



The Role of Healthcare Students (England) in Pandemic Flu

Excluding Medical Students

The Role of Healthcare Students (England) in Pandemic Flu

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Excluding Medical Students

Prepared by DH Workforce Directorate

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Contents

The Role of Healthcare Students (England) in Pandemic Flu	3
Contents.....	4
Introduction and Principles	5
Employment and Education Issues	5
Nursing & Midwifery Students.....	6
Student Paramedics	7
Physiotherapy Students.....	7
Operating Department Practitioner Students	7
Occupational therapy (OT) Students	7
Diagnostic Radiography Students	7
Registration	8
Communication and Decision Making	8

Introduction and Principles

1. Healthcare students can make a helpful contribution to the service during pandemic flu. This guidance covers the potential deployment of nursing, midwifery and other healthcare students.
2. The staff side nationally support this approach in this guidance.
3. The Council of Deans has set out some general principles within which local arrangements should be developed. Most of these have already been agreed at national level. The use of students should follow the principles of this national approach but with scope for local flexibility:
 - Students currently on placement should stay deployed on their placement. Other students should have the choice to opt in on a voluntary or paid basis
 - It should be clarified whether the time deployed to support the NHS will count toward practice hours. This will be important for final year students
 - Students should be required to work only within their competence and their regulatory framework and should be supervised appropriately
 - The required duties should be agreed in advance between the university and the trust
 - All students should receive full nationally agreed information regarding employment, including the deductions which will take place, health & safety and the working time directive
 - Students must have access to vaccines and anti-virals in the same way as other staff
 - Students opting in should have formal, time limited contracts that provide indemnity
 - There should be a standard national approach but with scope for local flexibility
4. The same approach as outlined above should be taken for other healthcare students, including the option of working in a paid or voluntary capacity with a relevant contract. Local discussion with HEIs, SHAs, employers and local staff sides should take place to assess need and roles. Students who are close to graduation should be approached in the first instance as their knowledge and skills should be at higher level to other students in the earlier part of their studies.

Employment and Education Issues

5. Students will be invited to “opt in” to undertaking NHS work. Students who opt-in to undertaking NHS work may do so on a paid or voluntary basis. If they do so on a paid basis, they should be paid at a rate appropriate for their contribution – whether they have opted for clinical or administrative duties.
6. Whether employed on a paid or voluntary basis, students will need to be issued with an honorary contract by the employer. This will ensure that indemnity arrangements are in place and will reflect their status as workers. An example of a contract can be found at <http://www.nhsemployers.org/PlanningYourWorkforce/Pandemic-influenza/PandemicFluLatestNews/Pages/Model-agreement-for-volunteers.aspx> and an honorary contract can also be located in the HR framework document for the pandemic at <http://www.nhsemployers.org/PlanningYourWorkforce/Pandemic-influenza/Pages/Preparation.aspx>
7. It should be made clear to the students that they will not become substantive employees of the trust that they are based in.

The Role of Healthcare Students (England) in Pandemic Flu

8. Where deployed, students should have clear lines of accountability and appropriate supervision. Organisations are advised not to move students around within the organisation unless absolutely necessary.
9. The duties students could be asked to undertake should be agreed between the relevant university and the NHS organisation, working with the SHA and in conjunction with local staff side organisations.
10. Some students work across a wide area. Local discussions will enable this to be taken into account if that student group is required. Their role will depend on their level of competence and could be informed by the stage of their training. An agreed understanding should be developed on range of duties they could be asked to undertake.
11. Students must be assessed as competent to carry out any duties they are asked to undertake and must operate under appropriate supervision. Organisations need to remember that they are students and assessments must take into account the quality of patient care. They should not be asked to undertake duties which would normally be undertaken by registered nurses or other registered practitioners, as they are in training and have yet to develop sufficient skills to enable them to work without supervision. Students who are nearest to graduating should be deployed first.
12. Planning for the pandemic by universities and the NHS should take account of clinical placement mapping for the autumn and winter of 2009 and re-profile the placements should some NHS services temporarily cease. It is important that NHS organisations and HEIs make students aware that even if they are working in a specific speciality, they are highly likely to have other patients including those with the pandemic flu.
13. Discussions are ongoing around the issue of how practice hours would be dealt with in the event that ordinary placements become untenable and further advice will be issued.
14. Students, like all other employees, must have access protective equipment, vaccines and anti-viral medication in the same way as registered nurses and midwives, and where appropriate, other registered practitioners. Students will be included in the NHS vaccination programme in the same way as other clinical staff. The Working Time Regulations will also cover them whilst they are working.

