



# **The Contribution of Medical Students to Services in Pandemic Flu**

## The Contribution of Medical Students to Services in Pandemic Flu

### DH INFORMATION READER BOX

Policy	Estates
<b>HR / Workforce</b>	Commissioning
Management	IM & T
Planning /	Finance
Clinical	Social Care / Partnership Working

<b>Document Purpose</b>	Policy
<b>Gateway Reference</b>	12958
<b>Title</b>	The Contribution of Medical Students to Services in Pandemic Flu
<b>Author</b>	Patricia Hamilton
<b>Publication Date</b>	06 Nov 2009
<b>Target Audience</b>	NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs , Medical Directors, Special HA CEs, Medical Schools Council, Medical Schools Deans, Postgraduate Medical Deans, NHS Employers, UNISON, Royal Colleges, SHA Workforce Leads, Academy of Medical Educators, Academy of Royal Colleges, BMA Junior Doctors Committee.
<b>Circulation List</b>	
<b>Description</b>	Guidance for the contribution of Medical Students to Services in Pandemic Flu.
<b>Cross Ref</b>	The Role of Healthcare Students (England) in Pandemic Flu, Excluding Medical Students
<b>Superseded Docs</b>	
<b>Action Required</b>	Guidance
<b>Timing</b>	<b>N/A</b>
<b>Contact Details</b>	Cris Scotter Workforce Capacity Quarry House Quarry Hill LS2 7UE 0113 254 6900
<b>For Recipient's Use</b>	

# The Contribution of Medical Students to Services in Pandemic Flu

Prepared by DH Workforce Directorate

© Crown copyright Year 2009  
First published 10 November 2009  
Published to DH website, in electronic PDF format only.  
<http://www.dh.gov.uk/publications>

# Contents

Contents.....	4
Introduction and Principles .....	5
The Potential for Medical Students to Contribute to Maintaining Services .....	6
Employment Issues .....	8
Temporary Registration (Emergency) TR(E) .....	9
Communications and Decision-making.....	10
Recovery Planning .....	11

### Introduction and Principles

1. The continuity of patient services is of paramount importance. National and local contingency planning for pandemic flu involves ensuring that comprehensive essential and critical healthcare services and patient safety are maintained. Doctors and the wider NHS will be hard-pressed at such a time and it is recognised that medical students and doctors in training may need to take a more active part in delivering services at a time of national emergency, in order to maintain safe services for patients. This could affect their medical student education, Foundation Programme, specialty or GP training and educational progression.
2. The General Medical Council (GMC) has emphasised in its guidance (*Pandemic Influenza, Good Medical Practice; Responsibilities of doctors in a national pandemic*) that registered (and from 16 November 2009) licensed doctors must continue to “make the care of your patient your first concern” and that doctors will need “to work flexibly to provide assistance to the public where and how it is most needed”. It has also emphasised that doctors may be asked “to work outside your usual area of practice” and hence by implication outwith their present education placement.
3. Similarly, the Postgraduate Medical Education and Training Board (PMETB) has recently provided advice which supports trainees contributing appropriately to health service delivery in these exceptional circumstances, and appreciates that this may, for a limited period, take precedence over training.
4. The caveat to these statements is that students and doctors in training must still operate within their competences and under appropriate supervision from more senior staff.
5. This paper provides national guidance about the contribution of medical students (in this case UK wide) but with scope for local interpretation - “consistent flexibility”. It is underpinned by work already done by the Medical Schools Council, the Brighton and Sussex Medical School and the North West SHA.

### The Potential for Medical Students to Contribute to Maintaining Services

6. Final year medical students are in the last stages of their undergraduate education before provisional entry onto the GMC register of medical practitioners with provisional registration which permits them to start clinical employment as Foundation Programme year 1 doctors. They have been acquiring knowledge, skills and behaviours which fit them for this transition and which are relevant for clinical practice.
7. There are around 7,400 students in the final year of medical school in the UK. However, the nature of that final year training varies between medical schools and, in particular, there is variation in the amount of ward-based learning in that final year. For example, some medical schools base their final year students almost exclusively in the workplace, some will have introduced student assistantships and many provide “shadowing” an F1 doctor as part of their training. Other medical schools have a final year concentrating more on acquiring specific knowledge rather than clinical experience.
8. The GMC has recently published an updated *Tomorrow's Doctors*, which sets the shape of the curriculum for undergraduates. This new version requires much more experience and learning in the clinical environment. However, currently it is difficult to standardise the contribution final year students could make to the service as the changes established in *Tomorrow's Doctors* have yet to be implemented.
9. Examples of clinical activity that may be appropriate for a final year medical student to undertake include
  - Clerking of patients in emergency or ward settings
  - Ordering investigations under supervision
  - Getting the results of investigations
  - Venepuncture
  - IV cannulation
  - 12-lead ecg
  - urinary catheterisation
  - arterial blood gases
  - setting up an IV infusion
  - manual handling, after specific training
10. They are not expected to undertake
  - lifting / transporting heavy equipment
  - managing medical devices such as infusion pumps
  - prescribing drugs or writing discharge summaries

