



TOWARDS A BRITISH MEDICAL RESERVE

A REPORT TO THE OMELAS INSTITUTE

15 March 2020

Alexander Fraser Kumar F.R.S.A.

Associate in Public Policy

1. Introduction

This paper was written amid the beginnings of emergency measures being taken in the UK in response to the Coronavirus pandemic. It was announced at the end of February 2020 that emergency plans were to be drawn up that included supporting the NHS with personnel from the Defence Medical Services (military medics), the British Red Cross, and St Johns Ambulance.¹ The government is also set to attempt to bring retired doctors and nurses back into service to help meet the crisis.²

It is already the case that hospitals are typically stretched to maximum capacity and forced to postpone lower-priority procedures during the winter months.³ Expectations are that the present crisis and the coming months will test the NHS to its utter limit.⁴ Current projections suggest that the UK can expect to experience what has already started to happen in northern Italy, where doctors and nurses – unable to tend to every Coronavirus patient who needs urgent treatment – are having to in essence adopt a wartime triage approach and grimly prioritise patients based on chances of survival.⁵ Private beds, and possibly private hospitals, will be commandeered for Coronavirus patients.⁶ This will probably not be enough.

With a mind to building public health and community resilience – to be better prepared for future crises than we are for the current one – this brief paper explores the current usage of reserve medical personnel in the UK and two more ambitious models, and advocates for the creation (in some form) of a centrally-coordinated, government funded British Medical Reserve.

2. Existing UK Medical Reserves

2.1 The Defence Medical Services and Reserves

The Defence Medical Services – more than a quarter of which is composed of Medical Reservists – may prove a helpful example from the military for a civilian British Medical Reserve.

The following is taken verbatim from British government webpages:

The Defence Medical Services (navy, army and RAF) provide medical care to sick and injured military personnel and others in a range of uniquely challenging operational and training environments around the world.

Medical Reservists have a variable part-time commitment which is manageable alongside their civilian life and career. They give up their spare time in support of the armed forces but they also bring the skills and knowledge back to their civilian role, thereby benefitting their organisation, department and colleagues.⁷

¹ <https://www.theguardian.com/world/2020/feb/28/military-to-help-nhs-cope-with-major-coronavirus-outbreak>

² <https://www.bbc.co.uk/news/health-51714498>

³ <https://inews.co.uk/news/health/hospitals-nhs-stretched-maximum-capacity-festive-period-515618>

⁴ Ibid.

⁵ <https://www.theatlantic.com/ideas/archive/2020/03/who-gets-hospital-bed/607807/>

⁶ <https://www.telegraph.co.uk/news/2020/03/14/private-beds-used-coronavirus-sufferers-nhs-feels-strain/>

⁷ <https://www.gov.uk/guidance/defence-medical-services-reserves>

The DMS is staffed by around 11,200 service personnel (7,600 regular and 3,600 reserve) and 2,200 civilian personnel and provides healthcare to 135,360 UK Armed Forces personnel (as at 1 Oct 2018: The UK armed forces quarterly service personnel statistics).⁸

Although beyond the depth of this paper, a model based on that of, for example, the Royal Naval Reserve, might be adopted for a British Medical Reserve.

2.2 The British Red Cross, St Johns Ambulance, and NHS volunteers

The humanitarian work of the Red Cross internationally is well known. The primary function of the British Red Cross is emergency response, and it often works to support the work of the emergency services. The charity has 3,500 staff and over 30,000 volunteers. Since 2017, the British Red Cross has also maintained a Community Reserve force. This is composed of volunteers across the UK who are retained to respond to major local crises.⁹

Despite rather more esoteric origins,¹⁰ St John's Ambulance is well known due to its public-facing work and presence supporting large events. The charity, which commands around 18,000 volunteers, is dedicated to the teaching and practice of First Aid.¹¹ The volunteer force includes both medical professionals and laypeople who are given advanced First Aid training.

The organisation of the National Health Service presently relies on a significant level of volunteer participation, typically in non-medical roles.¹² Non-medical volunteer roles in the NHS range from hospital ward volunteers to volunteering in hospital cafes and local surgeries or those who volunteer their time as NHS Foundation trust governors¹³.

