

BMA medical students committee report to 2020 Annual Representative Meeting

Introduction

Medical students across the UK have faced incredible challenges through the past 12 months. The following report from the BMA's medical students committee (MSC) provides an overview of the policy work undertaken to support and lobby on behalf of medical students to address the issues affecting them.

Tackling racial harassment in medical education

Since 2018, the BMA has taken on a wide-ranging programme of work to address race inequalities in the medical profession. Within this, the MSC has been leading on work aimed at tackling widespread racial harassment in medical education against Black, Asian and minority ethnic medical students (BAME).

Through engagement with medical students and schools across the UK, the BMA published a [racial harassment charter](#) for schools to prevent and address the issues BAME students face, setting out clear standards, support and training resources for responding to such behaviours. The charter includes guidance on how to implement the charter, as well as supportive case studies, testimonials and a glossary on harassment and undermining behaviours. As of August 2020, 27¹ schools have signed up to the charter, signifying a strong level of commitment across medical education to address the issue in partnership with medical students.

Following the deaths of several Black people across the US this year and the rise in global support for the Black Lives Matter movement against racial injustice, the BMA responded to the [GMC's statement](#) on including ethnically diverse examples of case presentations in medical school curricula. [Our statement](#) has been co-signed by Melanin Medics, African-Caribbean Medical Mentors, Black Medical Society, and King's College London's African-Caribbean Medical Society, and our additional letters to the GMC and tMSC have been co-signed by MASC.

We also conducted a survey in July and August 2020 of student BMA members, looking to understand how well known the charter is and the scale of racial harassment at medical schools, and gather data that can be used to encourage the remaining medical schools to sign up to the charter. The survey is intended to support MSC representatives in providing advice to students at their schools that may be experiencing racial harassment, and encourage further engagement across the profession on this issue through further member communications.

1 As at 27 August 2020



Responding to the COVID-19 pandemic

Early provisional registration for final-year medical students

In the first few weeks of the pandemic, the secretary of state for health announced that 5,500 medical students would be brought into the workforce, with Scottish and Welsh governments welcoming the move. The [GMC agreed four-nation principles](#) for the early graduation of medical students, aiming to accommodate a move to provisional registration earlier than normal.

We produced [guidance for final-year medical students](#) highlighting the implications of early provisional registration during the crisis, focusing on what would be expected of students while entering their interim F1 posts, the pay scale for the role and the process for entering into the foundation programme in August.

Anecdotal reports from our members in relation to the interim F1 posts were mixed, though many that undertook these roles have expressed positively that the role offered them the opportunity for enhanced shadowing. At the same time, we also became aware of students that were not placed in FiY1 roles despite their being graduated early, and having moved to their F1 training region to support the NHS's COVID-19 response. We have highlighted the impact this has had on those students who graduated early and were left without employment, putting them under increased financial pressures. The BMA has raised these issues directly with the UKFPO (UK Foundation Programme Office) in light of trusts being unable to employ these new trainees, and we have collaborated with the JDC (BMA junior doctors committee) to resolve outstanding issues for this group of newly graduated doctors.

Guidance to students requested to undertake work in the NHS

Although many final-year students were offered early provisional registration following the secretary of state's announcement, the NHS workforce required far more support to provide care to those who had contracted COVID-19 and manage the spread of the virus.

To this end, many medical students and students in other allied health degree programmes, were offered opportunities to undertake work in the NHS, coordinated by their medical schools and Trusts/health boards. However, the contracts of employment offered to students varied across the four nations – many had been offered Agenda for Change contracts that were likely to vary locally across employers, while Welsh medical students were offered 'medical student assistant' roles, paid at higher rates.

We [provided guidance to medical students undertaking employment in the NHS](#) during the pandemic, clarifying what students should be provided in their offer of employment including a role profile, information of the relevant pay and banding for their role, and hours of work. We also expanded our [contract checking service](#) to offer reviews of Agenda for Change contracts for students who may require further support from us.

Addressing the pandemic's impact on medical education and widening access

The COVID-19 pandemic has had an extraordinary impact on higher education, for students, academics and staff working across educational institutions. The MSC recognizes the huge efforts made by medical schools to respond to the unprecedented circumstances they find themselves in with providing teaching and ensuring progression.

In recognizing the wider impact that the pandemic would have on teaching and assessment in medical schools, we also published a [statement of expectations for medical education](#) during the crisis, in collaboration with the BMA's medical academic staff committee (MASC). Our broad principles included supporting the delay of all non-essential exams to avoid risks to students and teaching staff, making the best use of online platforms to deliver teaching, ensuring that changes made to the provision of teaching and assessment will not differentially affect any group of students, and that new procedures for determining which students would graduate early reflect the same range of attributes that students would be expected to demonstrate during 'normal' circumstances.

An informal working group within the committee has also been developed to gather insights from students on their current experiences of clinical practice and explore the transition of students through medical school.

