty does not translate into an expectation that education settings provide clinical care. GMB is clear that responsibility for clinical healthcare rests with the NHS, within appropriate clinical governance and accountability. Before any further guidance is proposed, this issue must be addressed across the education sector to ensure settings are legally compliant and to prevent GMB members being placed in vulnerable, high-stakes situations.