The New Doctor

Recommendations on general clinical training
The duties of a doctor registered with the General Medical Council

Patients must be able to trust doctors with their lives and well-being. To justify that trust, we as a profession have a duty to maintain a good standard of practice and care and to show respect for human life. In particular as a doctor you must:

- make the care of your patient your first concern;
- treat every patient politely and considerately;
- respect patients’ dignity and privacy;
- listen to patients and respect their views;
- give patients information in a way they can understand;
- respect the rights of patients to be fully involved in decisions about their care;
- keep your professional knowledge and skills up to date;
- recognise the limits of your professional competence;
- be honest and trustworthy;
- respect and protect confidential information;
- make sure that your personal beliefs do not prejudice your patients’ care;
- act quickly to protect patients from risk if you have good reason to believe that you or a colleague may not be fit to practise;
- avoid abusing your position as a doctor; and
- work with colleagues in the ways that best serve patients’ interests.

In all these matters you must never discriminate unfairly against your patients or colleagues. And you must always be prepared to justify your actions to them.
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Introduction

General clinical training allows provisionally registered doctors (PRHOs) to put into practice the knowledge, skills, attitudes and behaviours developed as students; to acquire new knowledge and skills; to refine further their professional attitudes and behaviour and to show that they are practising in line with the principles of professional practice set out in Good Medical Practice. These principles make clear to the public the standards of practice and care they should expect.

We first published The New Doctor in 1997. We emphasised the educational needs of new doctors and the importance of developing the skills needed to interact with patients and colleagues. We monitored the implementation of this guidance through visits to universities between autumn 1998 and spring 2001. These visits allowed us to highlight and share examples of good practice, and to identify areas causing difficulty or concern. Our findings are summarised in the report, Implementing The New Doctor, published in August 2002.

This revised guidance identifies the knowledge, skills, attitudes and behaviours required of PRHOs. It is designed, amongst other things, to make sure that PRHOs can:

- make the patient the centre of their practice and do all they can to make a patient's experience of health care as positive as possible;
- practise to a high and consistent standard;
- be sensitive to the needs and expectations of patients regardless of their cultural, socio-economic and racial background;
- collaborate in interprofessional, interdisciplinary and multi-agency teams to provide high quality healthcare;
- practise effectively in a continually changing and developing health care environment.

The guidance does this by:

- putting the principles set out in Good Medical Practice at the centre of training;
- identifying clear learning outcomes for training;
- clarifying responsibilities for training;
- making it necessary for those who deliver the training to set appropriate training standards; and
- making necessary rigorous assessment of PRHOs before they are allowed to gain full registration.

Our guidance provides the framework to design training programmes and assess PRHOs. It also sets out the standards that we will use to judge the quality of training and the assessment of PRHOs when we visit those who are responsible for delivering training and when we ask for written information.
The main recommendations

The overall aim is to deliver, maintain and promote high quality training that contributes towards improved patient care.

Curricula

Training programmes should be designed to meet the principles set out in Good Medical Practice.

Clear learning outcomes should set out the knowledge, skills, attitudes and behaviours required to complete training.

Assessment

Assessment methods must be valid and based on reliable evidence.

There should be clear guidance about processes for setting standards to make sure that those who complete training successfully have demonstrated the required knowledge, skills, attitudes and behaviours.

Fitness to practise

Those responsible for delivering training must ensure that all PRHOs are fit to practise at all times. When the fitness to practise of a PRHO appears to be in doubt there must be appropriate procedures in place to deal with this immediately. PRHOs cannot be allowed to continue training if they appear to pose a risk to patients or the public.

There are complex issues relating to the processes for dealing with the fitness to practise of PRHOs. As well as local fitness to practise procedures, because PRHOs are registered doctors, PRHOs are subject to the fitness to practise procedures of the GMC. The GMC must be told about any risk to patients and the public posed by a PRHO.

Teaching and training

Good Medical Practice requires that doctors should be willing to contribute to the training of PRHOs. Those with formal responsibilities for teaching must develop the skills, attitudes and practices of a competent teacher.

PRHOs will also learn from and be trained by other professionals. Those professionals with formal responsibilities for teaching must develop the skills, attitudes and practices of a competent teacher.

Teaching and learning resources

Training programmes should be designed to meet educational needs and service demands.
Appropriate teaching and learning resources such as libraries, computing/IT equipment and teaching rooms must be provided to support high quality education and training.

**Support for PRHOs**

PRHOs must be properly supervised.

Appropriate arrangements must be made for the welfare of PRHOs including pastoral support, counselling and occupational health facilities and advice.

**Interprofessional, interdisciplinary and inter-agency learning**

Opportunities for learning with and from other health and social care professionals, disciplines and agencies and patients should be explored and fostered.

**Quality assurance**

There must be evidence-based quality assurance of assessments to make sure that standards are being maintained and promoted.

Those responsible for delivering training must develop training programmes that meet these recommendations.
The outcomes of training

The principles of professional practice

1. The principles of professional practice set out in *Good Medical Practice* must form the basis of medical education.

   **Good clinical care**  
   Doctors must practise good standards of clinical care, practise within the limits of their competence, and make sure that patients are not put at unnecessary risk.

   **Maintaining good medical practice**  
   Doctors must keep up to date with developments in their field and maintain their skills.

   **Relationships with patients**  
   Doctors must develop and maintain successful relationships with their patients.

   **Working with colleagues**  
   Doctors must work effectively with colleagues in medicine, other health care professions and allied health care workers.

