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See Online for appendix



Medical student involvement in the COVID-19 response

Coronavirus disease 2019 (COVID-19) has been formally declared a pandemic by WHO,¹ reflecting an inability to contain its spread internationally. The associated harm of the COVID-19 pandemic to populations and health systems cannot be understated. In

this unprecedented situation, perhaps one of the more under-recognised and enduring repercussions will be on medical student training worldwide.

The paradoxical dual role of medical students is that, as the future health-care workforce, we potentially form part of a health-care system's response to public health emergencies but, conversely, are considered non-essential in clinical delivery and might be restricted from clinical learning. Medical schools have had various responses to date.^{2,3} Some medical schools have cancelled teaching³ and medical electives entirely, whereas others continue to encourage clinical placements. Although these measures felt appropriate to protect both patients and the health-care workforce, they nevertheless represent the loss of essential learning opportunities. A clear and unified response at national levels is needed to ensure that all students receive timely and consistent advice and that the impact on their future practice is minimised.

Several governments have alluded that medical students could be used in health systems affected by COVID-19.^{2,4} Although there is no question about their willingness, given no recent precedent, the lack of guidance for any students drafted is concerning. In particular, we find an absence of official and unambiguous statements on indemnity, governing body regulation, contractual agreements, expected roles and responsibilities, and the clinical supervision expected. Several health-care systems, such as in Italy and Iran, are in crisis,⁵ and others expect substantial challenges in the coming weeks and months. In this context, students could be placed in challenging and compromising situations if asked to support health-care staff in providing care. The case of the British trainee paediatrician, Bawa-Garba,⁶ who was convicted of manslaughter and temporarily lost her

medical licence despite recognition of systemic failings and extreme pressure that she was under, has eroded trust from health-care professionals that they will be adequately supported in the event of potential mistakes under mitigating factors. These points must be explicitly addressed and conveyed on national levels before any student is used within clinical practice.

Governments, regulatory bodies, and medical schools have a responsibility to both current and future patients to ensure that our future doctors are sufficiently trained and supported to deliver essential patient care, even in crises. Medical students, alongside all health-care staff, are prepared to contribute to patient care in the COVID-19 pandemic, yet in these uncertain times, forethought and transparency are essential.

We declare no competing interests.

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