



## Statement on clinical placements

The core principle underpinning this statement is that whilst it is of the utmost importance that the NHS responds to the immediate challenge of dealing with the pandemic, the long term resilience of the health service relies on maintaining the number of new healthcare professionals able to join the NHS annually. Medical schools are focused on supporting the NHS by ensuring that it gets the graduate doctors that it needs; this is why they acted quickly to graduate their students early in Spring 2020.

The next challenge is to ensure that a full cohort of students receive the education that they need to graduate in August 2021 and that students in the earlier years of their course also receive appropriate training to allow them to progress. In order for medical students to meet the standard required by the General Medical Council in Outcomes for Graduates 2018, before graduation they will need to be able to see and take part in the treatment of real patients under supervision. Whilst it is possible to support some learning online and through simulation, particularly in the early years of medical studies, clinical placements must be made available and maintained for students.

The Medical Schools Council (MSC) welcomes the confirmation from the Department for Health and Social Care in England that medical students are deemed to be “essential workers”. This being the case, teaching and supervising medical students on clinical placements should be seen as essential work within the health service. Governments across the UK are asked to confirm that this is also the case for medical students their country. This will allow students to travel freely to their placements, access testing and benefit from support with childcare. This will also support NHS education providers and our clinical teachers in facilitating this essential activity.

## Restarting clinical placements

Whether placements can restart will depend on the circumstances within individual medical schools and placement providers. There will be variation between medical schools and within the hospitals, GPs and community providers that individual schools work with.

Some of the key factors medical schools will consider, with their NHS partners, before starting placements include:

- The ability of the placement provider to safely supervise students on placement
- The availability of PPE within different sites
- Government advice on social distancing and travel (see above position on essential work)

The Medical Schools Council believes that the balance in considering these factors should be weighted towards allowing students to take up clinical placements. Universities will need to support the return of students to clinical placements by ensuring necessary functions to deliver learning and support are available. This does not necessarily require all university buildings to be open, but access to student support services in some format will be required. MSC would expect that most medical schools will want to have a proportion of their students in placements by the end of September 2020. As stated above this will depend on individual factors and some schools will want and be able to restart their students on placements well before this.

It should be recognised that the pandemic is forcing medical schools to rethink how they deliver learning opportunities for their students. The capacity to provide substantive teaching on clinical placements may have changed and in order to ensure that students get the learning opportunities they need to meet the GMC's Outcomes for Graduates, placements may need

to be supplemented with a greater use of tools like simulation. Care itself will have also changed and students may need to be involved in activities such as virtual clinics rather than seeing patients in out-patient clinics, general practice surgeries and hospital wards.

As a general principle students should, wherever possible, be active participants in the delivery of care rather than simple observers. This is essential in preparing them to enter the NHS as F1 doctors. Additionally, if students are not able to examine patients or carry out practical procedures they will not be able to adequately meet the outcomes for graduates required by the GMC for graduation.

### **Managing placement capacity**

It is understood that placement capacity within the NHS will not return to pre-pandemic levels for some time. This will require medical schools to use the capacity that is available carefully, with some prioritisation being necessary.

The first priority for all medical schools will be their final year students. It is vital that these students are able to graduate in 2021 in order so that they can start their professional lives in the NHS. Medical schools will need the support and collaboration of their local NHS providers not only to deliver clinical placements for this stage of learning but also to cover core gaps from placement experience in their penultimate year.

The Medical Schools Council believes that facilitating placements for final year students is not only important for the learners themselves but will benefit the NHS as it continues to develop its response to the pandemic. Final year medical students can be fully embedded within clinical teams and can assist clinicians in the care of patients. MSC will seek to engage with clinical teachers and NHS partners to find new ways of utilising this important resource within the NHS.

The second priority is for students in the latter part of the course who would ordinarily be spending the majority of their time in clinical placements. Whilst there is not an immediate urgency to prepare these students for graduation, medicine is a longitudinal programme of study that requires these valuable years to allow students to learn clinical skills and apply their knowledge. It is expected that their clinical placements will need to be more heavily supported by virtual learning and simulation than in previous years.

Students in the earlier years of many programmes are mainly focused on developing foundational knowledge and developing clinical skills within the university. MSC recognises and supports the importance of early clinical experience and acknowledges the efforts that many medical schools have made in expanding the provision in recent years. However, in the current situation the need to undertake clinical placements through direct experience is not an absolute priority. Government guidelines on social distancing will also affect whether these students are able to go on placement. MSC would expect them to follow social distancing guidelines.

