

## Supporting continuation of study for medical students displaced from areas of conflict.

This document sets out in brief the process through which the University of Leicester Medical School established its pilot initiative as a host School to support continuation of study for medical students who have been displaced from areas of conflict, and is being circulated further to our presentation to all medical schools at the Medical Schools' Council Annual Meeting (27/11/24).

This scheme requires the home School to continue to function (even if in a limited manner) as it is the School/Dean who will vouch for the individual students, confirm their progression and award their ultimate degree (i.e. this is **not** a transfer of students to the host School). The host School provides the learning environment for these displaced students to facilitate their ongoing study. This model also ensures institutional continuity for the home Schools.

### Eligibility

Eligible students<sup>1</sup> might be identified through a number of different means, though ultimately the scheme might best be centrally managed through an umbrella body such as the Medical Schools Council. Current ways of identifying students are as follows:

- Host School academics already working with affected home Schools
- Medical Education charities and/or charities working in particular regions of the world from which students might be displaced
- Affected home Schools reaching out to host Schools who are part of this initiative
- Individual students reaching out to host Schools who are part of this initiative. Please note - there must be some due diligence around this, at the least a Dean-to-Dean virtual meeting plus a letter of good standing (as is usually expected for electives).

### Visas

If already externally displaced to the UK (and therefore have residency in the UK), there are no **visa considerations**. Such students can be enrolled as visiting students (each university will have a mechanism for this) giving them access to university facilities, (virtual) learning environment, academic and **pastoral support** services and more.

The latter is particularly important given the experiences some of these students may have faced. Rather than a simple elective model of 'just' rotating clinically (though this might be more feasible for some Schools, and would still be welcome), we would propose hosting and fully embedding these displaced students amongst the host school student cohort to try and provide a small degree of normality after the trauma of displacement. Whilst we see this as supportive for the visiting students, it is also clearly of benefit to our own students to all learn alongside and from each other.

In addition to personal tutors etc., we would also recommend (near) peer support through fellow students (who themselves should of course also be offered training and support), as well as a link tutor member of staff to act as the link between the home and host Schools to facilitate the displaced students' ongoing study.

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<sup>1</sup> These are international 'at risk' medical students, a broader term also used by [others](#) in preference to 'refugees' and/or 'asylum seekers' as it includes these groups, but also others who may be at risk for other reasons, but do not necessarily have the above formal status (yet) confirmed.

If not already resident in the UK (or already displaced to, and resident in, countries from which travel into the UK without a visa is permitted), students can apply for a [standard visitor visa](#) (note the specific requirements if visiting to do an elective) which is currently the established route for students applying for a clinical elective in the UK. As we are hosting them and they are not studying towards our institution's degree, they would generally not currently be eligible to apply for a [student visa](#) for the duration of their studies.

## Costs

As part of a global effort to facilitate continuity of study for such students (and ultimately our future clinical colleagues), host universities would ideally waive tuition fees, cover costs associated with being a medical student in that institution (learning devices, e.g. iPad/laptop, scrubs, stethoscope, Occupational Health checks) and provide **accommodation**. However, accommodation might also be sought through local host families. There would be additional costs associated with supporting student travel to the UK if the student is externally displaced from their home School overseas.

Subsistence costs will vary from city to city (~£1000/month in Leicester), but can be sought through local charities/businesses/philanthropic individuals through establishment of a fund for displaced students. This will ensure a regular monthly stipend so students can focus on their studies (for many displaced students from areas of conflict, they may no longer have any viable sources of income to fund their living costs, let alone their ongoing studies).

## Other Considerations

- **Clinical placements:** There will be a need to talk with local Trusts and primary care Practices to ensure their support for clinical placements for these students – akin to what is provided for elective students, thus processes (and the necessary insurance/indemnity etc.) for this will usually already be in place. Per the 'embed' model, visiting students will undergo the same inductions, orientation, workplace-based assessments etc. as their home student counterparts. Aspects of this would of course also need to be provided for students on an 'extended elective' model – though the potential pastoral shortcomings of this are identified above, the strength of this model is that it may allow for a closer alignment of clinical rotations as required by the student's home School.
- **Host capacity:** will vary from School to School, but we are proposing only a small number of students (2-3) for each academic year. Whilst a relatively small number for each School (10-15 students for a 5-year programme). If all Schools were to be part of this initiative, the UK could offer ~500 places/year to such displaced students. This model can also be applied to any other discipline, and is particularly relevant to those that require practice-based learning.
- **English language:** Just as for electives, there is no expectation of OET/IELTS, but students would need to have a good level of English to benefit from studies in the UK (this could be assessed through a simple remote interview process). As we expand, a global network of Schools offering this initiative would allow a displaced student to be matched to a School providing greater familiarity from a language and/or cultural perspective.  
In the UK, most universities will have English Language Units offering pre-sessional/in-sessional English Language and Academic Skills training which can be offered to these students.



- **Assessments:** Embedded, displaced students should be invited by the host School to sit summative assessments alongside their fellow home students. However, from the host School's perspective, the summative assessments will be formative. This means that the visiting students will not affect assessment pass marks, or host School student rankings or MLA performance. There is much ongoing work currently internationally to identify suitable ways of ensuring quality of ongoing learning and assessment for home Schools affected by conflict, who may have lost faculty and physical infrastructure. Just as UK and other medical schools did during Covid, there are a number of summative assessment models currently being considered to ensure affected Schools continue to graduate as doctors only those students who are eligible to do so.
- **Governance:** As in our own setting, like any new initiative, this will of course benefit from the scrutiny and review of your respective School/College/University Executives.

For colleagues keen to offer this in their own Schools, please don't hesitate to contact Shameq Sayeed, to discuss further ([ss1254@le.ac.uk](mailto:ss1254@le.ac.uk)).

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