

Medical conditions at school: statutory guidance

Consultation response from the National Governance Association, 30 April 2026

Introduction

The National Governance Association (NGA) is the sector body for school and trust governance in England, representing the interests of school governors, trustees and governance professionals across all types of schools and school structures.

Governing boards have a legal duty to make arrangements for supporting pupils with medical conditions. The aim is to ensure that all pupils with medical conditions, in terms of both physical and mental health, are properly supported so that they can play a full and active role in school life, remain healthy and achieve their academic potential. NGA welcomes the expansion of the existing remit, which includes greater prescription around policy review and better incident reporting.

Furthermore, the inclusion of allergy provision in the Children's Wellbeing and Schools Act 2026 marks a pivotal moment for the sector and comes after the tragic death of Benedict Blythe in 2021. The Act mandates schools to have an allergy safety policy, which is reviewed annually and published on the school website – measures that NGA wholly welcomes. It also gives the Secretary of State discretionary power to make additional regulations on the management of allergies in schools including matters relating to training, incident reporting and storage of medical devices. All pupils should be protected as far as reasonably possible at school, and the Act provides the legislative basis that enables a better-prepared workforce and a more consistent approach to allergy safety.

That being said, NGA is unconvinced the proposed named governor model in the guidance is the most effective way to support the implementation of the guidance and its crucial ambition for the following reasons:

- It risks creating a siloed approach to allergy oversight, despite clear links to wider safeguarding responsibilities, for which there is already a mandatory link governor role.
- It may lead to an overreliance on a single individual, creating vulnerability where expertise is concentrated in one role and potentially lost when that individual leaves the board.
- It is inconsistent with established governance principles that place responsibility on the board as a collective body.

The above also sits against the backdrop of significant governor recruitment challenges. In 2025, 66% of respondents to our Annual Governance Survey reported difficulty recruiting governors or trustees, and only 30% of boards had no vacancies. Adding named responsibilities risks compounding workload pressures without necessarily improving oversight.

While we appreciate the well-intentioned proposals, NGA has deep concerns about the feasibility of the arrangements and the net risks it brings to governance oversight. We have also shared this sentiment with the DfE team overseeing the updated School Food Standards as they have proposed the same idea with respect to school food.

NGA continues to be a pragmatic, collaborative organisation that seeks to work with the Department to ensure safeguarding processes remain impactful on the ground.

Principles of the guidance

Question 10. 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?

Agree

Wellbeing of children and young people with medical conditions

Question 11. Do you agree with the proposals for promoting the wellbeing of children and young people with medical conditions (including allergy)?

Strongly agree

Responsibility for medical conditions policy

Question 12. Do you agree with the proposal that a named governor and named senior leader should be responsible for the medical conditions policy?

Strongly disagree

Comments (optional):

The proposal to require a named governor and a named senior leader to take responsibility for the medical conditions policy may be well-intentioned, but in practice, it feels haphazard and risks being counterproductive. While it may be intended to signal the importance of this area, there is a lack of clear evidence that concentrating accountability on individuals leads to more effective oversight.

From a governance perspective, the proposal introduces unnecessary inconsistency. Existing guidance is clear that governing boards review statutory policies on an annual basis. Making the medical needs policy an exception creates incoherence without clear justification; including it within the standard review cycle – subject to the same rules as current policies – would be sufficient.

There is also a risk of undermining holistic safeguarding arrangements. As captured in the proposed guidance, supporting pupils with medical conditions and allergies intersects with an organisation's wider safeguarding duties and culture, and separating responsibilities risks siloed thinking. A more coherent approach would be to embed the task of policy development within existing safeguarding structures and processes, without creating additional, discrete roles.

Crucially, while there is an existing requirement for the governing board to identify a named lead for strategic oversight of safeguarding, further segmenting responsibilities within this broad area runs counter to the principle of the governing board as a collective entity and risks creating overdependence on individual members. NGA is unconvinced that such an approach strengthens oversight and may instead dilute shared accountability. We are also acutely aware of the implications of this overreliance. Boards are already facing significant recruitment challenges: in 2025, 66% of respondents reported difficulty recruiting governors or trustees, and only 30% of boards had no vacancies. Adding named responsibilities risks compounding workload pressures without necessarily improving oversight.

