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[25th] March 2020

It is recognised that the increasing spread of COVID-19 is putting NHS services across the health and care sectors of all four nations under extreme pressure. This pressure will inevitably be exacerbated by staff shortages due to sickness or caring responsibilities, at a time when we need as many people as possible to deliver care in a way that is safe and effective.

In this context, it will be essential to maximise the service contribution which can be made by final year medical students who have graduated and provisionally registered doctors nearing the end of first year training.

This statement sets out the UK wide approach we have agreed to facilitating the early provisional registration as doctors of suitable final year medical students once they have graduated, and the early full registration of suitable Foundation Year 1 doctors.

Key principles in deploying these staff are that:

- It will be for these graduates and doctors to decide if they wish to contribute in this way and "opt in"
- The safety of these doctors will be paramount. They should be given induction,
 provided with full necessary personal protection equipment and the training to use it

appropriately, appropriately supervised, and we will not ask them to work beyond their competence

 It will be for employers working with medical schools and Statutory Education Bodies to determine how these individuals can best be deployed to support frontline colleagues.

Final Year medical students

Once the relevant national government and Statutory Education Body has requested this, the General Medical Council will provisionally register any final year medical student who applies, subject to confirmation by their medical school that (a) there are no fitness to practise considerations and (b) they have graduated.

The Medical Schools Council is working with all UK medical schools¹ to expedite qualification and allow new doctors to join the workforce as soon as practical. Final year qualifying exams are being prioritised where they have not yet taken place and medical schools are advised to provide additional opportunities for students to take finals as a first sit where necessary.

The placement of these new provisionally registered interim Foundation Year 1 doctors will be facilitated by medical schools working with foundation schools and in support of service providers. Deploying these doctors will take account of the need for induction, supervision, and support for their wellbeing, and into roles appropriate to their skill set and that best support delivery of frontline services.

Acceleration of full registration of Foundation Year 1 doctors

The Foundation Programme is a two year generic training programme which forms the bridge between medical school and specialty training. During foundation training, trainees have the opportunity to gain experience in a series of placements in a variety of specialties and healthcare settings.

Foundation Year 1 (F1) enables medical graduates to begin to take supervised responsibility for patient care, including prescribing under supervision. Foundation Year 2 (F2) doctors remain under clinical supervision but are able to take on increasing responsibility for patient

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¹ Circular issued on 13 March 2020

care as they have further developed their core generic skills. In particular, they can to begin to make care management decisions and - depending on local practice - to discharge patients, to prescribe with less supervision and to contribute more to the education and training of the wider healthcare workforce e.g. other healthcare students and nurses, medical students and less experienced F1 doctors.

Again, following a request from the relevant national government and Statutory Education Body, the General Medical Council will consider fully registering F1 doctors who apply for this and can provide a Certificate of Experience from their Foundation School, which will demonstrate they have already met the requirements set out in *Outcomes for provisionally registered doctors*.

We will keep these doctors in their current F1 placements to ensure they are familiar with the work and training settings, but they could be asked to undertake a broader range of duties. Assurances of continued clinical and educational supervision should be in place for these doctors to enable them to take increasing responsibility for patient care, facilitate their decision making and support their learning in dealing with uncertainty and likely pressures they will experience.

In conclusion, we wish to thank each of our medical students and Foundation doctors for their dedication, professionalism and for all that they are doing to provide care and support for the most vulnerable in our nation, at a critical time for us all.

ENDS