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Responding to an influenza pandemic: the use of medical students to support the NHS

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The Medical Schools Council believes that:

- 1 There should be a uniform approach across the UK albeit with ample scope for local flexibility.
- 2 Students should be required to opt in to any scheme rather than opt out and all students should receive adequate, nationally agreed information about the consequences of opting in.
- 3 Only Final year medical students should be permitted clinical duties. The term 'clinical duties' needs to be clearly defined by Trusts.
- 4 Medical students from earlier years should not undertake clinical work but could undertake to man phone lines, undertake administrative or clerical work etc in hospitals
- 5 Students described in points three and four should have formal, time limited contracts with NHS providers to provide the necessary indemnification. These contracts will need to outline any relevant governance arrangements.
- 6 Final year students undertaking clinical duties should receive appropriate payment for their work.
- 7 These students should be required to work only within their competence and they should be supervised as much as circumstances allow.
- 8 Such students should have access to vaccines and/or antivirals in the same way as qualified doctors exposed to the same risks.
- 9 Depending on the duration and extent of the pandemic (and the need for final year students to "act up" as F1s) there will be practical issues to be resolved surrounding progress through finals and work as definitive F1s. It is likely that there would need to be a readjustment of start dates to allow students to go back and make up lost time and/or sit final exams. This will knock on through the system but the best place to "catch up" is probably going to be at the point of competition for core training. More detailed work will be necessary on this.