

**Position statement: implications
of resuming clinical placements
during the COVID-19 pandemic
July 2020**



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Introduction

Clinical placements for medical students have largely ceased since the UK lockdown commenced, representing a significant disruption to medical education. On 1 May 2020 the Medical Schools Council (tMSC) published a [statement](#) outlining how medical schools plan to proceed with clinical placements during the COVID-19 pandemic. tMSC is very keen to ensure that clinical placements are able to re-open across all medical schools in the UK to ensure that students can progress through their courses as scheduled.

The BMA wants to ensure that progression through the degree programme is on time, that the adverse impacts of delays to progression are avoided, learning opportunities maximised and that students are able to continue with studies and placements safely, with risks to personal and public health minimised. This position statement sets out our approach to resuming clinical placements, and guidelines for how this should be managed.

Progression through the medical degree programme and the future medical workforce

This is an area where COVID-19 could severely disrupt medical education. If placements are not practically feasible, for reasons such as distancing and changes in educational and training staff workload, it may not be possible to meet the current medical degree curriculum requirements within the usual timeframe. This poses a significant risk to future medical workforce planning.

For the new FY1 cohort, due to start in August 2021, medical schools and placement providers need to put in place systems and learning opportunities that enable final year students to achieve their learning objectives and catch up on missed placement time in order to achieve the competencies within the expected timeframe. We recognise that if the General Medical Council (GMC) was happy to register 2020 graduates at Easter, this implies there is two – three months slack in the system. Nonetheless, terms may need to be extended in 2021 until mid-July to enable students to complete their learning portfolios. For all current cohorts of medical students in the later years of medical school, where the requisite skills and competencies are already very clearly defined, term dates for graduation may have to be extended in order for medical school curriculum requirements to be met.

However, planning to take into account these requirements, the risk of bottlenecks and also longer term changing patterns of clinical practice will need to be undertaken as soon as possible, so that medical students in the earlier years, let alone those registering for the first time in 2020 and onwards, and their educators can ensure that the learning objectives are met in good time. Judging by current developments, predictable shifts in educational practice include more virtual learning, more face to face small group learning, and more intense focused placements.

Medical school capacity for teaching medical students in these ways, and the NHS and other relevant Social Care Service providers' capacity to provide sufficient and appropriate clinical placements where teaching can be provided at a high standard, needs proactive planning and support, not least as other clinical students with comparable challenges and increased requirements (nurses, AHPs etc) will also need accommodating in these environments.

It should be recognised that if educational progression is delayed beyond the end of July each year then there is a risk of a delay in entry to FY1 and which in turn, may impede the progression by trainees in the years after and possibly cause career progression bottlenecks. This would then extend the time students would need accommodation and maintenance support and delay payment as an FY1 and pay progression for other trainees. We are concerned this may further disadvantage those considering academic training opportunities.

International students have concerns about how the situation affects them. Their existing Tier 4 visa is issued for the duration of their course so should cover them for the duration of any extension due to their graduation date being pushed back. Medical schools may want to offer them reassurance about their position¹.

Issues that the BMA believes should be addressed before placements start

The following are the key issues that need to be addressed before placements start:

1. Robust supervision and teaching arrangements need to be in place.
2. Risk assessment is critically important, and needs to be done in advance.
3. Access to the personal protective equipment (PPE) appropriate to the clinical setting, but without affecting availability of this for other healthcare workers, is essential. Furthermore, thorough training in its use must be provided.
4. Information about well-being support, ranging from mentoring through to access to childcare, needs to be provided for the medical students according to need.

These key issues need to be jointly agreed and monitored by medical schools and placement providers in a reciprocal fashion. This must also account for any potential local lockdowns, as placements may be impacted by the spread of COVID-19 in that region.

Availability of personal protective equipment (PPE)

The BMA legal department has advised that medical students are entitled to expect NHS Trusts, GP practices or anyone else operating premises used for clinical teaching will take all reasonable care to protect students from risk of contracting COVID-19 whilst attending their clinical setting. Students are under no obligation – ethical or legal - to place themselves in situations where they are exposed to unreasonable risk in order to be educated and/or to participate in care delivery to patients. They are there “voluntarily” and need the support of the relevant organisations. If there remains an unresolved anxiety or concern expressed by the student it may be necessary to offer leave of absence (which may extend beyond one academic year) until the risk has passed; if this is the case, then these students will have to continue to have access to ongoing constructive support.

Medical students should, therefore, be provided with the level of PPE appropriate for the clinical setting they are in according to PHE [guidance](#). The risk assessment for this cannot be the responsibility of the student. The PPE that is provided should be in line with the [BMA's guidance](#), taking into consideration equality implications, to account for concerns around fit (such as FFP3 masks for those who must retain beards/ facial hair for religious reasons, or appropriate PPE for those who wear headscarves for religious reasons) or communication (such as transparent face masks for those who rely on lip-reading/facial cues). [It is important to recognize that mask transparency may need to be bidirectional, since either patient or medical student / doctor might need the facility]

Safe and effective clinical placements require the trust and confidence of both educators and medical students before medical schools accredit them.

Before starting the placement, students should be trained in the use of the PPE, with fittings if required. Part of the training involves understanding that the risk of them transmitting infection to others is as important as them not being exposed to infection from others and how to minimize those risks.

It would be totally unacceptable for PPE to be provided to the detriment of provision of PPE to existing healthcare workers. The BMA calls on the UK Government to address PPE shortages in order to facilitate the resumption of clinical placements, as any other option is not safe for students, clinical staff or patients.