   **Teaching and training**  
   Doctors have teaching responsibilities to colleagues, patients and their relatives. They must develop the skills, attitudes and practices of a competent teacher.

   **Probity**  
   Doctors must be honest.

   **Health**  
   Doctors must not allow their own health or condition to put patients and others at risk. Doctors must be vigilant about maintaining good health. They must take the appropriate steps to ensure that their own good health does not at any time place patients, colleagues or the public at any risk.

2. The following outcomes are based on these principles. They build on the outcomes in *Tomorrow's Doctors* and set out the knowledge, skills, attitudes and behaviours needed to provide high quality health care and to move to the next stage of medical training. In addition to these generic outcomes there will be individual outcomes, identified by PRHOs and their educational supervisors, that provide experience that will help PRHOs to make career choices.

3. At the completion of their training, all PRHOs must be able to do the following in the work place.
4. **Good clinical care**

a. Follow our guidance on the principles of good medical practice and the standards of competence, care and conduct expected of doctors in the UK.

b. Apply principles of risk management to medical practice.

c. Take increasing responsibility, under supervision, for patient care including:
   
i. Taking a history and identifying key findings.

   ii. Performing a full and appropriate physical examination, and where required a mental state examination.

   iii. Identifying and requesting appropriate investigations.

   iv. Applying and integrating their scientific knowledge to make a diagnosis and to decide the immediate and longer-term care required.

d. Promote, monitor and maintain health and safety in the clinical setting.

e. Perform clinical and procedural skills safely.

f. Take appropriate action if one’s own health, performance or conduct or that of a colleague puts patients, colleagues or the public at risk.

g. Recognise personal and professional limits, and ask for help from senior colleagues and other health and social care professionals when necessary.

5. **Maintaining good medical practice**

a. Develop a portfolio of evidence that records participation in educational and clinical teaching sessions and allows the PRHO to identify learning needs and develop a plan to meet these.

b. Contribute to audits and understand how the results of audit can improve their practice and that of others.

c. Respond constructively to the outcome of appraisal and performance review.

d. Contribute to the appraisal and review of students with whom they work.

6. **Relationships with patients**

a. Recognise that patients are knowledgeable about themselves and may know a great deal about their condition.
b. Communicate effectively with individuals and groups.

c. Be sensitive to the needs and expectations of patients regardless of their lifestyle, culture, beliefs, ethnicity, gender, sexuality, disability, age, or social or economic status.

d. Involve patients and where appropriate their relatives or carers in decisions about their care.

e. Respect patients' right to refuse treatment or to take part in teaching or research.

f. Understand patients’ environment and its effect on their health and the effect of their health on their environment.

7. **Working with colleagues**

a. Respect all colleagues in medicine, other health care professions and allied health care workers, irrespective of their professional qualifications, culture, beliefs, ethnicity, gender, sexuality, disability, age, or social or economic status.

b. Work effectively as a member of a team.

c. Show leadership skills when appropriate, for example, when faced with uncertainty and change.

d. Value the contribution of other members of the team, professions and agencies and collaborate with them as a team member in an appropriate manner.

8. **Teaching and training** - Teach medical and other health and social care students using appropriate skills and methods.

9. **Probity** - Be honest in their relationships with patients, their relatives and carers; with professional colleagues; and with employers.

10. **Health** - Take appropriate action to maintain their health and to protect patients.

**The content and delivery of training**

**Content**

11. PRHO training must build upon the outcomes set out in *Tomorrow's Doctors* and prepare PRHOs for practice as a fully registered doctor. PRHOs must learn and develop new knowledge and skills in a planned and managed way, with supervision until they are competent, so that patient safety and that of colleagues or the public is never compromised.
12. The content of training should be kept up to date so that contemporary issues of concern are covered.

13. PRHOs must accept responsibility for their own learning, including meeting the outcomes in this guidance.

14. The following topics must be included in all training programmes. It is not a complete list but provides the core educational requirements. Those responsible for delivering training and their NHS partners will need to add to them when designing, approving and delivering training programmes.

*The scientific basis of practice and treatment*

The sciences underpinning medical practice

15. PRHOs must develop their understanding of relevant scientific knowledge drawing on the clinical, basic, behavioural and social sciences. They must be able to apply this understanding to their practice.

16. PRHOs should be able to use electronic databases and to demonstrate the ability to evaluate information obtained in this way.

*Treatment*

17. PRHOs must understand the principles of treatment and be able to do the following.

   a. Ensure that decisions about the treatment and management of patients are supported by evidence.

   b. Carry out pre-operative assessments and provide post-operative care, including reviewing the treatment and care given to patients, and make any changes needed.

   c. Use medicines safely and effectively as a basis for prescribing.

   d. Provide pain relief in a variety of ways, including pharmacological, physical and psychological interventions. In doing so they must be aware of the relationship between pain and distress.

   e. Provide care for the dying and know how to approach the dying patient, and their relatives, in an appropriate way.

18. PRHOs should consider the range of factors that influence the advice given and treatment options that should be discussed with patients. These should include:

   a. Complementary therapies that the patient may be using, or would like to use.
b. The patient's lifestyle including smoking, alcohol abuse, diet, nutrition, exercise and use of recreational drugs.