A key priority for the MSC is widening participation; to ensure that students from the most disadvantaged backgrounds are encouraged to apply to study medicine, and that schools and universities do more to support these students in applying and through their degree programme. During the pandemic, the Office of Qualifications and Examinations Regulation (Ofqual) announced plans to award students calculated A-Level grades. In April the MSC and MASC wrote to Ofqual and the Office for Students (OfS) to highlight our concerns around potential unconscious bias in the calculation process for these grades, and emphasise that there should be transparency and consultation on the proposed method of quality-assuring the grade calculation.

Supporting medical students returning to clinical placements

Clinical placements are a necessary element of progression through the medical degree programme for students, and with the pandemic disrupting higher education in several ways, getting students to return to placement to finish their degrees as safely as possible has been a priority for the MSC.

In July 2020 we released our [statement for medical schools and students](#), developed jointly with MASC and with the input of the BMA's COVID-19 discussion group, identifying key issues that are essential to ensuring that students return as safely as possible. We expect that proper supervision and personal protective equipment (PPE) must be provided from their first day on placement, that returning to placement takes into account all the teaching and competencies missed, that risk assessments are provided to all and each student is prepared with relevant information on how they can resume their placement safely, and that student wellbeing is prioritized.

We have since shared our statement with the Medical Schools Council (tMSC), the General Medical Council (GMC) and the National Association of Clinical Tutors (NACT) and expect to monitor students' safe return to clinical placement in collaboration with these key stakeholders.

Protecting student welfare and wellbeing

MSC has been vocal for several years on the importance of prioritizing and maintaining student wellbeing and welfare, and ensuring that students have access to appropriate support services. During the pandemic, many students have experienced even more severe mental health concerns, along with safety and wellbeing anxieties around contracting COVID-19 should they enter certain clinical settings.

In response, we published a [statement of expectations of Trusts, health boards and medical schools around wellbeing support for medical students during the pandemic](#). We expect that universities and NHS employer organisations consider every aspect of a medical student's wellbeing and provide access to appropriate support services. This is particularly important for international students, who may remain separated from their families and unable to return home, or students caring for children and other dependents who may be taking on extensive responsibilities or increased financial hardship.

Addressing financial worries for students

The pandemic has had a substantial impact on financial concerns for all students, and for medical students in particular, many have been caught in difficulty between studentships, volunteering in the NHS or undertaking paid work within or outside the NHS to support themselves. The financial pressures are very likely to continue while the pandemic and the associated economic disruption is ongoing. Many students may also face difficulty in covering costs related to their studies, particularly for students from poorer backgrounds, those with dependents, graduate-entry medical students and international students.

To support efforts to address this, we published our [statement of expectation around medical student finances](#), aiming to ensure that financial support remains available, particularly for those in the aforementioned groups, and ensuring that students are supported by the BMA in making claims to independent adjudicators and public services ombudsmen in the four nations should they feel unsatisfied with paying for the teaching they have received. We also ask that universities waive exam resit fees and other non-tuition related fees.

By way of guidance and support, we also published an update to our student finance guide (circulated to student members through our fortnightly newsletter), specifically highlighting additional sources of financial support available. These range from university-specific funds, to BMA Charities, hardship and foundation grants, and sources of support from the Citizens Advice Bureau and charitable trusts.

Lobbying around the UK Medical Licensing Assessment (UKMLA)

For several years, the MSC has campaigned against the introduction of the UKMLA, remaining engaged with the GMC through key stakeholder events and quarterly meetings. We have ensured that throughout the development process of the UKMLA, the interests of students around achieving educational outcomes and avoiding further strain on an already pressurized group of students, are listened to by the GMC. We have campaigned for meaningful consultation with medical students on its introduction, to ensure that its implementation recognizes the experiences and pressures that students face in their studies.

In July 2020, given disruption caused by the COVID-19 pandemic, the [GMC announced that the implementation schedule for the UKMLA will be extended](#) – students graduating in 2025 will now be the first to sit the UKMLA exams, rather than those graduating in 2024. Furthermore, the GMC announced changes to the process for ensuring consistency in the proposed applied knowledge test (AKT) portion of the UKMLA. The MSC has welcomed these announcements and will provide further explanatory information to medical students on the BMA website in October 2020, for the new academic year.

We remain in close dialogue with the GMC on the introduction of the UKMLA, and are committed to ensuring that student interests are central to its development.

Student support and wellbeing

The MSC has also led on work related to improving student wellbeing support services. In 2019 our medical school representatives shared feedback from students at different medical schools on their experiences of using support services available to them. This revealed large discrepancies and barriers in support services available across the UK to medical students. During the COVID-19 pandemic, these problems have been exacerbated, as students face additional barriers to receiving necessary support for their wellbeing concerns.

This year we aim to publish further support materials and guidance to students on this issue, looking at ways of holding medical schools accountable to provide improved, accessible services, and sharing the experiences of students that have struggled with receiving the support they need during their time at medical school.