## The Contribution of Medical Students to Services in Pandemic Flu

- insertion of nasogastric tubes
  - taking consent, unless both trainee and supervisor are satisfied that the trainee understands the proposed intervention and its risks, and is prepared to answer associated questions the patient may ask. If they are unable to do so, they should have access to a supervisor with the required knowledge. Trainees must act in accordance with GMC Guidance Consent: patients and doctors making decisions together (2008)
11. The transition from the academic learning environment to the clinical environment represents a substantial change for many individuals in normal circumstances, and in a national emergency is likely to be personally challenging and stressful. Nevertheless, these students will have a range of skills that they can contribute to healthcare services and patient care in addition to knowledge that will make them useful in administrative duties such as requesting investigations or staffing phone lines.
  12. Clearly, they can only practise within defined competences and boundaries and these will have to be agreed and understood in advance of deployment and may need to be tailored to different individuals or cohorts. Medical students should be supervised in carrying out these duties.
  13. Some students will have elective programmes already arranged and these should be honoured unless there are particular reasons for not doing so.
  14. Educational opportunities and continuity of educational progress must be considered carefully. Some time spent by students supporting the NHS during a pandemic may generally be considered as appropriate clinical experience and should not delay graduation.
  15. Absence of teaching and supervising staff may also impact on the medical training of students. Consideration must be given to the process for catching up, if educational opportunities and learning are demonstrated to have been significantly affected, as this could have implications for the move to Foundation Programme training.
  16. Only final year medical students should be permitted to perform clinical duties. Penultimate year students should not undertake clinical work, but could be considered for administrative work (for example, staffing telephone lines or undertaking appropriate supportive and clerical activities). The potential role of students in earlier stages of undergraduate study has been considered, but in view of their limited clinical experience, it is unlikely that they would be asked to take part in any supporting activities.
  17. Patient and student safety must be paramount at all times. The potential benefits to the service and personal experiential learning from assisting in NHS service activities must be weighed against the degree of additional supervision required, the likelihood that they could contribute usefully to maintaining services and potential disruption to their education.

### Employment Issues

18. Students will be invited to “opt-in” to undertaking NHS work. Much relevant educational experience may be gained. The opportunities to consolidate and gain confidence in, for example, clerking patients, formulating a differential diagnosis, planning investigations and undertaking practical procedures in which they have demonstrated competence represent additional valuable experience.
19. Students may also further develop their professional expertise in time management, decision making and organisational skills whilst part of a team working under pressure. However, students should not be mandated to contribute but should make a personal decision to opt-in without external pressure or expectation. If a student elects or declines to take part, this will not affect their position within the medical school, or the Trust where they are based, or future Foundation Programme training applications.
20. Students who have not opted in should remain in their usual teaching programme where possible but must be aware that their qualification date may be delayed if trainers / supervisors have to be deployed elsewhere.
21. Students supporting NHS activity should have formal, time limited contracts with NHS Trusts to give the necessary indemnification. These contracts need to outline any relevant governance arrangements. Appropriate induction and training must be given. NHS Employers can advise on suitable contract arrangements, including indemnity and insurance, although the responsibility for these arrangements lies with the employing Trust. Model contracts are available on the NHS Employers website.
22. Local governance arrangements may require the student to undertake supporting clinical duties under appropriate supervision. In such cases, students will need to have demonstrated competence in a particular skill and have had the competence documented by a supervising doctor before they can be deployed. They must at all time work within the level of their competence, and must not feel pressurised to undertake work they do not feel safe, competent or confident about undertaking.
23. Students who opt-in to undertaking NHS work should be paid at a rate appropriate for their contribution – whether they have opted for clinical or administrative duties.
24. Medical students will be subject to the working time regulations and are specifically recommended not to opt out of the 48-hour week.
25. Medical students in clinical settings will receive vaccinations and antiviral medicines on the same basis as qualified doctors exposed to the same risks.