**Essential skills**

Clinical and procedural skills

19. PRHOs must be able to do the following safely and effectively in the workplace.

a. Manage the care of patients including:

   i. Recognise and manage acutely ill patients under supervision.

   ii. Demonstrate competence in advanced life-support skills and basic trauma support.

   iii. Seek informed consent (under supervision) for appropriate treatments and conditions. PRHOs, like all doctors, must only seek consent for procedures or treatments for which they are suitably trained and qualified. They must have sufficient knowledge of the procedure or treatment and understand the risks involved.

   iv. Request and interpret the results of appropriate investigations, for example, X-rays, urine tests and blood tests.

   v. Keep accurate and clear clinical records that can be understood by colleagues.

   vi. Complete legal documents correctly such as those certifying sickness and death certificates.

b. Manage common emergencies (initially under supervision) and provide follow-up care for these patients. Emergency conditions which all new doctors should have experienced by the end of the PRHO year include:

   - Shocked patient
   - Unconscious patient (for example, head injury)
   - Infections (for example, pneumonia, pyelonephritis or cellulitis)
   - Stroke
   - Acute coronary syndrome / myocardial infarction
   - Acute abdomen (for example, appendicitis, cholecystitis or perforated viscus)
   - Severe acute breathlessness (for example, asthma or pneumothorax)
   - Acute blood loss (for example, haematemesis, melaena or trauma)
   - Venous thrombosis and embolism
   - Arterial occlusion
Drug overdose
• Metabolic disturbance (for example, hyper and hypoglycaemia)
• Alcohol related problems (for example, withdrawal)

In addition the new doctor will be expected to gain experience of less common, but important conditions as the opportunity arises (for example, bacterial meningitis).

c. Demonstrate good practice in prescribing including:
   i. Discuss options with patients, and explain the effects of prescription drugs (including anticoagulants, antibiotics, thrombolytics, analgesics and anti-emetics).
   ii. Recognise the range of suitable drugs that can be prescribed for pain control and pain relief and collaborate appropriately with suitably qualified colleagues.
   iii. Use drugs appropriately in specific conditions such as:
       • asthma;
       • hypertension;
       • diabetes; and
       • infection.
   iv. Consider how best to administer drugs to the patient.
   v. Recognise the importance of the calculation of fluid requirements and fluid balance.
   vi. Produce safe prescriptions in either written form or using information technology.

d. Demonstrate competence in the following procedures:
   i. Use local anaesthetics.
   ii. Give intramuscular and subcutaneous injections.
   iii. Prepare and administer intravenous medicines.
   iv. Take and measure blood pressure.
   v. Perform and interpret an ECG.
   vi. Perform and interpret a peak flow reading.
   vii. Perform venous and arterial puncture to obtain blood samples.
viii. Gain intravenous access, including setting up an intravenous infusion/blood transfusion.

viii. Comply with infection control including washing hands and responsible prescribing of antibiotics only where necessary.

e. Dispose of potentially dangerous surgical instruments they have used.

20. In addition to these core clinical and practical skills PRHOs should have opportunities, with appropriate training and supervision, to become competent in a range of skills that are common and which complement those in the teams to which they are attached (for example, lumbar puncture or pleural tap). These skills may be learned from doctors and from members of other health care professions who may be part of the team. This will help PRHOs to plan their career and identify areas in which they would like to specialise.

Communication skills

21. Effective communication allows doctors to carry out their various roles, including clinician, team member, team leader and teacher. Effective communication helps doctors to identify and provide the best possible treatment. PRHOs must be able to communicate with patients and their relatives, and colleagues from other health and social care professions. PRHOs must be able to:

   a. Communicate in different ways, including spoken, written and electronic methods.

   b. Communicate in ways that encourage patients and their relatives to trust them and to provide the information that will help identify the most appropriate treatment. PRHOs should introduce themselves and explain their status.

   c. Listen to patients and their relatives, and let them express themselves and explain their illness or condition.

   d. Share appropriate information, where necessary with a patient’s consent, with other members of the multi-professional health care team to provide the best possible treatment. In certain circumstances it will be appropriate for doctors to share information with other professionals, including, for example, the police or social workers. Doctors should be aware of all GMC guidance relating to the sharing of information and should refer to senior colleagues where necessary.

22. PRHOs should be able to communicate effectively with individuals and be sensitive to their needs and expectations regardless of their social, cultural or ethnic backgrounds, or their disabilities. PRHOs should, if possible, have experience of working with interpreters and colleagues who can assist them to communicate with individuals who use Deafblind Manual and British Sign Language and other communication methods. PRHOs should be able to give adequate explanations to visually impaired patients who are unable to make use of visual information in
understanding their health difficulties.

23. PRHOs must have training and experience that prepares them to cope with the following situations.

   a. Breaking bad news to patients or their relatives under supervision.

   b. Explaining illness and discussing possible treatments.

   c. Dealing with the following types of patient under supervision:

      i. The violent.

      ii. The confused.

      iii. The anxious.

      iv. The depressed.

      v. The suicidal.

   d. Dealing with complaints from patients. PRHOs must know the different pathways to be followed when a complaint is made. PRHOs must be able to explain these to patients in a sensitive manner.

Teaching and learning skills

24. PRHOs must develop and be able to use a range of teaching and learning skills. They must recognise the importance of audit and appraisal in identifying learning needs for their colleagues.

25. PRHOs must be able to do the following:

   a. Take part in the training of medical and other students and colleagues.

   b. Use different ways to record, organise and present information.

   c. Understand and use different teaching methods to communicate information to colleagues and choose the one most appropriate for the teaching goal.

   d. Reflect on practice, be self-critical and carry out an audit of their own work and that of others.

   e. Identify their own learning needs, taking on board the perspectives of medical and other colleagues as well as patients.

   f. Record learning needs in their portfolio and contribute to their personal development plan as agreed with their educational supervisor.
g. Be able to identify:
   i. learning needs from their portfolio and personal development plan that will be taken forward into the second year of the Foundation Programme and
   ii. their preferred learning styles.