There is also a lack of clarity about what ‘responsible’ means in practice – whether this implies accountability, involvement in drafting the policy or general oversight. It would be more helpful to reflect the governing board’s strategic oversight role alongside the senior leader’s professional judgement in delegating responsibilities across their staff. In practice, development and implementation would sit within the senior leadership team (most likely the DSL). Any additional expectations on schools are most likely to take effect successfully where they reflect and align with existing practice, in turn giving the sector greater confidence that the government’s intended, and worthwhile, ambition is being achieved.

Review of medical conditions policy

Question 13. Do you agree with the proposal that the medical conditions policy should be reviewed at least annually, and after any serious incident or near miss, as described in the guidance?

Agree

Comments (optional):

NGA would welcome this addition. It aligns with current policy expectations around the annual review of policies, set out in the DfE governance guides. It is vital that the statutory policy list in the governance guides is updated as soon as this guidance takes effect to ensure there is consistency and unambiguity for governors and trustees.

We would also agree with the principle of reviewing policies following serious incidents or near misses. We similarly advise our members in our guidance, as we recognise the need for policies that seek to secure the safety and wellbeing of pupils and that remain responsive to evolving needs and changes in the school environment.

Nevertheless, as discussed above, we would urge the government to revise its proposal to have a single governor ‘responsible’ for the policy. The proposed guidance states that “governing bodies should ensure that medical conditions policies are reviewed at least annually.” It is unclear whether this would sit with the named governor. In any case, the guidance should make it clear that review of the policy, like all other statutory policies outlined in the DfE governance guide, is a collective board responsibility either undertaken by the full board or a committee.

Scope of the medical conditions policy

Question 14. Do you agree with the proposed scope of the medical conditions policy?

Agree

Comments (optional):

The proposed scope above is a helpful starting point but it could go further. This could include:

- how the policy is evaluated and the date for the next review
- how stakeholders/external partners are engaged with
- links to other school policies to ensure a cohesive approach eg safeguarding/child protection, SEND, health & safety, risk management

Identifying children and young people with medical conditions

Question 15. Do you agree with the medical conditions which we propose should be covered by the medical conditions policy?

Not Answered

Staff training

Question 16. Do you agree that our proposals set reasonable expectations for staff training on medical conditions?

Agree

Comments (optional):

We agree that the proposals set broadly reasonable expectations for staff training on medical conditions. However, boards, as the employer body, are of course mindful of the potential workload implications. Additional expectations around training inevitably place further demands on staff time and capacity. This must be balanced with the clear need for staff to have the appropriate knowledge and expertise to support pupils effectively and safely within the classroom.

We welcome that there is some flexibility for governing boards and senior leaders to determine what level of training is required, and for which staff, particularly those in closer contact with children who have specific medical conditions. This allows schools to respond proportionately to their own context and mitigates the risk of all staff being trained in areas that may not be relevant to their role. Nonetheless, basic understandings of some common conditions will likely be necessary for any staff in contact with children. With that in mind, we think it is worth considering if setting some minimum expectations for all staff might be appropriate.

The downside of flexibility is that it could create an additional burden on individual members of staff if responsibility becomes concentrated. This raises important considerations not only in terms of workload, but also resilience and continuity. For example, where trained staff are absent, there is a potential risk to the consistent and safe delivery of support for pupils. This concern is

particularly acute in smaller or rural settings, where responsibilities may be held by a limited number of staff. The guidance would benefit from addressing how schools can ensure sufficient coverage and continuity of support where training is not universal.

The guidance also misses an opportunity to signpost existing resources and training materials, in a similar way to KCSiE. This would help demonstrate that schools are not expected to develop training provision from scratch and would make the expectations feel more manageable in practice.