3. More Ambitious Models

3.1 The US Medical Reserve Corps

Born out of a combination of initiatives formed in the wake of 9/11¹⁴ and Hurricane Katrina¹⁵, the US Medical Reserve Corps is “a national network of volunteers, organized locally to improve the health and safety of their communities. The MRC network comprises approximately 180,000 volunteers in roughly 860 community-based units located throughout the United States and its territories.”¹⁶

The following information is quoted from the US Medical Reserve Corps' public website:

MRC volunteers include medical and public health professionals, as well as other community members without healthcare backgrounds. MRC units engage these volunteers to strengthen public health, improve emergency response capabilities, and build community resiliency. They prepare for and respond to natural disasters, such as wildfires,

⁸ <https://www.gov.uk/government/groups/defence-medical-services>

⁹ <https://reserves.redcross.org.uk/faq/>

¹⁰ The Order of St John traces its roots to the Knights Hospitaller and still issues chivalric knighthoods.

¹¹ <https://www.sja.org.uk/what-we-do/>

¹² <https://www.theguardian.com/society/2018/jul/04/nhs-collapse-without-them-growing-role-volunteers>

¹³ Similar to school governors or charity trustees.

¹⁴ The USA Freedom Corps.

¹⁵ The Office of the Assistant Secretary for Preparedness and Response.

¹⁶ <https://mrc.hhs.gov/pageviewfldr/About>

hurricanes, tornados, blizzards, and floods, as well as other emergencies affecting public health, such as disease outbreaks. They frequently contribute to community health activities that promote healthy habits. Examples of activities that MRC volunteers participate in and support include:

- Emergency Preparedness and Response Trainings
- Emergency Sheltering
- Responder Rehab
- Disaster Medical Support
- Disaster Risk Reduction
- Medical Facility Surge Capacity
- First Aid During Large Public Gatherings
- Planning, Logistical & Administrative Support
- Veterinary Support and Pet Preparedness¹⁷
- Mass Dispensing Efforts
- Vaccination Clinics
- Health Education and Promotion
- Outreach to Underserved Community Members
- Community Event Support
- Healthy Living
- Engaging Youth in Public Health Activities
- Health Screenings

During periods without major public health crises, much of the work of the US Medical Reserve Corps' volunteers is in building resilience through improving community preparedness and strengthening public health.¹⁸

Additional volunteer recruitment efforts for the Medical Reserve Corps in the wake of the Coronavirus pandemic are currently being undertaken in some parts of the US.¹⁹

The significant differences between the healthcare systems in the USA and the UK cannot be reconciled within the scope of this paper. Therefore, a direct transplant or replication of the US Medical Reserve Corps is not advocated but is presented here as one of many potential inspirations for a British Medical Reserve that would inevitably be very different in its implementation in the UK.

3.2 The Civil Defence Corps

From 1949 to 1968, the Civil Defence Corps operated as a massive (330,000 personnel in 1956)²⁰ civilian volunteer organisation organised at a national and county level throughout England, Wales, and Scotland. The Civil Defence Corps had a Training School at Taymouth Castle in Scotland. The Corps was organised into divisions with military uniforms and ranks. Civilian volunteers were trained and retained to be mobilised in the aftermath of a major national emergency, which at the time was considered likely to take the form of a nuclear attack. The British Government disbanded the Civil Defence Corps in 1968.

The Isle of Man retains its Civil Defence Corps, which, proportionate to the small area and population, is composed of 50 volunteers. Volunteers undertake weekly training to assist in Search & Rescue, First Aid, Flood Response, etc.²¹ The Irish Republic maintains a larger Civil

¹⁷ Ibid.