Personal and professional skills

26. PRHOs must be able to do the following:
   a. Contribute to the work of the multi-professional health care team and collaborate with others where appropriate.
   b. Show initiative and leadership when necessary.
   c. Manage their own time and that of others, where appropriate.
   d. Prioritise tasks.
   e. Use research skills to develop greater understanding and to influence practice.
   f. Follow the principles of risk management when practising.
   g. Follow safe practices (as detailed in their employer's occupational health and safety policy) relating to chemical, biological, physical and psychological hazards in the work place.

Practice in the modern world

The changing patterns of healthcare

27. PRHOs must understand the organisational and economic framework in which medicine is practised in the UK, including:
   a. The relationship between the services and care provided in the community, by general practitioners and in hospitals.
   b. Systems of quality assurance such as clinical governance.
   c. Appraisal and revalidation.
   d. The importance of continuing professional development.

Medico-legal and ethical issues

28. PRHOs must deepen their awareness of medico-legal and ethical issues. They must understand and apply the duties of doctors under the law, including the following:
a. Certification of sickness.
b. Death certification.
c. Dealing with the coroner/procurator fiscal.
d. Procedures for cremation.
e. Statutory notifications.

29. They must also be aware of:
   a. The risks of legal action if they fail to achieve a good standard of practice and care; and
   b. The implications of domestic, and UK wide and European legislation for access to medical records and other data.

30. They must show that they understand and can apply the principles of professional practice set out in Good Medical Practice and our supporting guidance, including:
   a. Seeking Patients' Consent: the Ethical Considerations.
   b. Confidentiality: Protecting and Providing Information.

Disability and rehabilitation

31. PRHOs must know about and respect the rights of people with mental or physical disabilities. They must take account of such individuals' needs and wishes when providing care. In particular, PRHOs need to be prepared to learn from patients who may have had a lifetime’s experience of dealing with their own disability and its effects upon their health.

The health of the public

32. PRHOs must recognise and use opportunities to prevent disease and to promote health. They must recognise the importance of occupation and socio-economic factors in disease and possibilities for rehabilitation and be able to explain to patients the potential effects of their lifestyle, including the impact of diet, nutrition, smoking, alcohol and drugs on their health.

33. PRHOs should have an awareness of global health priorities and concerns and health inequalities.

The individual in society

34. PRHOs must deepen their understanding and awareness of the social and cultural environment in which medicine is practised in the UK. They must understand
a range of social and cultural values, and differing views about health care and illness. They must be able to deal with a range of issues such as alcohol and drug abuse, domestic violence and abuse of the vulnerable patient. PRHOs must be sensitive to the needs and expectations of patients, regardless of their lifestyle, culture, beliefs, ethnicity, gender, sexuality, age, mental or physical disability and social or economic status.

35. Patients' understanding and experience of their condition must be taken into account. PRHOs must be aware of the psychological effect that this can have on patients and their relatives. This is particularly important when dealing with vulnerable patients, such as:

- Children and older people.
- People with learning disabilities or mental health problems.
- Patients whose complaints are not easily explained as biological abnormalities or diseases.
- Patients who are worried about their condition.

Exploring their fears and concerns can help patients to understand their condition and to take an active part in decisions about treatment.

Delivering general clinical training

Managing training

36. PRHOs are carrying out training that is overseen by those responsible for training while working in the NHS. Those responsible for training must have procedures for approving and quality assuring training programmes. The NHS is responsible for delivering training programmes. Those responsible for training and their NHS partners must work together.

37. The roles and responsibilities of those responsible for training and their NHS partners must be clearly set out. This must involve clear and agreed lines of authority and responsibility. There must be effective channels of communication that allow information about training to be shared.

38. Those responsible for training must set up supervisory structures that will help them carry out their standard setting and quality assurance duties. Supervisory structures should involve individuals with an appropriate range of expertise and knowledge (including university staff responsible for students, those responsible for PRHOs and representatives of the local NHS).

39. Effective working relationships will allow those responsible for training and their NHS partners to:

a. Design and deliver high quality training programmes.

b. Set up appropriate systems to look after the welfare of PRHOs.
c. Design and introduce valid and reliable assessment arrangements.

d. Maintain high quality training.

Selecting PRHOs

40. Those responsible for recruiting to PRHO training should put in place valid, reliable, open, objective and fair selection procedures to make sure that they recruit the candidates without prejudice or discrimination. They should also publish information about the procedures, including guidance about how places on programmes will be offered and about the selection process. Those responsible for selecting PRHOs should include individuals with a range of expertise and knowledge. Selectors should be trained to apply selection guidelines consistently and fairly. Selectors must promote equality and value diversity and follow current equal opportunities legislation and good practice.

41. Those responsible for training should ensure that selection procedures are taken into account when granting educational approval for a programme. They must also ensure that PRHOs’ educational needs are taken into account when allocating posts to ensure that PRHOs are treated equally and fairly.

Approving training programmes

42. When those responsible for training approve training programmes they must make sure that individual placements provide enough time for:

a. PRHOs to become a member of the team.

b. Team members to be able to make reliable judgements about the PRHOs’ competence, performance and progress.

43. PRHOs' hours of work should not exceed those set out in law. PRHOs' terms and conditions should not be below agreed UK wide and national standards.

44. PRHOs must only have responsibility for the number of patients for whom they can provide high quality and safe care.

45. General practices wishing to provide training must meet the standards required to train GP registrars. Practices must have at least two GP principals, one of whom will be the PRHO's educational supervisor.