It may also be helpful for the guidance to include illustrative examples of what training might cover in more common scenarios. For example, where a pupil has a condition such as type 1 diabetes, staff training might include recognising symptoms, understanding monitoring requirements and administering medication. While we recognise that senior leaders must tailor training to their specific context and pupil needs, such examples would provide helpful clarity on the expected scope of training. This would ensure there is no ambiguity about what staff are reasonably expected to know and do in supporting pupils with medical needs and helping to reduce anxiety for staff by clearly distinguishing their supportive role from the responsibilities of health professionals.

Individual Healthcare Plans

Question 17. Do you agree with the proposal for which children and young people will need an Individual Healthcare Plan?

Agree

Comments (optional):

We agree that the proposed approach provides appropriate assurance for governors and trustees that clear arrangements are in place to support individual pupils' medical needs, helping to reduce the risk of needs being overlooked or slipping through the net. It also supports a more joined-up approach to care, particularly where medical needs intersect with SEND and reasonable adjustments. In these cases, Individual Healthcare Plans can help ensure that support is coordinated and clearly understood across staff and settings. With wider SEND reforms and the continued development of individual support plans, it is positive that the Department has considered the potential increase in overlapping documents. It is important that the workload and ongoing maintenance of these plans are carefully considered.

That being said, we will also need to be mindful of the implications for complaints processes, as these documents can understandably become a key point of reference for parents in understanding how their child's needs are being met. In this context, the guidance should more clearly delineate the role of parental involvement in the development of the plans, making the extent of that involvement clear, alongside the respective roles of schools and health professionals.

Scope of Individual Healthcare Plans

Question 18. Do you agree with the proposed scope of Individual Healthcare Plans?

Agree

Comments (optional):

We agree that the proposed scope of the plans is broadly appropriate and provides a helpful framework for schools. In addition to what has been suggested, it would be helpful for the guidance to set out more clearly the expected legal scope of the plans, including what happens if arrangements are not being met. Clearer guidance in these areas would support consistency of implementation and help reduce uncertainty for schools.

In addition, governors and trustees would benefit from further clarity on oversight arrangements, including how compliance with the individual health plans should be monitored and escalated where necessary. This would strengthen assurance that agreed support is being consistently delivered in practice. More generally, a clearer articulation of how these plans should be reviewed, how often this should take place and what triggers a review would further support effective oversight and ensure plans remain responsive to changing needs.

Serious incidents and “near misses”

Question 19. 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 disagree

Comments (optional):

NGA supports the principle of reporting and learning from serious incidents and near misses relating to medical conditions and allergies. Clear processes for capturing and reviewing incidents are essential to improving practice and ensuring pupil safety. However, we strongly disagree with the proposed governance model underpinning this approach. As outlined above, we do not support the premise of a named governor holding responsibility in this area. The expectation that a single governor would lead consideration of lessons learned and policy changes is inconsistent with established governance principles.

The questions proposed (relating to foreseeability, policy effectiveness, preventative action etc) fall squarely within the remit of the governing body as a whole. Effective oversight should be exercised collectively, drawing on appropriate information and assurance from school leaders and relevant staff, such as the DSL, where appropriate. A single governor cannot reasonably be expected to provide the level of scrutiny and/or oversight that learning from serious incidents or near misses requires. As well as the risks of overreliance on a single individual, it may also lead to inconsistency in how incidents are reviewed and lessons are embedded at a strategic level.

Lastly, we would also emphasise the need to distinguish the operational role of senior leaders from the strategic role of those governing. While it is vital these different strands of leadership

work together in a complementary way, their roles must remain distinct in order to maintain clear lines of accountability. In this instance, it would seem appropriate for the senior leader to conduct an immediate review and then have their conclusions scrutinised by the board.

Allergy safety

Question 20. Do you agree with the proposal that a named governor and named senior leader should be responsible for the allergy safety policy?

Strongly disagree

Comments (optional):

NGA would reiterate our concerns about the named governor model. It is unclear whether the expectation is that the same or different individuals would take on responsibility for medical conditions and allergy policies; however, regardless of this distinction, the concerns remain the same.

