

Advice from Medical Schools Council to UK Medical Schools on actions surrounding Covid-19

Version 1 – March 13th 2020

1 The first aim is to try to keep patients, students and staff safe and to avoid adding to the stress under which the NHS is currently operating.

All guidance offered is general. Conditions and other pressures will be different in the different home countries and different parts of each country, and in different hospitals and universities. UK universities (in which medical schools are embedded) are autonomous bodies and each should act according to the best information locally and to local pressures. Each has its own responsibility to its students, staff, and to the public and should maintain close contact with students and provide regular updates.

2 *Other guidance*

Follow advice offered by government, the GMC, HEE or equivalent in devolved nations, NHS E/I or equivalent in devolved nations.

[Government response](#)

[Health Protection Scotland](#)

[Public Health Agency Northern Ireland](#)

[Public Health Wales](#)

[Public Health England](#)

[Health Education and Improvement Wales](#)

[NHS Education for Scotland](#)

[Health Education England](#)

[Medical and Dental Training agency Northern Ireland](#)

[Office for Students](#)

[Scottish Funding Council](#)

[Higher Education Funding Council for Wales](#)

[Universities UK](#)

[UCAS](#)

3 *General advice on medical finals and graduation*

The GMC has confirmed that if a final year student is deemed by the university to have met the GMC's required outcomes and has graduated, then subject to fitness to practise the GMC will provisionally register that doctor. It is important that medical schools do not delay qualification and so prevent new doctors joining the workforce in the summer. We advise that final year qualifying exams are prioritised where they have not yet taken place. Additional opportunities to take finals as a first sit should be provided where necessary. We suggest that finals are simplified as far as possible consistent with testing necessary learning objectives. We suggest patients are not used in final clinical exams. Ultimately it may not be possible to deliver any meaningful formal clinical exams in which case the medical school should review the alternative methods of assessment that are available to them (previous exam results, placement grades etc)

Where credit bearing modules and attendances other than exams are required for qualification, we encourage universities to look carefully to see whether these could be modified or waived. Where this is not possible we encourage universities and partner placement providers to enable such activity where possible, with the proviso that this must not compromise safety.

4 *General advice on elective periods, overseas and in the UK*

Electives must be recognised as relatively high risk. Some hospitals are also turning students away who are attending for elective periods in the UK.

Our general advice is for students not to go on overseas electives but within this we recognise that students are free agents and the final choice is personal. Students should follow national travel advice and be aware that this may rapidly become more restrictive. They should also be aware that many are being turned away from hospitals outside the UK on arrival. They should put their own safety, their availability to take any exams or otherwise complete graduation first.

Medical schools are reminded that the European requirement for basic medical education to exceed 5 years and 5500 hours includes both undergraduate medical education and the F1 year. Where electives are credit-bearing we advise medical schools to look urgently for non-patient facing alternatives.

Incoming electives should be discouraged.

5 *General advice on student assistantships/apprenticeships*

It is in the best interests of patients, hospitals and the students themselves that students complete such assistantships and we encourage all concerned to facilitate this. Students must be properly supervised within the NHS environment, given full training and where needed be given proper personal protective equipment.

6 *General advice on F1 induction*

It remains the responsibility of the employing F1 Trusts to ensure that shadowing and induction is maintained as normal for F1 doctors commencing their employment.

7 *General advice on student placements in UK hospitals and General Practices*

Many hospitals and General Practices are now refusing to take medical students on placements, particularly more junior medical students.

This is an area where local practice will be guided strongly by the needs of hospitals.

Our general advice is that where prioritisation is needed final year students should be prioritised. Many other placements can be paused and equivalent experience provided later on in the course. Where possible online learning opportunities should be provided. Medical schools are encouraged to be creative.

For earlier clinical experience placements, it may be possible to use classroom learning, test knowledge and move testing of clinical competencies to later in the course.

Clinically-based exams (OSCEs etc.) should be postponed until later in the course or replaced by alternative means of assessment.

Universities have final responsibility for ensuring their students meet GMC outcomes and standards and gain the necessary competencies to prepare them for entry to the FY1 year in the UK. This will enable students to be provisionally registered with the GMC and to start work as F1 doctors.

8 General advice on medical students working in the NHS pre-qualification

This is an emerging area which we expect to be driven nationally. Overall, we feel that little is to be gained by early graduation of students but we should co-operate with national guidance. We predict that many medical students who have already passed finals will want to volunteer to work in the NHS and we encourage this. Important principles are that it must be their own decision, they should not be allowed to work beyond their competencies, they should be given full necessary personal protection and full instruction in its use, and they should be fully supervised with clear governance arrangements. They should be given appropriate payment and appropriate contracts by the institution in which they are working. Opportunities may be available for post-Finals medical students to assist in clinical services other than those dealing directly with patients with corona virus infection. For example helping in Fracture Clinics that are repurposed to deal with patients with minor injuries away from the Emergency Department environment, or by volunteering to work as telephone call handlers for the NHS111 service. Further guidance is being developed on this.

9 Medical Schools keeping up to date

We encourage all Deans and Medical Education and Assessment Deans to join our JISC e-mail so everyone is updated on actions being taken by other medical schools. We shall provide a weekly synthesis of postings from next week onwards.

Medical Schools Council will also update this general advice, based on the fast-evolving situation.

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