¹⁸ https://mrc.hhs.gov/File/Reports/MRCQuarterlyReport_FY18Q1_final.pdf

¹⁹ <https://www.capecod.com/cape-wide-news/reception-to-be-held-to-attract-volunteers-for-medical-reserve-corps-in-wake-of-corona-virus/>

²⁰ 'A Brief History of Civil Defence', Tim Essex-Lopresto, *Civil Defence Association*, 2005

²¹ <https://www.gov.im/media/30313/civildefenceleafletsep2011.pdf>

Defence agency, consisting of both volunteers and employees, which today mostly functions as an emergency response agency, often supporting the Dublin Fire Brigade or working alongside other emergency services.

4. Some Notes on Implementation

- Reservists would be trained in specific roles or functions that are liable to require additional manpower in emergencies or when services are at maximum capacity during protracted public health crises.
- Some roles would require relatively little training, while other roles may require substantially more. Training could be delivered through weekly evening or weekend sessions.
- In addition to mobilisation during crises and emergencies, the British Medical Reserve could be incorporated into some non-emergency community resilience-building initiatives.
- Reservists could be paid through training and service with benefits and an annual bonus, as with the Armed Forces Reserves, or purely voluntary (plus expenses). Alternatively, somewhere between these two options, such as being paid purely through training, or purely when called up to serve, may be preferable. Depending on the extent of roles taken on by reservists, separate systems may be adopted for medical/professional reservists and non-medical/non-professional reservists (who may require little training and lesser time commitments).
- Could be supported through voluntary/mandatory employer contributions linked to expansions of either National Insurance contributions or First Aid training (e.g. workplace First Aiders receive additional training and have an incentivised option of signing on as a member of the British Medical Reserve).
- First Aid training is already being integrated into schooling through compulsory classes being introduced in English state schools from September 2020.²² This could be expanded, or integrated into routes of further training, volunteering, and indeed signing on as a member of a British Medical Reserve.
- As in the US Medical Reserve Corps,²³ non-clinical volunteers, such as interpreters, office workers, legal advisors, and others, could fill logistical and support roles as part of a British Medical Reserve, alongside those with medical training.

5. Final Notes

Amesh Adalja of Johns Hopkins Center for Health Security has noted – commenting on the notion of relying on the US Medical Reserve Corps to help fight the Coronavirus pandemic – that it is asking a lot to expect volunteer reservists to substitute for healthcare professionals: "you can't just train up somebody to be a doctor or a physician assistant or a nurse practitioner. That takes a long time."²⁴

²² <https://www.bbc.co.uk/news/education-49663090>

²³ Dominic R. Frasca. Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science. Sep 2010. 265-271.

²⁴ <https://www.newsweek.com/should-donald-trump-copy-china-aggressive-coronavirus-strategy-covid-19-outbreak-1491909>

However, there is something to be said for even a minimalist reserves scheme. Retaining the option of calling up reserves to support an overwhelmed hospital – as some US hospitals can with their Medical Reserve Corps²⁵ – would alone be a very desirable option to have amid crises like the one expected due to the Coronavirus.

Current projections are that the Coronavirus will have a prolonged effect on daily life in Britain, and lead to a visible and extended overburdening of healthcare services. It is likely that not only will the merits of a British Medical Reserve be retrospectively evident, but that these will be visible to the public at large, thus creating the potential for widescale popular support for and public participation in any such scheme.

Any form of British Medical Reserve would be a serious undertaking. However – between the Army Reserve²⁶, the Maritime Reserve, and the Royal Air Force Reserves – Britain currently has over 30,000 armed forces reservists, and the past example of the Civil Defence Corps is suggestive of a capacity to fulfil ten times the personnel of this undertaking if there is a will to do so. As we have seen through some of the examples provided here, there are already many people in Britain volunteering their time and efforts to support humanitarian and crisis relief without any concerted governmental scheme.

When the present storm passes, and Britain goes about recomposing itself, Britain would do well to meet the crises of the future with the full support of a British Medical Reserve.

Alexander Fraser Kumar FRSA
is a Flood Warden and
Community Reservist for
the British Red Cross.

²⁵ <https://www.npr.org/sections/health-shots/2020/03/09/813557328/scarcity-of-health-workers-a-new-concern-as-self-quarantining-spreads-with-virus>

²⁶ Formerly the Territorial Army.