

BMA statement of expectations: Medical student wellbeing support during COVID-19



BMA statement of expectations: Medical student wellbeing support during COVID-19

During this challenging time it is more important than ever that medical students look after their wellbeing and that they are able to access appropriate wellbeing support.

The following positions have been developed by the BMA medical students committee with input from members across the devolved nations and members of the BMA medical academic staff committee. They set out recommendations for universities and NHS employers of medical students to take into account, both during and following the pandemic, to ensure that students' wellbeing is supported and prioritised.

Broad principles

- We ask that universities and NHS employer organisations consider every aspect of a medical student's wellbeing and provide appropriate wellbeing support during this challenging time.
- It is especially important during the COVID-19 pandemic that students are able to access appropriate wellbeing support. They are likely to be feeling worried or anxious following disruption to their exams, placements, electives and other aspects of their medical degree. We recognise that students may also be feeling lonely, anxious or stressed due to social distancing or isolation. This is a particular issue for international students who have been separated from their families or students caring for children or other dependents, who may be taking on additional responsibilities or experiencing financial challenges at this time. Furthermore, we recognise the racial harassment and xenophobic attacks that members of Asian communities have experienced during the pandemic¹, which may impact on the well-being of medical students from these communities, causing increased anxiety and stress whether or not they have been the direct victims of this themselves.

Asks for universities

- When planning students' online studies, we would ask that universities take into consideration that international students may now be accessing their studies and completing assessments from different time zones if they have travelled home. We ask that universities take this into consideration when managing online presentations and different styles of learning and that, where possible, universities make online content available for at least two weeks to ensure that students do not have to be awake at inappropriate times to study and are not disadvantaged by having less time due to how sessions are arranged. This would also allow students with caring responsibilities to manage their time and stress levels.
- We ask that universities communicate information regarding changes to any aspect of a student's medical degree, such as exams or assessments, with notice of four weeks or longer to minimise the impact of these changes on students' wellbeing. Universities should develop a set of principles to guide this process. In particular, universities should ensure that any changes take the needs of medical students with protected characteristics, childcare and other caring responsibilities into account.
- We ask that universities support vulnerable students who are currently accessing student support services to continue to access these services. Universities should prioritise and listen to students' individual needs, moving resources online where possible. Services should be accessible from any location and available not only during the working day but also outside of 9am-5pm. Where possible consideration should be given to continuity of care so that students can be seen by the same counsellor who they are comfortable speaking with.

¹ The Guardian has reported that hate crime directed at south and east Asian communities have increased by 21 per cent in the UK during the coronavirus crisis: <https://www.theguardian.com/world/2020/may/13/anti-asian-hate-crimes-up-21-in-uk-during-coronavirus-crisis>

- Universities should have clear processes in place to follow-up with vulnerable students virtually and to implement additional safeguards where needed to support students' wellbeing. Universities should also set out how they will adapt current processes to enable them to identify new students who have become vulnerable and in need of support in the absence of face-to-face contact.
- We ask that students continue to have access to a personal tutor and regular one-to-one meetings with them, so that they have the opportunity to raise any issues confidentially. We also ask that meeting times are arranged where possible to ensure that international students living in different time zones continue to have access to their personal tutor - for example, a student living in Asia could be given a meeting slot during the morning UK time, which would be early evening in Asia.
- We ask that universities liaise with medical schools to ensure that wellbeing support arrangements during this time continue to be suitable for medical students' specific needs.
- Universities should ensure that disabled students are able to continue to access the support that they need, and that any adjustments and mitigating circumstances continue to be factored in or provided to a same or higher standard than before. The legal duty to make reasonable adjustments still applies.
- We would encourage universities to regularly communicate wellbeing advice to all students, for example advice on self-care.
- We recognise that school leavers entering medical school this academic year may require particular support in regard to their wellbeing and making the transition to university life, following the disruption and anxiety caused by the pandemic. We ask that universities consider what tailored, additional support they can provide to these students and that they also consider the support that more senior students could provide as buddies or mentors.
- Students are likely to have been adversely affected by the things that they have seen and experienced during the pandemic, and we ask that universities provide appropriate post-pandemic after care for students. This will be important not only for students who have volunteered and worked on the frontline in the NHS during the pandemic, but also for students completing their attachments and placements in a clinical setting.

