

COVID-19: the impact on our medical students will be far reaching

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We write as three senior clinician educators in a large UK medical school. Our priority is producing a capable and competent pipeline of doctors for future medical practice, but we recognise and fully understand the growing tensions between safeguarding this education with responding to growing demand - from government, the workforce and students themselves - to position our medical students more centrally in the national response to the Covid-19 pandemic. Throughout medicine and medical education our usual practices have been disrupted at an unprecedented pace and scale.

As readers will be aware, the Secretary of State for Health and Social Care announced last week that medical students who have successfully passed their final exams, will be offered the opportunity to take up roles as doctors on the NHS frontline. The General Medical Council (GMC) has enacted emergency measures to provisionally register final year medical students once their medical schools have graduated them. These early graduated doctors, widely referred to as FiY1s (Foundation Interim Year 1), will be given the opportunity to be placed, managed and supported by the UK Foundation Programmes (UKFPO), either close to their medical schools or to their allocated foundation programmes, due to commence in August 2020.

A consortium including the GMC, Medical Schools Council (MSC) and Health Education England (HEE) issued a statement on 26th March (1) about the expectations of the role of medical schools and the early graduated doctors who plan to take up FiY1 roles, including:

- *the GMC will provisionally register any final year medical student who applies, subject to confirmation by their medical school that there are no fitness to practise considerations and that they have graduated*
- *provisional registration fees will be covered by the UKFPO*
- *these doctors will put on Foundation Year 1 (FY1) contracts and paid and indemnified accordingly*
- *the safety of these doctors is paramount, with suitable induction, necessary personal protection equipment, and appropriate supervision including not being asked to work beyond their competence*

We have been reassured that FiY1s will not be deployed to Nightingale Hospital in London, or its equivalents in Birmingham or Manchester, and that accommodation is being considered in these packages.

Our own medical school is in a relatively advantageous position in that our final year students have already completed elements of preparation for practice. We were able to run final examinations in a rigorous way, albeit using some modified parts without patients and before the more restrictive social distancing restrictions were in force. Results were ratified by a novel virtual exam board. We have just graduated our successful cohort. Not all UK medical schools are in this position and the plan is for

this scheme to operate sequentially as medical schools' timelines allow. All schools are working hard to facilitate this.

In the meantime, as these early graduated doctors await GMC provisional registration and the opportunity to enrol in FiY1 posts, they are free to continue volunteering in the NHS and at least two thirds of our cohort have already done so in a range of roles and settings. This is being mirrored all over the country: this is an altruistic and adaptable group who have answered the call for action and are eager to utilise their skills to help the NHS. They are however entering the workforce short of months of intensive preparation for their role as FY1s and without a well-deserved celebratory period and respite from months of examination preparation. Our hope is they will be well supported practically and emotionally as they enter the fray.

Students in earlier stages of their training are also coming forward in large numbers to volunteer. A statement from MSC (2) was published on 24th March in which medical schools and medical students were advised;

'Medical students' first responsibility is to their continuing education. They must not jeopardise their readiness to qualify in the future by taking on too many additional responsibilities.' (p1)

Whilst this advice is no longer applicable to early graduating final year medical students, this creates a tension for students and educators. As a community, many of us feel that well-targeted volunteering opportunities will provide rich learning opportunities and meet our students' need to give something back by using their skills to aid the national effort. However, the generic use of the term 'medical student' for this heterogeneous population with widely differing experience and skills may be problematic in considering potential roles and responsibilities. Some of the roles that our medical students are being asked to undertake, particular those in the early years who have very limited clinical knowledge, could be fulfilled by some of the hundreds of thousands of volunteers who have answered the national call to support the NHS.

Medical school learning has not been suspended by the GMC and is generally moving online: delivered across virtual learning environments and with assessments for the majority of medical students across UK medical schools still planned to go ahead. We are therefore presented with a challenging balance between encouraging our students to volunteer whilst also protecting their learning and thus the pipeline of future doctors.

All of us in undergraduate medical education, as with colleagues in postgraduate education, are concerned about our students' welfare and well-being. Beyond disruption to education and the perceived pressure to volunteer, many of our students are away from the university, some are away from home and their families, some have unexpected financial or housing challenges and like all of us, they worry for their families and for the future. Whilst the support and welcome from the healthcare workforce has been brilliant - at one local NHS Trust medical student volunteers receive dedicated applause when they come on shift - these are young individuals who will no doubt be profoundly affected by things that they will see and do on the frontline. Along with others in society, the impact on our medical students

will have far-reaching legacies, hence the emerging term, 'The Covid Generation'. We will need to develop new and enduring ways to support medical students who may be scarred by this pandemic.

From a personal point of view, for our senior team making challenging and previously unprecedented decisions in a rapidly evolving university, healthcare and societal landscape, we support each other via daily virtual discussion and decision-making meetings. We begin with a brief 'thought for the day' (colleagues' dreams have caused much mirth and have provided humour and some brief respite). Each person's 'Corona Persona' is becoming evident. We rely on and value each other, and whilst we endeavour to work flexibly in our roles balancing clinical and educational demands, there is some joy from strengthened and renewed friendships. We suspect this is going on across the UK and the world in all walks of life. It is one of the gains we need to retain in the post-pandemic landscape.

- 1) https://www.hee.nhs.uk/sites/default/files/documents/Joint%20statement%205th%20year%20medical%20students_0.pdf
- 2) <https://www.medschools.ac.uk/media/2622/statement-of-expectation-medical-student-volunteers-in-the-nhs.pdf>

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