

## **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 receives 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 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 to 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 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 also have 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 we support the idea of students wherever possible being active participants in the delivery of care rather than simple observers.

### **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 that they 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 to cover core gaps from placement experience in their penultimate year due to the pandemic.

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 the 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 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. The Medical Schools Council 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.

### **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 to make up this time and some time may be taken out of the part dedicated to electives and SSCs to make up 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. MSC will coordinate a survey to identify how much additional clinical placement time medical schools expect to provide to assist national planning.