The Devil in the Detail. Establishing medical student indemnity in modern multi-professional community learning environments in the UK

Why we did it

• Currently, Crown Indemnity does not extend to the community and there is a lack of clarity over who would be responsible for the payment of claims resulting from medical student negligence in these settings.
• In modern multi-professional community learning environments students are often learning from (if not directly supervised by) allied health professionals (AHPs) other than doctors and nurses.
• This then raises the issue of whether or not our students are adequately covered pending the introduction (announced recently by the Secretary of State for Health) of universal state-backed indemnity (1). In this study we set out to define the range of allied healthcare professionals involved in student teaching/supervision and clarify the indemnity policies of the main UK Medical Defence Organisations (MDOs).

What we did

• A questionnaire was sent to all 106 GP practices, within the footprint of Bristol Medical School, who are involved in the supervision of our year 4 medical students.
• They were asked to identify allied health professionals (AHPs) who had supervised medical students during the month long clinical placement at their practice.
• Having studied their official policies, we wrote to the three main MDOs (MDU, MDDUS, MPS) and received email responses from all three (Table 1.1)
• We sought written advice from the Medical Schools Council and presented our concerns to the Society of Academic Primary Care’s Head of Teaching Group.

What we found

• 51 of 106 practices replied (48% response rate).
• In total 12 different AHPs were used in the supervision of our medical students (Figure 1.1)
• Synthesising data from official documentation, email responses and the anecdotal experience of GP academics, we identified definite areas of ambiguity in relation to MDO medical student indemnity.

What they said (Table 1.1)

MDDUS – “the overall responsibility will still lie with the GP Partners of that practice in the event of a clinical negligence claim.”

MPS – “Medical students should not undertake any clinical responsibility in general practice, except under the direct supervision of the GP ... Should a problem unfortunately arise through any contact between student and patient, then it is likely that the supervising GP, or delegated staff member, will be the one held to account.”

MDU – “Please note that we would not expect or allow medical students to be solely supervised by a healthcare assistant whilst on placement in general practice ... We would expect the medical school or university to accept legal responsibility for the acts of students if they: acted without supervision or against instruction from the GP and the patient suffers avoidable harm; or are found by the GP to be unsuitable for training within the general practice setting.

So what?

• The risk of a negligence claim occurring against a medical student who is being supervised is likely to be very small. However, if a claim were to arise against a student who was under the supervision of an AHP it is currently unclear who would be liable.
• The approach from the medical indemnity organisations to this scenario was varied.
• Since the indemnification of community medicine is in general under review we feel that this is a good time to clarify the nature and extent of this vital cover.

Figure 1.1 – Graph showing the percentage of practices surveyed who used each of these allied health care professionals to directly supervise medical students during their 4 week placement at the practice

References

1. Rimmer, A. A new indemnity scheme for GPs. BMJ, 2017. 359p