
Education Committee Statement about the position of doctors with provisional registration prescribing in general practice

Can PRHOs prescribe in general practice?

1. There are two aspects to the question of PRHOs prescribing in GP practice placements. The first is what does the law allow? The GMC position is set out below.
2. In summary, there is no legal impediment to doctors with provisional registration prescribing in general practice. However, each case must be considered and judged on its own merits and in all cases the supervising practitioners must be able to justify their actions. We recommend that such issues of delegation in general practice are clearly documented to avoid any confusion.

Law

3. Provisional registration is available under section 15 of the Medical Act 1983 for the purposes of a person with appropriate medical qualifications obtaining the experience required (under section 10 of the Act) in order to become fully registered with the GMC (under section 3 of the Act). (Section 21 provides an equivalent provision in relation to the registration of EEA nationals with overseas qualifications).
4. The statutory restrictions on the practice of medicine are set out in various different enactments: Sections 46, 47 and 48 of the Act provide that only 'fully registered practitioners' may recover charges for medical advice or attendance, hold certain posts and sign certain certificates. There are further provisions regarding charging by 'doctors' (defined as 'registered medical practitioners') set out in the NHS (Charges for Drugs and Appliances) Regulations 2000. There are various restrictions placed on the sale and supply of medicines by the Medicines Act 1968 and the Misuse of Drugs Act 1971 which are exempted, under certain circumstances, in relation to 'doctors'. In both of these cases, the term 'doctor' is also defined as 'registered medical practitioner' (see Schedule 5 of the Medical Act 1983).

5. The term 'registered medical practitioner' is defined under the Interpretation Act 1978 to mean a 'fully registered person' within the meaning of the Medical Act 1983. Therefore, at first blush, the statutory powers are all reserved to doctors with full registration, and are not available to provisional registrants.

6. However, sections 15 and 21 of the Medical Act 1983 state that a provisional registrant is 'deemed to be registered under [the relevant provision affording full registration] so far as is necessary to enable him to be engaged in employment in a resident medical capacity ... in one or more approved hospitals, approved institutions or approved medical practices but not further.' Therefore, a provisional registrant may exercise the powers of a fully registered practitioner so far as this is necessary for the purposes of his employment in a resident medical capacity - this is defined under section 11 of the Medical Act to refer to positions undertaken for the purposes of obtaining the requisite experience under the Act and where the practitioner is required to be resident or satisfy conditions as to residence. The question of to what extent the powers may be exercised will turn on the facts of each case, however it is worth noting that the use of the powers must be 'necessary', rather than simply 'desirable'.

7. The term 'resident medical capacity' is defined in Section 11(3) of the Medical Act 1983. It states that

'References to employment in a resident medical capacity shall be construed as references to employment in the practice of any branch of medicine prescribed for the purposes of section 10 above where—

a. in the case of an approved hospital or an approved institution, the person employed is resident in the hospital or institution where he is employed or conveniently near to it and is by the terms of his employment required to be so resident; or

b. in the case of an approved medical practice, the person employed satisfies such conditions as to residence as may be prescribed.'

8. 'Resident medical capacity' is therefore a matter to be determined or not by the terms of employment. It is a service requirement not an educational one.

Policy and ethics

9. There is of course a related point about the ethical question of allowing PRHOs to prescribe in practice. Each situation should be considered on a case by case basis. All PRHOs will be under the supervision of a fully registered doctor. All doctors are bound by our guidance in *Good Medical Practice*. In particular, paragraph 16 of *Good Medical Practice* which states

'If you have responsibilities for teaching you must develop the skills, attitudes and practices of a competent teacher. You must also make sure that students and junior colleagues are properly supervised.'

The New Doctor (2005) states at paragraph 74 that

‘Those responsible for training and their NHS partners must make sure that PRHOs must have appropriate clinical and educational supervision at all times. PRHOs must:

- a. receive educational and clinical supervision that is appropriate to their experience;
- b. receive appraisal (a positive process to provide structured and constructive feedback on the PRHO’s performance, chart their continuing progress and identify their development needs.)
- c. never be expected to carry out unsupervised tasks that they do not have enough experience for; and
- d. 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)

10. Also, doctors should be aware of paragraph 46 of *Good Medical Practice* (2001) which states:

‘Delegation involves asking a nurse, doctor, medical student or other health care worker to provide care or treatment on your behalf. When you delegate care or treatment you must be sure that the person to whom you delegate is competent to carry out the procedure or provide the therapy involved. You must always pass on enough information about the patient and the treatment needed. You will still be responsible for the overall management of the patient.’

11. Finally all provisionally registered doctors must be aware of the limits of their own competence. This is stressed in *The New Doctor* (2005) at paragraph 19 which states ‘The most important clinical skill for a PRHO is to be aware of the limits of their own knowledge and abilities.’ Paragraph 3 of *Good Medical Practice* states ‘In providing care you must ... recognise and work within the limits of your professional competence’. As with all doctors, PRHOs must be able to justify their actions.

12. Each case must be considered and judged on its own merits and in all cases the supervising practitioners must be able to justify their actions. We recommend that such issues of delegation in general practice are clearly documented to avoid any confusion.