Nursing & Midwifery Students

15. During pandemic flu, the NHS may need to call upon additional staffing resources. This could include using nursing and midwifery healthcare students.
16. There are likely to be different requirements across the regions based on the numbers of patients diagnosed and the severity of their symptoms. Early discussions between the Strategic Health Authorities (SHAs), Higher Education Institutions (HEIs) and local staff side organisations will enable a plan to be developed at a local level that will be responsive to needs. The regional social partnership forums will also be a helpful vehicle for discussions and agreements.
17. As far as practicable, normal education provision will continue. Students currently in practice will remain within the service and other students will continue their studies. However, if demands on the service increase and education provision is disrupted, it may be necessary to consider using students to support the delivery of care. For the long term, protecting standards

The Role of Healthcare Students (England) in Pandemic Flu

of student education remains a priority. With this in mind, students should only be used when SHAs believe this is clearly necessary to maintain services.

18. Employers should work with local staff side organisations and HEIs to bring this matter to the attention of students, in particular third and second year students. Students should be encouraged to join NHS Professionals or their local NHS trust bank and thereby avoid delays in employing and deploying them. Local discussions will help to identify the most suitable deployment for the range of healthcare students.

Student Paramedics

19. Local discussions with the HEIs, staff side officers and ambulance organisation should ensure clarity regarding the use of paramedic students during the pandemic and enable a consistent approach to be achieved. It may be possible for students to undertake alternative roles within the ambulance service to help facilitate capacity. It may also be possible for them to assist within accident and emergency units. However, wider roles may prove difficult due to supervision challenges.

Physiotherapy Students

20. It is likely that some of the more unwell patients may need increased support from physiotherapy services with regard to rehabilitation and improved respiratory care. Physiotherapy students where appropriate should be deployed to their local NHS unit where work can be allocated as appropriate to meet the local needs of the service and under the supervision of other physiotherapy staff.

Operating Department Practitioner Students

21. In some instances, recovery units may need to be used to increase capacity of intensive care beds and operating department practice (ODP) students can make a valuable contribution to the delivery of care, particularly where they have developed their airway management competencies. ODP students following discussions with HEIs and the service should be deployed to an appropriate operating theatre or recovery unit to be allocated appropriate roles with appropriate supervision.

Occupational therapy (OT) Students

22. Given the need to maximise bed availability and to ensure speedier access to other support services including social care, student OTs, under appropriate supervision, may be able to help with early discharges and help prevent inappropriate admissions through A&E to ensure beds are kept free for emergency provision during a pandemic. Local discussion and supervision will be important to help maintain capacity.

Diagnostic Radiography Students

23. In light of the respiratory nature of the illness, radiography students, under appropriate supervision, may be able to undertake plain X rays, etc. This will depend on all of the safety measures outlined above being put in place. Students closer to graduation should again be the initial point of call to these roles.

Registration

24. It is not envisaged currently that the pandemic will have an impact on the completion and registration of final year students. However, this will be kept under review with the regulators.

Communication and Decision Making

25. Students have a choice to opt-in or to decline to take part in deployment to support the NHS. Whether they elect or decline to opt-in, the decision should have no consequences to them.

26. DH recommends a consistent approach, but emphasises the importance of local flexibility and application. Principles should be followed so that “consistent flexibility” means that good practice is followed which is appropriate for local situations. This is critical as service models and levels of flu disease activity will vary between SHAs.

27. Organisations should plan, (in conjunction with HEIs and staff side organisations), how non-medical students can contribute and what supervision they will need. This will ensure a swift uptake. These arrangements will be drawn up in liaison with the SHA flu pandemic leads and such arrangements, when implemented, will be the subject of continuing review.