

THE ROLE OF HEALTH SCIENCES STUDENTS IN THE COVID-19 WORKFORCE

COVID-19 continues to impact the delivery of healthcare across Australia. We understand that measures may need to be put in place quickly, and reviewed and changed regularly, depending on the challenges posed. We acknowledge this is a very difficult period for students and health services and that everyone is dealing with great uncertainty.

This is a time for proactive collaboration and cooperation between higher education providers, health services, students, regulators and other health professions to support the continuing provision of health care of the highest quality, and for our students to continue learning whilst actively, usefully and safely contributing to healthcare teams and patient care. Our representation on the Health Professions Education Standing Group (HPESG) allows the voice of health sciences to be heard and we will continue to work closely with that group.

Students in their clinical years constitute the immediate future health care workforce. It is clear that health sciences students should not be involved in high risk and high stress areas within health services. However, there is a range of roles and functions that health sciences students can contribute to supporting the health workforce both now during the pandemic and as the nation looks to recovery. Therefore it is critical that a consistent approach to engaging students on placement and deployment of students in the pandemic workforce be taken. It is absolutely vital to provide a framework for these arrangements with clarity on the roles they will be asked to perform and assurance they will be working within their competencies.

Below are some principles designed to guide discussions and decisions with service providers on the roles that health sciences students could play and activities that they can engage with in health service provision.

- **Safety** – Roles and tasks assigned to health sciences students must be safe for patients and students; neither patients nor students should be unduly exposed to the virus. This includes:
 - Appropriate Personal Protective Equipment (PPE) – students must have access to and effective training in the use of PPE if they are assigned roles or tasks that involve contact with patients with, or suspected of having, COVID-19; and
 - Pre-existing health risks – additional precautions may be needed for students where COVID-19 is likely to have a more serious impact on their own health or their regular contacts, e.g. those with comorbidities, are immunocompromised, or the elderly.

- **Role clarity and indemnity** – It needs to be clear what is in and out of scope of the role, to ensure that the student and the whole healthcare team have a clear and common understanding. All health sciences students participating as part of the health workforce response must have full indemnity insurance for the roles and tasks they are asked to complete.
- **Competency** – roles assigned to students must be within their level of competence. Any additional training or preparation required must be identified and provided beforehand.
- **Supervision** – there must be an appropriate level of supervision as suited to the specific activity and the student’s experience and competence.
- **Student choice** – it must be the student’s choice to undertake and continue with a particular role or activity within the health workforce.
- **Monitoring and support** – the students’ roles should be monitored at regular intervals to assess whether they should continue, taking into account the changing needs relating to students’ progression and of the health service. This includes the need for appropriate supports to be in place to ensure health sciences students can balance their learning responsibilities, service provision, and their own physical and mental health and wellbeing.
- **Remunerated** – if the role is solely or primarily that of service provision – as opposed to a learning placement – then the student should receive appropriate remuneration from the health service.

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