46. For each PRHO on a training programme there must be a standard learning agreement. This should include the information set out in Annex A.

47. The learning agreement can only be changed with the agreement of the PRHO, and the approval of those responsible for quality assuring the training programme.

48. Graduates who wish to train in programmes not approved by the body responsible for training must seek prior written approval from that body to do so. This
includes training:

a. In other parts of the UK.

b. Overseas.

49. When those responsible approve such programmes they must be sure that the PRHO will meet the learning outcomes for this period of training. Those responsible must also be confident that they will have sufficient reliable evidence on which to confirm to us that a PRHO who has completed such training has met the required outcomes.

Quality assuring training programmes

50. Those responsible must monitor the quality of training programmes they have approved using a number of different methods, including regular visits and inspections. PRHOs’ views must be taken into account when those responsible consider which programmes should continue to be approved.

51. NHS trusts must be told when training does not meet the necessary standards, the changes needed, and the deadline for improvements. Approval for training programmes must be removed if improvements are not made by the agreed deadline.

The learning environment

52. PRHOs are new doctors who are learning in the work place while contributing to patient care. It is important that the environment in which they work and train supports them as they seek to develop and put into practice the required knowledge, skills, attitudes and behaviours.

53. PRHOs, like all who work in the NHS, must be able to work in a safe environment and have access to appropriate facilities and support systems. The support needs of PRHOs with a physical or mental disability should be given special consideration.

54. Those responsible for training and their NHS partners must make sure that every person involved in educating PRHOs has the necessary knowledge, skills, attitudes and behaviours. Staff-development programmes should promote teaching and assessment skills. All staff with formal responsibility for providing training must take part in such programmes.

Supporting PRHOs

55. Before medical students graduate they should spend some time shadowing a house officer. If possible this experience should be acquired in the hospital in which they will undertake their first PRHO post and ideally should shadow that post itself.

56. All PRHOs must have induction training that provides them with essential information and guidance about issues related to their status as new doctors, their
training programme, and each placement they will be filling. Induction is a process that takes a variety of forms including:

a. Induction events.

b. Regular meetings with key members of staff to discuss training needs and expectations.

c. Written guidance about education and training opportunities.

57. General issues that must be covered in all induction programmes are as follows:

a. The GMC’s guidance that describes the principles of good medical practice and standards of competence, care and conduct expected of doctors in all aspects of their professional work.

b. The outcomes set out in *The New Doctor*.

c. How performance and progress will be assessed.

d. How the quality of training is monitored.

e. Health and Safety at work

58. Issues that must be covered for individual placements are as follows:

a. Key contacts with those responsible for training and the NHS employer in case of problems.

b. Clinical governance and audit arrangements.

c. Welfare and educational facilities.

59. There must be a formal hand-over at the start of a new placement.

60. PRHOs must have appropriate support for their academic and general welfare needs at all stages. Those responsible for training and their NHS partners must produce clear information about the support networks available, including named contacts for PRHOs in difficulty. PRHOs must be told about the occupational health services, including counselling and disability services, that are available to them.

61. Those responsible for training must stress to PRHOs the importance of looking after their own health, and help them to register with a general practitioner.

62. Those responsible for training must also provide guidance to:

a. Graduates who wish to carry out flexible training as a PRHO.

b. Graduates who have taken a career break after graduation but want to return to training.
c. Graduates whose health or disability necessitates a break after graduation.

Supervising PRHOs

63. The PRHO year involves increased responsibility for patients, under the supervision of more experienced doctors. Those responsible for training and their NHS partners must make sure that PRHOs have appropriate clinical and educational supervision at all times. PRHOs must:

a. Receive educational and clinical supervision that is appropriate to their experience.

b. Never be expected to undertake tasks for which they have insufficient experience.

c. Always have direct access to a senior colleague who can advise them in any clinical situation. (PRHOs must never be left in a situation where their only help is outside the hospital or the place where they work.)

64. There must be a named educational supervisor for each placement. The PRHO must be informed of the name and contact details of the educational supervisor. Educational supervisors must be involved in teaching and training PRHOs and should help with their professional and personal development.

65. Educational supervisors must tell the NHS employer and those responsible for training of serious weaknesses in a PRHO's performance which have not been remedied, and any shortcomings in training programmes. Where appropriate, and with the PRHO's knowledge, relevant information should be passed on to the educational supervisor for their next placement so that appropriate training and supervision can be arranged.

66. There must be at least one named clinical supervisor in each training placement, responsible for direct teaching and supervision of PRHOs. The clinical supervisor may be the educational supervisor or may be another person. The PRHO must be informed of the name and contact details of the clinical supervisor. Clinical supervisors must make sure that the interests of patients are protected at all times.

Providing educational opportunities for PRHOs

67. Training and learning can be delivered in a number of ways but it must be relevant and must meet the learning needs of the PRHO. Training must provide the following:

a. Experiential learning providing systematic clinical training in a range of procedures, including experience with patients in clinical settings.

b. Regular formal educational sessions that cover topics of value and interest to PRHOs.
c. Opportunities for self-directed learning.

d. Opportunities to reflect on learning and practice and to discuss issues with their educational supervisor and other colleagues.

68. PRHOs must be able to suggest topics to be included in their training programmes. They must also be able to comment on the order of topics so that training meets their needs. Formal educational sessions must be bleep free and PRHOs must be relieved of their clinical duties so that they can attend.