Students working in the NHS

- We understand that, given the challenges the NHS is facing at this time, many students wish to support their medical colleagues and have taken on contracts in the NHS. Other students have been offered the opportunity to volunteer to support their colleagues in non-paid roles. The wellbeing of all students working in the NHS, whether in a paid or non-paid role, is a priority at this time. It may be students' first time working in an NHS role, which they have taken on with little notice, and they may not be fully prepared for the potential challenges and risk of burnout. We ask that medical schools and NHS employer organisations work together to define the particular roles and responsibilities that each will take on to ensure students' wellbeing is prioritised and that they ensure that students are fully aware of these.
- For final year medical students who are graduating early and have volunteered to take on FiY1 roles, the stresses usually associated with the transition from student to junior doctor will be exacerbated further due to the accelerated nature of this transition. We would welcome clarity on which organisation is responsible for supporting the welfare of FiY1s and a commitment to supporting and safeguarding their wellbeing.
- There needs to be scope for sufficient flexibility in any wellbeing support service offered to students to accommodate their working patterns – for example services should be accessible from any location and outside of 9am-5pm, such as Employee Assistance Programmes that offer 24/7 support. We support the introduction of accessible services such as the new NHS mental health hotline that will provide psychological support to NHS staff in need.
- We are aware that all NHS staff are likely to be adversely affected by the things that they experience on the frontline during the pandemic. We must ensure that appropriate post-pandemic after care is put in place for all NHS workers, especially students volunteering and working in the NHS.

- We ask that students receive a proper induction where they can discuss their learning needs and any specific concerns, as well as receiving information about confidential wellbeing support services available to them and the provision and proper use of personal protective equipment. Medical students must be fitted for the personal protective equipment.
- We ask that medical students stepping into NHS roles as volunteers should be given the same opportunity to request accommodation when working – if this is being offered to NHS staff. Some students are in the exact same position as NHS doctors who have to move out of the family home due to the potential risk to vulnerable family members.
- NHS employer organisations should ensure that students’ clinical supervisors have sufficient time to support students and provide appropriate supervision. In particular students should not work night shifts if required without appropriate supervision.
- We ask that NHS employer organisations use a number of approaches to support students’ wellbeing, such as the local development of Schwartz rounds or Balint groups, which are open to medical students and enable them to share and reflect on their experiences, and peer support groups for medical students to talk to each other about their experiences. Students could also be paired up with more experienced staff through a ‘buddying’ system to ensure that they do not feel isolated when working alone. Employers could rotate students between high and low stress activities. Students should be offered immediate debriefings following traumatic events and be provided with 24/7 access to food and spaces to rest.
- Students must be adequately protected from potential violence and abuse from patients. Existing processes for reporting workplace concerns where these occur, such as racial or other forms of harassment, should apply to students in NHS workplaces. It should be made clear to students under what circumstances they should approach their medical school, their employer, or both with any concerns they identify. These processes should be proactively communicated to students during their induction and the burden should not be on the student to discover for themselves how they work. Students should be informed that their concerns are being taken seriously. Students should receive feedback on action taken and the outcome of any concerns raised at an appropriate time, as well as timely feedback on progress where a conclusion has not yet been reached.
- NHS employer organisations must ensure reasonable adjustments are in place for disabled students and adequate measures are taken to identify and protect those with underlying health conditions that may put them at increased risk if exposed to COVID-19. Appropriate support should also be in place to support students to work while managing childcare or other caring responsibilities.
- All contractual and statutory rights must be followed for medical students employed in the NHS as for other employees.
- It is important that medical students working in the NHS and NHS colleagues work together to provide supportive environments for one another in the current challenging environment.