

What role do medical students have in shaping the future of the National Health Service?

Word Count: 994

Introduction

The role of medical students in the NHS is limited and at some institutions non-existent until final and penultimate years. The future NHS could benefit from a system where medical students are given more responsibility. Whether this would be advantageous, justified and in line with the future aims of the NHS remains unanswered. The key issues facing the NHS in the next 10 years are complex and wide-ranging. In this essay the potential role for medical students in tackling three major issues: staffing, lifestyle factors and quality is discussed.

Current role of medical students

The current role of medical students in the NHS is variable. An Oxbridge student for example is unexposed to hospital contact until fourth year, while medics at other schools have contact from as early as day one. In addition, responsibilities and expectations of medical students likely differ depending on type of placement, staff attitude and course requirements. Contributions to the NHS by means of clinical research, publications, articles, volunteering etc. are also by no means a requirement and are hence sporadic¹. More formalized responsibilities and expectations could thus hold promise in improving the future NHS.

Future roles for medical students:

Staffing

The NHS is facing a staffing crisis. Current estimates suggest a shortage of about 20,000 doctors and nurses². The burden of responsibility is of growing concern. Approaches to fill the void include the rise of non-medical practitioners; individuals drawn from the pool of existing healthcare professionals, which train to assume responsibilities performed hitherto by doctors. Handing over of responsibilities in this way has proven to be effective³.

Medical students should be the next step. Simple responsibilities are fulfilling for students, aid training and reduce staff burden. Freeing up of staff in this way can also allow greater focus on more skilled tasks, making roles more fulfilling and improving

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efficiency. Measures to do this could be as simple as asking medical students to scribe on ward rounds or take basic daily observations and record them in the notes. While this may already occur, the need for improved consistency is clear. Basic training at the start of clinical attachments outlining expected responsibilities is what is required to make this a reality. Improvements of this kind could clearly benefit the NHS and medical training. There will be a need, however, to handle such steps sensitively to ensure that professional roles are not diluted, medical school curriculum is still satisfied and quality and safety is unaffected.

Lifestyle factors

Poor lifestyle choices have caused an epidemic of chronic disease. Excessive drinking, smoking, poor diet and lack of physical activity are choices that ultimately cost the NHS⁴. The future NHS cannot support this burden and prevention is therefore a requirement. Medical students could be a good source to improve public health measures. Medical students are already encouraged to promote public health by providing patient education and outlining available services; students may advise patients on quitting smoking or promote breast cancer screening for eligible women. Incorporating public health projects as a clinical attachment part of the medical curriculum could extend this further. For example, students could complete a 6 or 8-week attachment where they are expected to take part in or complete a project related to public health. This could take the shape of joining charities such as Asthma UK and spending time educating people on how to manage their asthma e.g. by improving inhaler technique or by running university public health schemes such as chlamydia testing.

Quality of service

To maintain a service of world-recognized quality, the state of the NHS is under continuous review. Latest reports from the Care Quality Commission (CQC) highlighted ‘unacceptable’ variation between hospitals and care homes across the country and failure to ‘get to grips with basic safety’ at many hospitals. The quality of our health service is therefore under threat⁵. Medical error occurrence is at the heart of this problem with reports suggesting that errors are up to the third largest cause of death overall⁶. The need for improved error prevention is paramount.

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Medical students witness medical errors. Examples can stretch from poor sterile technique in theatre, to differences in the drugs prescribed and those actually administered⁷. A role for medical students in error prevention could thus help. Medical students as part of the healthcare team and with sufficient medical knowledge can add another layer to reduce error occurrence. The fact that medical students follow fewer patients, have less responsibility and can afford greater attention to detail make them well suited to this role.

To achieve this requires changes. Firstly, while medical students are trained in patient safety as part of the medical curriculum, greater education of common medical errors is necessary. Encouragement to 'speak up' and awareness of how to report possible errors is also vital. Changes are also required from the other end i.e. by making staff more receptive to students. Challenging the 'medical hierarchy' in this way would require staff education from senior levels emphasizing the role of medical students in error prevention and quality assurance. Other barriers to success would also need to be addressed and include the relative lack of clinical knowledge and corresponding confidence of Medical Students.

Conclusion

Medical students are an untapped resource. With the NHS facing major challenges, the health service must evolve. A greater role for medical students in error prevention, public health promotion and clinical responsibilities could hold promise in ensuring the future success of the NHS. Despite this, greater expectations from medical students may be difficult to justify. Arguments such as diluting medical training, unrealistic expectations and questions over safety are just a few that could be raised. It is clear that major reorganization is likely to be fraught with concern. Smaller changes are more realistic and ideas with this view have been discussed. Recommendations discussed here offer a flavour of what medical students could offer. An NHS where students are viewed as such assets is beneficial and justification to explore such ideas further is therefore warranted.

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