

## **Returning to clinical placements – risk assessments**

Medical students need to return to clinical placements to ensure that they are able to meet the learning outcomes that allow them to graduate and the NHS to be provided with new doctors on an annual basis. It appears the coronavirus infection will remain a problem for some time and therefore returning students to placements is not without risk; COVID-19 will be present in some clinical environments and students will therefore be at risk of contracting it. Fortunately, most medical students are in an age group where their risk of serious illness as a result of COVID-19 is low. There will be some students where their personal circumstances increases their risk and this will need to be carefully managed. This document will set out how medical schools may mitigate these risks on a placement and individual student level.

### *Adapting to changing circumstances*

It appears likely that the prevalence of COVID-19 will change over the course of the next year or so and there may well be regional variation. Medical schools will be monitoring the situation very closely and may need to change their advice according to local circumstances.

If a vaccine becomes available medical students on clinical placements should be a high priority group to receive this intervention. This has the potential to significantly alter risk, as will the introduction of antibody testing.

Students must keep their medical school updated if their own risk changes. Examples of this include the development of new illness, starting new treatment or pregnancy.

## **Individual level student risk assessments**

Medical schools will need to work with students to identify which of their students are more at risk of suffering serious health outcomes from COVID-19. Whilst most students will go through health screening at the point that they join the course it is advised that this process is repeated with a focus on risk factors associated with COVID-19. Medical students also have a professional responsibility to be open and honest about how their health might impact on their ability to study and will be expected to engage fully with this process.

COVID-19 is a new illness and work is still ongoing to establish the factors that may increase an individual's risk of severe complications. Medical schools should use the most up to date evidence in designing their health screening processes. Schools will

also sensitively consider all risk factors bearing in mind that the absolute risk is very low for the majority of students.

It is expected that students will fall into three broad categories;

1. Low risk of experiencing severe health outcomes from COVID-19.  
These students can resume placements but should be told that they need to inform their school if their health status changes for any reason.
2. Medium increased risk of experiencing severe outcomes from COVID-19.  
These students will need to be referred to OH for a formal opinion of whether they can resume placements and what reasonable adjustments they will require if they do.
3. Significant risk of experiencing severe outcomes from COVID-19.  
Students who have been identified as “clinically extremely vulnerable” are an example of those students this category might apply to.<sup>1</sup> These students may be best advised to defer their studies. Occupational Health (OH) input may be required if continuity of study is requested.

#### *Reasonable adjustments*

If a student is judged to be at medium risk from COVID-19 decisions on adjustments will need to be made on a case-by-case basis depending on their individual circumstances, those of their placement providers, and the medical school’s capacity. These decisions should also be based on advice from OH. Medical schools may find it helpful to refer to the GMC guidance [Welcomed and Valued](#) in making these decisions.

Whilst reasonable adjustments are individual to students there are some interventions medical schools can consider:

- Placing students in lower risk environments for their placements.
- Balancing placements so the student spends slightly longer in areas where a significant portion of care is provided remotely.
- Ensuring students are given appropriate PPE whilst in clinical environments.

It is important that such reasonable adjustments do not restrict the ability of the individual student to obtain the competencies required in GMC’s [Outcomes for Graduates](#); in such cases, deferral of studies may be advised.

As a general principle if a student is unwilling to undertake clinical placements because of increased risk in spite of proposed reasonable adjustments medical schools would support students deferring the academic year.

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<sup>1</sup> <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

### *Mental health*

Whilst the health screening will pick up students at increased risk because of their physical health there will be students who are very anxious about returning to placements and this anxiety may or may not be complicated by an underlying mental health condition.

Medical schools should offer these students support and have open conversations with them to allow them to think about the risks of returning to placements versus the impact of deferring a year.

### **Students living with “clinically extremely vulnerable” people**

Students who live with vulnerable people will have to carefully consider how any risk can be mitigated. If possible students should consider moving into alternative accommodation. Students should approach their medical school to discuss what support might be available in these circumstances. If this is not a viable option students may have to consider deferring their studies.

### **Placements**

Medical schools will need to update their risk assessments for placements so that the risk of exposure to Covid 19 is also covered. Doing this will allow students to be allocated to placements based on the risk of that placement to their individual circumstances. These risk assessments should cover all of the placements students undertake including those in hospital, GP and community settings. Medical schools can utilise the risk assessment processes already underway in NHS settings; particularly regarding the use of PPE in each clinical setting.

Hospitals and other placement providers are trying to establish ‘Green Zones’ where they aim to ensure that the patients being treated do not have COVID-19. It will be impossible to guarantee these placements are completely free of COVID-19, but such areas may be more suitable for students at a medium risk of experiencing severe outcomes from the virus. The patient mix on placements should also be considered as well as the type of treatments they will be receiving.

### **Scrubs**

To assist with infection control it is recommended that medical students wear scrubs on clinical placements. Scrubs have the additional advantage that they can provide an opportunity to help identify the wearers as medical students which is helpful in busy clinical environments.

## **Appendix 1**

### **Conditions that would identify students as “Extremely Vulnerable”**

Clinically extremely vulnerable people may include the following people. Disease severity, history or treatment levels will also affect who is in this group.

1. Solid organ transplant recipients.
2. People with specific cancers:
  - people with cancer who are undergoing active chemotherapy
  - people with lung cancer who are undergoing radical radiotherapy
  - people with cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
  - people having immunotherapy or other continuing antibody treatments for cancer
  - people having other targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or PARP inhibitors
  - people who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppression drugs
3. People with severe respiratory conditions including all cystic fibrosis, severe asthma and severe chronic obstructive pulmonary (COPD).
4. People with rare diseases that significantly increase the risk of infections (such as severe combined immunodeficiency (SCID), homozygous sickle cell).
5. People on immunosuppression therapies sufficient to significantly increase risk of infection.
6. Women who are pregnant with significant heart disease, congenital or acquired.