However, students in the earlier years of the course do find the periods of time spent on placement both rewarding and motivating and if these placements can be facilitated, they should be. MSC will promote the sharing of best practice on how students can experience clinical practice through telemedicine and other means that have been developed in the recent crisis.

## **Electives and Student Selected Components**

Electives and Student Selected Components (SSCs) are very popular with students and are, in normal circumstances, strongly supported by the MSC. The length, timing and purpose of electives and SSCs varies considerably between courses. At the current time the MSC suggests that “normal” electives are high risk and relatively low priority but this may change as the implications of the pandemic become clearer. For example, it may not be wise

at present to suggest that students should plan an overseas elective but this may change over time.

In the short term medical schools may need to repurpose the length or nature of electives and SSCs in order to make sure that students achieve the GMC's requirements, allowing graduation to take place and graduates to transition smoothly into working in the NHS. This may require the use of some or all of the time in SSCs and electives to deliver core clinical placement activity that has been delayed by the current situation.

### **Maintaining clinical placements**

It is essential for students that when clinical placements resume they are also maintained for the duration of the academic year. Students due to graduate in 2021 have already lost a significant amount of placement time and in order to ensure they graduate on time they must be in placement throughout the 2020/2021 academic year. Likewise, students in lower years also need to catch up on lost placement time.

If there is a second peak, or local lockdowns, it may not be possible to deliver clinical placements as planned. Students may be asked in these circumstances to assist the NHS and support the response to the pandemic. This assistance will form part of their training and preparation for practice and may be mapped to educational outcomes. It is likely that the need for this will be determined locally by medical schools in collaboration with LEPs.

### **Testing**

Medical students should follow the rules around testing set by their placement provider. They should be treated the same as any other healthcare professional and follow the same testing regime. There is no need for students to be required to take tests if the staff in the placement are not being tested.

Some placements may want to put in place very regular testing and students should comply with this regime.

## **Vaccination**

Students undertaking clinical placements should receive a Covid 19 vaccine through the same process being used to vaccinate healthcare staff at the placement provider. Where students are not actively taking part in placements there is no expectation that they will be vaccinated outside of the vaccine priority lists developed by governments across the UK.

## **Catching up on missed time in placements**

Medical students will have missed valuable clinical placement time during the lockdown to suppress the spread of Covid-19. Medical schools will need to look carefully at how students can be given time to meet the outcomes they would have met in their cancelled placements. Students may need to catch up on blocks of placements in specific specialties such as paediatrics, obstetrics and gynaecology.

Individual medical schools should make the decision for when catch up placements occur according to what works best within their own curricula. It may be that students need to return early from holidays or that time dedicated to electives and SSCs is repurposed in order to make up for missed core placement experience.

## **Funding**

Funding should be made available from governments across the UK to enable these catch up placements to take place. It has also been suggested, in England at least, that if some of this activity has to be provided by medical schools rather than clinical providers through simulation and/or online

learning packages for instance, that funding could be provided to the HEI. Similar solutions may need be adopted in the devolved nations. The provision of PPE for medical students should be funded through Tariff in both secondary and primary care placement settings.

### **Skills labs and simulation training**

In order to prepare students for clinical placements medical schools use skills labs and simulation training to allow them to practice practical procedures in a safe environment before they are asked to undertake these tasks on real patients. It may not always be possible for students to observe rules around social distancing in these environments. However, any risks this poses is outweighed by the benefit to their education. Medical schools should carry out thorough risk assessments for these aspects of training and strict hygiene measures should be in place as well as PPE provided for medical students.

### **Use of the NHS Test and Trace App**

Students should be encouraged to download the NHS Test and Trace app that is recommended by the government of the country they are training in. The tracing function should be switched on when students are on university premises. It should be turned off when students are undertaking clinical training where they are using PPE and on clinical placements. A level 2 PPE facemask provides enhanced levels of protection for students and therefore contact tracing will not flag individuals at legitimate risk of catching the virus at these times.

### **Scrubs**

To assist with infection control it is recommended that medical students wear scrubs on clinical placements. Scrubs have the additional advantage in that

they can provide an opportunity to help identify the wearers as medical students which is helpful in busy clinical environments.