

Dissent to consent: will medical student exclusion affect the competency of tomorrow's doctors?

Sir,

Undergraduate medicine is a unique course that presents unique challenges. Medical students often straddle the fine line between 'observing' and 'working'. In a system where medical students assume a 'shadowing' role, students have become subject to a presumption that patients will understand the importance of trainee involvement. It is possible, however, that the rigid patient consent policy may undermine the learning environment for medical students.

While it is without question that patients should have full autonomy over their own care, it is important to ensure that medical students are able to gain sufficient clinical experience before qualifying. The advent of simulated patients and the liberal use of actors and models throughout medical school may go some way to achieving this. Nonetheless, educators still depend heavily on primary and secondary care placements to ensure that adequate learning takes place.

Theoretically, every patient in a clinic may withhold permission to see a medical student alongside the consultant. This is their prerogative and most would agree that the right to refuse student involvement should be considered sacrosanct. However, there is a danger that this may compromise the vital experience a student gains at medical school. At what

point would a resulting lack of professional competence render it unethical for a newly qualified doctor to be given responsibility for managing hospital patients?

There are many stakeholders, and it is unclear whether this is an issue to be dealt with by medical schools, the General Medical Council or the NHS. Perhaps when obtaining 'informed consent' we should better emphasize the enduring benefits of clinical experience in medical education.

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