The proposal risks creating overreliance on individual governors, which we know risks exacerbating ongoing workload, recruitment and retention issues. It also contradicts the principle of governance as a collective function and may dilute effective oversight.

Separating allergy responsibilities into a distinct role also risks fragmenting safeguarding, despite the clear links between medical needs, allergies and wider welfare concerns. While a designated policy is appropriate, a more coherent approach would be for oversight to sit within existing safeguarding structures, with the full governing board retaining responsibility and drawing on input from established roles, such as the safeguarding link governor and DSL, as appropriate. Overall, this is not an area that requires the creation of additional link governor roles, particularly where it aligns closely with existing governance and safeguarding arrangements.

Review of the allergy safety policy

Question 21. Do you agree with the proposal that the allergy safety policy should be reviewed at least annually, and after any serious incident or near miss, as described in the guidance?

Agree

Comments (optional):

While we agree with a dedicated review cycle, see our response for Q13 for the concerns associated with a single governor undertaking this task.

Scope of the allergy safety policy

Question 22. Do you agree with the proposed scope of the allergy safety policy?

Agree

Comments (optional):

Similar to the proposed scope of the medical needs policy, the above is a helpful starting point, but it could go further to support the strategic oversight conducted by governors and trustees. This includes:

- how the policy is evaluated and the date for the next review
- how stakeholders/external partners are engaged with
- links to other school policies to ensure a cohesive approach eg safeguarding/child protection, SEND, school food, health & safety, risk management
- how trends and lessons learned are aggregated and fed back to the governing body to inform strategic decision-making

Allergy awareness training

Question 23. Do you agree with the proposals for allergy awareness training for all staff?

Agree

Comments (optional):

We agree that whole-school allergy awareness training is appropriate, given the seriousness of allergic reactions and the need for all staff to be able to respond in an emergency. However, governors and trustees will need to remain mindful of the workload and delivery implications of annual and universal training requirements. While the expectation that all staff are trained is understandable in this context, it does place additional demands on staff time and school resources, particularly where training is required for a wide range of roles, including support, catering and extracurricular staff.

The guidance would benefit from further clarity on how this training can be delivered in a proportionate and flexible way. For example, it is not clear whether this must be delivered as standalone training or whether elements could be integrated into existing training programmes (such as safeguarding or health & safety). Greater flexibility here would help schools manage workload while still meeting the required standards.

We also welcome the distinction between whole-school awareness training and more targeted training for staff supporting pupils with specific or complex needs. This is a helpful and proportionate approach. However, as with medical conditions more broadly, there are important considerations around capacity and continuity planning.

Further, there may be resource implications, including access to appropriate training providers and time within the school year to deliver this effectively. Signposting existing, high-quality resources would support schools in meeting expectations without needing to develop provision from scratch.

Finally, although it is outside of the scope of the guidance, we would encourage the Department to consider staff development as a whole. When new expectations are added, it is important to consider how time and resources could be found by streamlining other existing obligations – if not, the risk is that increasingly more is expected without the time and resource to accommodate it, leading to corners being cut.

Adrenaline devices

Question 24. Do you agree with the proposal that all schools should stock “spare” adrenaline devices for emergency use?

Agree

Comments (optional):

We welcome the continued provision for schools that allows them to make non-prescription purchases of adrenaline pens. Governing bodies know all too well that an overreliance on external health partners risks impacting their ability to meet statutory duties – SEND is a clear example of how system dependencies can contribute to delays or gaps in provision.

That being said, we would encourage the Department to give greater consideration to procurement and ongoing cost implications, particularly in relation to stock rotation and replacement requirements. While individual unit costs are not excessive, they are recurring and unavoidable and will form a cumulative pressure within already constrained school budgets, particularly for smaller primary schools.

Specific considerations arising from medical conditions and allergy

Question 25. Do you agree that the information provided here is helpful?

Agree

Scope of the statutory duties

Question 26. 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?

Not Answered

Question 27. 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?

Not Answered

Question 28. Do you agree that independent schools should be subject to a statutory duty to make arrangements for supporting pupils with medical conditions and allergy?

Not Answered