69. Training can take place in a variety of clinical settings including hospitals, general practices, community-based medical services and other health and social care settings that allow PRHOs to gain a wide range of experience.

Working and learning in multi-professional teams

70. PRHOs will work and learn in multi-professional health care teams and it is important that their knowledge and skills are used appropriately so that, working with colleagues, they can provide high quality patient care and complete training successfully. PRHOs must not regularly carry out tasks that do not require them to use their medical expertise and knowledge, or have little educational value.

71. Those responsible for training and their NHS partners should explore and, where appropriate, provide opportunities for PRHOs to train with other health and social care professionals. This will help PRHOs understand the roles and responsibilities of their colleagues and so improve the quality of patient care provided by the multi-professional team.

Learning resources and facilities

72. PRHOs must have access to appropriate learning resources and facilities including libraries, IT facilities, and facilities for a range of investigations and teaching accommodation. Those responsible for training must regularly review the facilities provided to make sure that these are still appropriate. PRHOs must be able to comment to a named individual at the hospital, trust or GP practice where they work about the facilities that are available. PRHOs must be able to suggest new resources that should be provided.

73. PRHOs must have opportunities to develop and improve their clinical and practical skills in an appropriate environment (where they are supported by teachers) before they use these skills in clinical situations. Skills laboratories and centres provide an excellent setting for such training.

74. Working in an environment which is committed to evidence-based care and research can help PRHOs to understand the importance of developing research and audit skills to inform and improve their practice. It also helps to make sure that those responsible for their learning are aware of current developments in clinical theory and practice.
Assessing PRHOs

75. Robust and reliable assessment is necessary to ensure that the prescribed outcomes are met by PRHOs in the workplace. This is important educationally and also because successful completion of the PRHO year will result in the grant of full registration.

76. Assessments should take place locally, with responsibilities clearly set out, subject to the quality assurance of the GMC. Local arrangements of this sort will facilitate innovation and diversity.

PRHO health and conduct

General principles

77. The safety of the public must always come first.

78. All PRHOs, including those with a wide range of disabilities and health conditions, can achieve full registration provided that they meet all the outcomes set out in these recommendations. However, each individual’s situation is different and therefore has to be considered individually by those responsible for training in conjunction with the employing Trusts. Additional support and training must be provided for any PRHO who has been unable to complete training because of ill health or disability.

PRHOs with a lasting physical disability

Please note that this section sets out the current legal position and may be subject to change as a result of our consultation.

79. Some individuals with an ongoing physical disability may need to follow individually designed training programmes. Section 10(4) of the Medical Act 1983 allows this to happen. Where this is the case, the University must apply to our Education Committee for approval of the programme. When applying the university must provide the following:

   a. The doctor's name.

   b. Details about the nature of the disability, the likely prognosis and a description of the resulting restrictions of the PRHO’s skills and abilities. This should also indicate any accommodation available to the PRHO.

   c. Full details of the training programme that the university wishes to offer, showing how the PRHO will achieve the required outcomes.

   d. Whether the experience will be gained full-time or part-time.

80. All applications will be considered individually. The GMC has no power to put conditions on the practice of fully registered doctors (other than through our fitness to practise procedures).
If Section 10(4) of the Medical Act 1983 is repealed as a result of our consultation, this section may include the following paragraph 81 which will replace paragraphs 79 and 80 above.

81. There is now no requirement for those responsible for training to seek individual approval for a programme designed for PRHOs with disabilities. Those responsible for training have the power to design innovative and individual training programmes to enable PRHOs with disabilities to meet the outcomes set out in this guidance. Those responsible for training must ensure that they comply with the Disability Discrimination Act 1995 and other relevant legislation and good practice in designing and implementing training programmes.

Passing on information about PRHOs

82. PRHOs who are ill have the same right to confidentiality as other patients.

83. Doctors providing medical care for PRHOs should follow the guidance in Confidentiality: protecting and providing information. Passing on personal information without permission may be justified where failure to do so could result in death or serious harm. Doctors should not pass on information, without the PRHO’s permission, unless the risk posed to patients is so serious that it outweighs the PRHO’s rights to privacy. Responsibility towards the current and future patients of a PRHO remains the overriding factor in any situation of doubt. Those responsible for training and all those involved in the delivery of training must remember that PRHOs will be in close contact with patients throughout their training.

84. Doctors providing medical care for PRHOs should consult an experienced colleague or get advice from a professional organisation if they are not sure whether passing on information without a PRHO’s permission is justified.

85. Any concern about a PRHO should be reported to the educational supervisor.

86. PRHOs who have difficulties with physical or mental health, or drug or alcohol misuse, must be encouraged to get appropriate help so that they can receive informed advice and support, including adapted training.

87. All those involved in the delivery of PRHO training must share information and collaborate to ensure that patients are effectively protected.

The responsibilities of PRHOs to protect patients

88. Good Medical Practice requires doctors to take responsibility for their own health in the interests of public safety. PRHOs must follow this guidance. If a PRHO knows or has reason to believe that he or she has a serious condition which could be passed on to patients, or that their judgement or performance could be significantly affected by a condition or illness (or its treatment), they must take and follow advice from a consultant in occupational health or from another suitably qualified doctor on whether, and in what ways, their clinical contact with patients should be modified. PRHOs should not rely on their own assessment of the risk to patients.
89. Detailed guidance on infectious risk is set out in more detail in our document *Serious communicable diseases*, which all doctors should follow.

