

20 March 2020

## **Principles to support medical students' safe and useful roles in the COVID-19 health workforce**

Australian and New Zealand medical schools are required to *“produce graduates competent to practice safely and effectively under supervision as interns in Australia and New Zealand, and with an appropriate foundation for lifelong learning and for further training in any branch of medicine.”*

Immersive and experiential learning is crucial for medical students' education. With full regard to the health system response to the COVID-19 crisis, it is important that this form of learning continues to enable senior students to progress and graduate as our future doctors. In the right roles, and with appropriate supervision and support, medical students contribute significantly to patient care and healthcare teams. These roles might need to change or new roles defined so that students can contribute safely and effectively. Flexibility and adaptability from the whole health workforce will be a key factor in ensuring an effective response to this unprecedented situation.

Student contributions as learners may be an important part of planned 'surge' responses within the health services, both in this initial phase of preparation and crisis response and in sustaining health care beyond the first wave of the pandemic.

It is important to recognise that medical students need not be on the front-line of care for patients with COVID-19. Senior students can make useful contributions in the routine aspects of care that will continue on hospitals wards, in outpatient and community settings, in operating theatres and birthing suites. A clearly defined and appropriate role for students in maintaining essential but routine non-COVID-19 related care can take pressure off medical and nursing staff at a critical time.

Further to our statement released yesterday on [medical students' contribution to the health workforce response to COVID-19](#), below are some principles designed to guide discussions and decisions on the roles that medical students could play and activities that they can engage with in health service provision.

### **Principles**

- **Safety** – Roles and tasks assigned to medical students must be safe for patients and students; neither patients nor students should be unduly exposed to the virus. This includes:
  - Appropriate Personal Protective Equipment (PPE) – students must have access to and effective training in the use of PPE if they are assigned roles or tasks that involve contact with patients with, or suspected of having, COVID-19; and
  - Pre-existing health risks – additional precautions may be needed for students where COVID-19 is likely to have a more serious impact on their own health or their regular contacts, e.g. those with comorbidities, are immunocompromised, or the elderly
- **Role clarity and indemnity** – It needs to be clear what is in and out of scope of the role, to ensure that the student and the whole healthcare team have a clear and common understanding. All medical students participating as part of the health workforce response must have full indemnity insurance for the roles and tasks they are asked to complete.

- **Competency** – roles assigned to students must be within their level of competence. Any additional training or preparation required must be identified and provided beforehand.
- **Supervision** – there must be an appropriate level of supervision as suited to the specific activity and the student’s experience and competence.
- **Student choice** – it must be the student’s choice to undertake and continue with a particular role or activity within the health workforce.
- **Monitoring and support** – the students’ roles should be monitored at regular intervals to assess whether they should continue, taking into account the changing needs relating to students’ progression and of the health service. This includes the need for appropriate supports to be in place to ensure medical students can balance their learning responsibilities, service provision, and their own physical and mental health and wellbeing.
- **Remunerated** – if the role is solely or primarily that of service provision – as opposed to a learning placement – then the student should receive appropriate remuneration.

Collaborative and cooperative planning and implementation between health services, education providers, students and regulators will be the best way to support everyone in ensuring there is the right balance that will enable medical students to make a valuable contribution to patient care and healthcare teams whilst continuing their necessary learning.

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