### Temporary Registration (Emergency) TR(E)

26. Final-year medical students have valuable skills and knowledge to contribute in an emergency, but will not necessarily need registration to make that contribution. The GMC's planning for use of TR(E) powers is firstly to seek to register a cohort of doctors (e.g. those who have left the GMC register within the last two to five years) depending on the needs of the NHS in a national emergency. Only when such other cohorts of doctors have been fully utilised would exercise of TR(E) powers in respect of medical students be considered.
27. The GMC's current planning allows for the temporary registration of a medical school's final year cohort as doctors (as a cohort rather than individually) providing the medical school has awarded their medical degree and those students' details have already been provided to the GMC.
28. Temporary registration under section 18A of the Medical Act 1983 requires that persons who are temporarily registered in emergencies have to be "fit, proper and suitably experienced". This type of registration will enable doctors to carry out the activities of a fully registered medical practitioner and those for which they are suitably qualified.
29. For the initial cohort of doctors where TR(E) powers are envisaged to be exercised (e.g. those who have left the GMC register within the last two years), the only condition the GMC is likely to place on all temporarily registered doctors' practice, should they wish to assist, is that they work under the direction of a Medical Director or equivalent, or any person acting under the authority of such a person, in direct support of the NHS in its work to deal with the national emergency. Where TR(E) powers are extended to other cohorts of doctors (e.g. those who have left the register more than 2 years ago, and perhaps students) the GMC is likely to place more detailed restrictions on registration to ensure public protection.
30. Temporary registration would normally give TR(E) doctors prescribing privileges but this will need to be linked to their role in support of any emergency only, carefully supervised locally and limited to a narrow range of commonly used medication. There may be more restrictions for the work of medical students as outlined above.
31. There will be issues around starting and finishing such registration. It is understood that TR(E) may only commence once the Secretary of State has declared that an emergency has occurred, is occurring or is about to occur. Once the emergency is over TR(E) will cease to have effect.

### Communications and Decision-making

32. Students are at liberty to opt-in or to decline to take part in deployment to support the NHS, and the Medical Schools Council has indicated that, whether they elect or decline to opt-in, the decision should have no consequences to them in terms of their medical school, or the Trust where they are working, or affect future Foundation Programme training applications. The Medical Schools Council has a statement on their website ([www.medschools.ac.uk](http://www.medschools.ac.uk)) which will be updated to reflect any changes to this situation.
33. The Medical Schools Council endorses a uniform approach across the UK, but emphasises the importance of local flexibility and application. Principles should be followed so that “consistent flexibility” means that good practice is followed which is appropriate for local situations. This is critical as not only do service models vary but also because levels of flu disease activity will vary across the UK.
34. Medical schools deans, principals and undergraduate educational leads should plan with their Trusts, postgraduate deans and SHAs how medical students will contribute and how they will be supervised. These arrangements will be drawn up in liaison with the SHA flu pandemic leads and workforce directors and such arrangements, when implemented, will be the subject of continuing review. Postgraduate trainees will have a role to play in supporting their undergraduate colleagues and postgraduate deans should take part in the planning.
35. The BMA junior doctors committee and medical students committee must be consulted on the process and local relevant student organisations can play a lead role in local organisation and delivery. Appropriate consultation and discussion with students, the medical schools and the service should be ongoing.

### Recovery Planning

36. When services return to normal, the educational status of the students must be assessed and a return to their education programme planned and agreed. This may include formative and summative assessments, which will be agreed by the local medical school. As mentioned above, any temporary registration granted by the GMC will end once the emergency is declared over.
37. A record of competences achieved through the period of temporary registration should be kept as part of their undergraduate portfolios. Where possible, assessors or supervisors, including postgraduate trainees, should affirm these, but it is recognised that the nature of the emergency may make this difficult at times. Students, whether they have opted in to undertaking NHS work or not, must be aware that continuity of training cannot be guaranteed in a national emergency and they may require “catch-up” education. Local tutors and education supervisors should contribute where possible.
39. Different universities have final examinations at different times and some students will need extra time to both prepare for and sit the exam as a result of the impact of pandemic flu on their medical education.
40. The impact on progress to Foundation Programme year 1 will need to be considered by the medical schools and the Medical Schools Council in conjunction with the UK Foundation Programme Office. There may be a consequent knock on effect into core training years and this will need further consideration.