

# Should it be a mandatory requirement for medical students to receive the COVID-19 vaccine to attend clinical attachments?

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The vast majority of medical students have positive attitudes towards the COVID-19 vaccine for themselves and patients, however, what about the small inevitable minority who resist it? Should they be prevented from attending clinical attachments in the NHS?

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EXCLUSIVE

It is fair to suggest most medical students cannot match the knowledge, skills and clinical experience of a qualified doctor, one may even extrapolate that their involvement in the care of a patient with COVID-19 would primarily be for the students' educational benefit, rather than for the provision of meaningful healthcare [1]. Therefore, does refusing vaccination as a medical student translate to retracting the privilege of attending clinical attachments?

Every medical student in the UK prior to beginning their course is required to meet the immunisation and infection control standards required by all new NHS healthcare workers [2]. Certain immunisations are required for students where immunity does not already exist. These are rubella, BCG (for tuberculosis) and, of great importance, hepatitis B vaccination [3]. Attendance for these immunisations is not optional but a mandatory requirement and failure to comply would result in students not being involved with NHS patients in the UK, thus not being eligible to complete a medical degree. If these vaccinations are mandatory, surely the COVID-19 vaccine should be too?

Medical students are among the group of frontline healthcare providers likely to be exposed to COVID-19 patients. Throughout their clinical attachments, medical students on the whole operate passively: shadowing teams, taking histories and observing procedures [3]. So, by refusing the vaccine, in the absence of requisite knowledge and preparation, are



they introducing an additional unnecessary risk for patients, other clinicians and themselves? Medical education alone does not justify these risks.

Contrary to former beliefs, adolescents and younger adults are also at risk of symptomatic COVID-19, as well as spreading this virus. A study from Minneapolis showed that only 23% of medical students on clinical rounds were vaccinated against influenza, and that most of them do not even find it necessary for themselves as healthcare providers [5,6]. Contributing factors to vaccine hesitancy amongst medical students include

concerns regarding the speed of vaccine development, serious long-term unknown vaccine side effects and lack of trust in the information received from public health experts [7].

Medical students are a key audience for COVID-19-related communication and training, not only because of their impending role as healthcare providers, but also as future policy makers. Concentrating on the key drivers in early medical education (own risk of contracting COVID-19, vaccine safety, vaccination recommendation) promises to be a successful combination to increase

vaccination uptake in medical students [8]. There is a huge need therefore for an educational curriculum designed to enhance student knowledge about the COVID-19 vaccine, which in turn allow them to share information with patients in a clear and meaningful way, devoid of stigma. It is important to achieve high COVID-19 vaccination coverage rates in medical students to protect themselves, colleagues and, most importantly, patients. As future healthcare providers, they will be entrusted with providing vaccine recommendations and counselling vaccine-hesitant patients. I would therefore urge all medical students when offered to please have the COVID-19 vaccine, and remember the Hippocratic Oath: 'first do no harm.'

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