¹ Students who are members of the BMA can access the BMA's immigration advice service for free initial advice with any subsequent advice at a discounted rate.

Supervision of medical students in primary and secondary care settings

According to [GMC guidelines](#), the development of a medical student on placement (whether in primary or secondary care) should be overseen by a named educational supervisor who will be responsible for considering the student's progress against learning objectives, and facilitate the student's reflective learning. They may be based either within the placement provider or at the medical school. Supervision must be overseen by a fully registered doctor with a licence to practice, determining what is required and providing it either personally or by arranging for its provision by one or more identified competent healthcare practitioners.

There has been considerable additional workload and redeployments arising from COVID-19. Therefore staff that are involved with the supervision of medical students, including both those from the medical school and the placement provider, must meet to discuss whether the necessary supervision will be possible for the placement to take place. We recognise the need for the respective placement provider to be involved in these discussions either in the person of the Director of Medical Education, or the nominated GP partner. We recognise that this may mean that placements re-start at different times in different trusts, departments and practices, and that this may impede the start of placements for whole cohorts if there is a significant shortfall in placements.

We welcome the suggestion that recently retired doctors who have returned to help with COVID-19 could assist with the supervision of medical students. However, with age being a significant risk factor with COVID-19, they may not be able to provide supervision in the hospital or practice. There may also be a need for the medical school to provide refresher training if the curriculum has changed since the doctor retired.

Concerns regarding medical student wellbeing

It is important that universities and placement providers prioritise supporting medical students' wellbeing during this time. Many medical students are likely to be feeling worried or anxious during the COVID-19 pandemic following disruption to their exams, placements, electives and other aspects of their medical degree, as well as due to the wider disruption and uncertainty the pandemic has brought to different aspects of their lives. As steps are taken to return to a more 'normal' way of life, such as the resuming of clinical placements, this could cause further anxiety and students may initially be cautious about resuming placements. This is likely to be a concern for all students, but particularly concerning for students who are at higher risk from COVID-19 or who are living with individuals who are at higher risk from the virus.

There needs to be robust processes in place for students to raise concerns about their wellbeing and readily accessible student support services are essential.

It is important that there is clear communication and regular updates from universities to reassure students and address their concerns, as well as clear procedures in place for students to raise any concerns directly with their university. It is particularly important that medical schools clearly communicate any updates on changes to opportunities for clinical learning and to clinical placement arrangements to both current and prospective students (to enable those applying for places to make fully informed choices).

Childcare considerations

Many medical students will have lost access to childcare during the outbreak. Childcare settings are unlikely to reopen instantly, and wraparound or informal care will take longer to become available.

Medical schools should be aware that there are challenges currently around accessing childcare and some students may be home schooling children until schools are fully reopened. It may be difficult for these students to attend clinical placements at this time.

Medical students who are, or are isolating with people who are, members of vulnerable or high-risk groups

The BMA's Public Health Medicine Committee has noted that:

Given that COVID is circulating widely in the community, there is a likelihood of encountering patients or staff with active COVID infection while on placement. The magnitude of the risk of transmission will depend upon the type of placement, the PPE available and how well it is used by the student and other staff, and on the prevalence of the virus in the wider community.

The only one of these that will change over time is the prevalence.

The risk to students is therefore going to remain equal to other staff members undertaking similar duties and will remain considerable for some time.

I would therefore strongly support students being treated exactly as employed staff are, and universities will need to consider their tolerance for the risk of harm to students who are paying fees for a service rather than being paid as employees.

In the letter sent by BMA council chair Chaand Nagpaul to NHS England chief executive Simon Stevens on 28 April 2020, the Association recommended that every doctor has a formal risk assessment relevant to their role, and that the framework for this should consider evidence on risk associated with age, ethnicity, sex and co-morbidities. Simon Stevens has since written to all local NHS organisations calling on employers to take [precautionary measures to risk assess potentially vulnerable members of staff](#).

Students undertaking clinical placements should, therefore, also be assessed as they may be isolating or living with people considered vulnerable or high-risk. They may also themselves be considered vulnerable or high-risk. Special measure would therefore need to be put in place for vulnerable or high-risk students, and may even require leave of absence, during which it is important that their support structures are maintained.

There may also be situations where a student may have to self-isolate after returning to placement – they may have contracted COVID-19 or there may have been a local outbreak. This would require a conversation between the medical school, the student and their supervisors, with the detail of their competencies and progression and whether the outcomes of the placement have been fulfilled or can be mitigated. The BMA will be able to support medical student members through this process.

It is also worth considering that there are disabled students that do not fall within one of the categories of those considered particularly vulnerable to COVID-19, or may have been shielding. These students will require specific support needs and will have statutory rights to reasonable adjustments.

As clinical placements resume, students will be required to travel to and from clinical settings, potentially placing themselves at greater risk of being exposed to COVID-19 than they would be had placements not resumed, either on public transport or lift sharing. This also has concurrent implications for the spread of the virus. The BMA should, therefore, recommend that placements need to be carefully monitored to ensure that the risk of contracting or spreading COVID-19 is as low as possible, for example by facilitating avoidance of public transport wherever possible, and by making sure that there are differential placement opportunities for those students for those at higher risk due to medical conditions and other recognised risk factors. .

The BMA recommends that stability of clinical placements is ensured, and that students are not rotated rapidly between settings, to minimise the potential spread of the virus between them.