*The responsibilities of other doctors and health professionals to protect patients*

90. All those who teach, supervise, counsel, employ or work with PRHOs are responsible for protecting patients. Where there are serious concerns about a PRHO’s performance, health or conduct, immediate steps must be taken to investigate the concerns to identify whether they are well founded and to protect patients. This information should normally be brought to the attention of the PRHO’s educational supervisor.

*The responsibilities of those responsible for training to protect patients*

91. Those responsible for training must make sure that no member of the public is harmed as a result of taking part in the training of their PRHOs.

92. Those responsible for training have a responsibility to share information about PRHOs which is relevant to their development as a doctor both in advance of and during the PRHO placements. Where possible, the PRHO should consent to this. When the PRHO does not consent or is unable to do so, those responsible for training will balance the PRHO’s rights to confidentiality against the risk posed to patients in deciding whether to share information. In some circumstances, if the PRHO is unable or unwilling to consent to the disclosure of information, it may be that they are not able to continue training and to meet the outcomes of training. In these circumstances such information should be passed to us.

93. By confirming that a PRHO has met all the required outcomes of training, the individual nominated for this purpose by those responsible for training is confirming that the PRHO has achieved the outcomes of training and practises in line with the principles of professional practice set out in *Good Medical Practice*.

94. Those responsible for training must have procedures to do the following:

   a. Identify (as early as possible) PRHOs whose conduct gives serious cause for concern or whose health is affected to such a degree that it could harm the public.

   b. Provide those PRHOs with support as and when appropriate.

   c. Make sure that if PRHOs are still a risk to patients, they are not signed up as having completed training satisfactorily. (Information about these PRHOs should be passed to the GMC.)

*Putting the recommendations into practice*

95. The GMC’s Education Committee is responsible for making sure that those responsible for training put these recommendations into practice when developing
and monitoring training and associated assessments. It will do so within the statutory framework and responsibilities set out in the following pages.

**What the law says about general clinical training**

*Please note that this section sets out the current legal position. This section will ultimately reflect the results of our consultation.*

**UK law**

96. The powers and duties of our Education Committee under Part II of the Medical Act 1983 (as amended) are set out below.

97. Graduates who hold a UK primary medical qualification (PMQ) are entitled to provisional registration.¹

98. Provisional registration allows graduates to work under supervision as a PRHO and to show that they are fit to become fully registered doctors.

99. No more than 4 months of training can be based in general practice.

100. Training must be provided in approved hospitals, approved institutions or approved medical practices.

**European Union law**

101. European Council Directive 93/16 allows European Union (EU) nationals who hold an EU PMQ or specialist qualification to practise as doctors anywhere in the EU.

102. Article 23 of the Directive says the period of basic medical training must be at least a six-year course or 5,500 hours of theoretical and practical instruction given in a university or under the supervision of a university. ‘Basic medical training’ is the period leading up to full registration and therefore includes training as a PRHO. In the UK, general clinical training is part of basic medical education.

**Responsibility for general clinical training in the UK**

The GMC

103. We are responsible for the following.

a. Deciding the outcomes PRHOs must meet for full registration.

b. Setting out the supervision that must be provided for PRHOs.

c. Making sure (through written enquiries and on-site visits) that training allows PRHOs to meet our requirements.

¹ Unless Section 44A of the Medical Act which becomes effective in 2004 applies.
d. Setting the outcomes that PRHOs need to achieve in order to be signed up at the end of training.

e. Making sure (through written enquiries and on-site inspections) that the outcomes we have set are maintained.

f. Appointing visitors to report on the quality of training.

g. In the light of the outcome of visits to inform universities of our findings.

h. Designing the Certificate of Experience which tells us if a PRHO has satisfactorily completed training.

i. Giving EU nationals with appropriate medical degrees provisional registration. This allows them to work as a PRHO in the UK and to gain the clinical experience needed for an EU PMQ.

j. Considering applications under Section 10 (4) of the Medical Act 1983

k. Giving full registration to PRHOs who have successfully completed training. We have no say in this matter.

The universities with medical schools

104. Universities with medical schools must follow this guidance, and the requirements of the EU Medical Directive, when arranging training for their graduates.

105. Universities are responsible to the public, to employers and to the profession for the quality of their graduates who are progressing from basic medical education to specialist training. When a representative of a university says a PRHO has completed training satisfactorily, this is confirming to us that the PRHO has reached the necessary standard of practice and meets the requirements of our guidance, the Medical Act and the EU Medical Directive.

106. Universities must make sure that there is a named individual who is responsible for the following. This individual will normally be the postgraduate dean but this may vary at universities throughout the UK.

a. Making sure that all PRHOs receive appropriate training by approving and inspecting training programmes provided by it’s the university’s local NHS partners.

b. Identifying educational supervisors and providing them with training that helps them to carry out their duties. PRHOs must be told the name of their educational supervisor before they start a placement.

c. Making sure all PRHOs receive regular constructive feedback on their performance
d. Taking remedial action when major problems with the trainee or the training are identified.

e. Providing educational supervisors with support and training and dealing with any who do not carry out their responsibilities appropriately.

f. Making sure that all PRHOs get the required balance of general experience in medicine and surgery.

g. Making sure that PRHOs receive induction training and appropriate educational opportunities.

h. Making sure that PRHOs are able to get the occupational health support, counselling and careers guidance they need.

i. Certifying to the GMC that PRHOs have completed training satisfactorily and are fit to be fully registered.

j. Applying to the GMC under Section 10(4) of the Medical Act 1983 for approval for an alternative pattern of PRHO experience for any doctor who is prevented (by a lasting physical disability) from starting on, or completing, some of the experience needed for full registration.

The UK Health Departments

107. The Health Departments should make sure that NHS local organisations work with universities so that PRHOs get appropriate training in the whole UK.

108. The Health Departments have a duty to make facilities in NHS hospitals and other premises available for PRHOs to receive training.

NHS trusts

109. NHS trusts provide health care and the environment in which PRHOs are trained. They must make sure that PRHOs can work safely and securely in placements where training is provided and set in place appropriate structures for making sure that high quality training is delivered. Trusts are responsible for:

a. Employing PRHOs as doctors in training and carrying out appropriate checks.

b. Providing appropriate resources, supervision, support and time for education and training to PRHOs and to those health professionals involved in their education and training.

c. Making sure that the domestic facilities available to PRHOs meet the agreed UK wide and national standards.

d. Providing access to occupational health services, disability services, counselling facilities and careers guidance.
110. NHS trusts must make sure that a named individual is responsible for:

a. Co-ordinating PRHO training and liaising with their partner universities.

b. Telling university partners of any changes in policies or practices that might affect training.

c. Making sure that PRHOs receive appropriate training (including induction) and supervision.

d. Making sure that teams and units identify and use the skills and abilities of their staff effectively.

e. Making sure that doctors with training responsibilities are given appropriate recognition and support.

f. Encouraging PRHOs to comment on the quality of the training they have received.

*The responsibilities of doctors*

111. All doctors, including PRHOs, must follow the principles of professional practice set out in *Good Medical Practice*.

112. All doctors should be willing to contribute to the education of PRHOs. They should recognise the importance of role models in developing appropriate attitudes and behaviours towards patients and colleagues.

113. Doctors with particular responsibility for supervising PRHOs must develop the skills, attitudes and practices of a competent teacher. They must also make sure that PRHOs are properly supervised.

114. Doctors must be honest and objective when appraising or assessing the performance of PRHOs, including those they have supervised or trained. This is a requirement of *Good Medical Practice*. Patients may be put at risk if a doctor describes as competent any PRHO who has not reached or maintained a satisfactory standard of practice.
Content of the learning agreement

Learning agreements must include the following.

a. The training outcomes and the learning opportunities and experience that will allow these to be met.

b. The number, duration and location of placements included in the programme.

c. The clinical duties for each placement in the programme.

d. A named educational supervisor for each placement and details about how educational supervision will be co-ordinated throughout the programme.

e. A named clinical supervisor for each placement and details about the clinical supervision that will be provided.

f. A named individual for each placement who is responsible for making sure that training is delivered in accordance with the learning agreement.

g. The academic and welfare support, including occupational health services that will be provided.

h. The learning resources and facilities that will be provided.

i. How and when performance and progress against the outcomes will be assessed.

j. What will happen if the standards of practice and conduct set out in Good Medical Practice are not met.

k. How to appeal if academic performance or fitness to practise do not meet the required standards.

l. How the quality of training will be monitored, including how the PRHO’s comments and views on training will be collected, considered and acted on.
# Glossary

**Appraisal**  
A positive process to provide feedback on the PRHO’s performance, chart their continuing progress, and to identify their development needs.

**Clinical supervisor**  
Professional responsible for direct teaching and supervision of PRHO.

**Educational supervisor**  
The doctor responsible for making sure that a PRHO receives appropriate training and experience and decides whether individual placements have been completed successfully.

**Experiential learning**  
Development of knowledge, skills, attitudes and behaviours by doing a job.

**Certificate of Experience**  
A legal document which universities complete to tell the GMC that a PRHO has satisfactorily completed training.

**Certificate of Satisfactory Service**  
A document that supervising doctors sign to indicate that a PRHO has completed an individual training placement satisfactorily.

**General clinical training (training)**  
The period of training (normally 12 months) that allows new doctors to show that they are fit to be granted full registration.

**Interdisciplinary**  
People from the same profession, for example, doctors, who specialise in different areas (for example, children or the elderly) working or learning together.

**Interprofessional**  
People from different professions, for example, doctors and nurses, working or learning.

**Licence to practise**  
This gives an individual the legal right to practise as a doctor.

**Locum**  
A locum doctor is one who is standing in for an absent doctor or temporarily covering a vacancy in an established post.

**NHS trusts**  
NHS hospitals and groups of general practices that provide health care services.

**Supervision**  
Supervision may be direct such as direct observation, or it may be indirect. The level of supervision should ensure patient care.

**Pre-registration house officer**  
A newly graduated doctor who has provisional
(PRHO) registration. This gives the doctor an opportunity to show that they are fit be granted full registration.

**Training programme**
A programme designed to provide PRHOs with the experience and training needed to complete training successfully. This will consist of a series of placements.

**University**
The universities and non-university organisations that are legally entitled to hold an examination for the purpose of granting a PMQ. Universities also run degree courses and are responsible for the quality of training programmes for PRHOs.
Index (to be added)
## Useful GMC contacts

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<tr>
<td><strong>The GMC and medical education</strong></td>
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<td>020 7915 3599</td>
<td><a href="mailto:education@gmc-uk.org">education@gmc-uk.org</a></td>
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<td><strong>Inquiries about standards and ethics</strong></td>
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<td>020 7915 3599</td>
<td><a href="mailto:standards@gmc-uk.org">standards@gmc-uk.org</a></td>
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<tr>
<td><strong>Fitness to practise enquiries</strong></td>
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<td>020 7915 3642</td>
<td><a href="mailto:practise@gmc-uk.org">practise@gmc-uk.org</a></td>
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<tr>
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<td>020 7915 3641</td>
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