The New Doctor
Recommendations on General Clinical Training

April 1997

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Chairman's foreword

New graduates entering medical practice deserve the best possible start to their careers. General clinical training is the final year of basic medical education and should set the seal on it. The GMC's Education Committee is responsible for defining standards for this period of training; and seeing to it that those standards are met wherever it is provided.

In 1995 we began a series of visits to medical schools. One of the purposes was to see how far our 1992 *Recommendations on General Clinical Training* had been implemented.

We met pre-registration house officers (PRHOs), their educational supervisors, clinical tutors and postgraduate deans. It soon became clear that although the clinical and educational experience of some PRHOs was of a high quality, many posts did not reach the standard we expected. We heard of posts which were educationally inadequate, and others where PRHOs were not properly supervised or supported by colleagues. Organisational problems within the hospitals, as well as inadequate facilities for the personal well-being of PRHOs, contributed to our sense of disquiet.

The Education Committee therefore set about revising its recommendations as a matter of urgency: we wanted to ensure that the quality of training in all posts was brought up to the standard of the best appointments, to make the pre-registration year an enjoyable and worthwhile experience for all new doctors.

The thinking which informed our work has since been distilled into eight key themes. These are reproduced on page of this booklet. We hope those who use our recommendations will find a record of these points a helpful touchstone.

The detailed recommendations in this booklet set out the clinical, educational and personal needs of PRHOs, and make explicit the responsibilities of those concerned with the pre-registration year. The recommendations also detail the responsibilities of the PRHO as an active learner. The arrangements we describe have always been made by the best NHS Trusts and the most conscientious educational supervisors. I pay tribute here to the example they have set.

We have published these recommendations now,

because of the clearly identified need to address some serious problems in relation to the pre-registration year. Nevertheless work still remains to be done. In *Maintaining Medical Excellence* the government has already remitted to the GMC the task of exploring the link between graduation and registration.

As the law stands at present, medical graduates of UK universities are entitled to provisional registration with the GMC. We believe that if the public are to be properly protected, much greater emphasis will have to be placed on the transition from provisional to full registration at the end of general clinical training. This will require more structured appraisal of PRHOs during their final year of basic medical education. We will be taking this forward in discussion with others involved in the pre-registration year and will issue further guidance in due course.

These recommendations provide a framework for high quality education and training during the pre-registration year for all medical graduates, whether trained in the UK or elsewhere. We expect the universities and others to produce more detailed guidance to enable our recommendations to be implemented wherever PRHOs are trained. We commend the sharing of ideas which promote good practice and encourage wherever possible the development of common approaches.

The accountability of the various parties involved in general clinical training may not be precisely as we have described them in every part of the UK. We are also aware that there may be differences of terminology which have not been acknowledged in this document. What matters

most is that each university, health authority and NHS Trust should establish clear lines of responsibility, appropriate to local circumstances, which are known and understood by all concerned. With their help, we intend to publish more detailed guidance about the contribution the NHS can make to the professionalisation of the new doctor, with whom the future of our health care service lies.

We expect our recommendations to have been implemented within a period of three years from the date of their publication, that is by April 2000. In consultation with the universities, the providers and others, we will develop a strategy for securing their implementation. As part of this work we will be resuming our discussions with the medical schools about their progress towards enhancing the quality of the pre-registration year. We will also be considering in more detail the interface between the pre-registration year and the undergraduate course on the one hand, and the early years of postgraduate training on the other. Finally we will look again at the experience needed for full registration to see whether further flexibility can be introduced.

Resources are important but we believe a change in attitude lies at the heart of developing training programmes for PRHOs of which we can all be justifiably proud.

All concerned with the pre-registration year - the GMC, the universities, the NHS Trusts and many others - have a most important task to accomplish. The Education Committee for its part would be pleased to help with the implementation of the new recommendations, wherever this may be needed.

Charles George
Chairman, Education Committee
April 1997

Key themes in the new doctor

1. General clinical training is the final year of basic medical education. Due regard must be paid to the educational needs of PRHOs, who are learning to become doctors by providing a service.

2. These Recommendations apply to the training of all PRHOs, regardless of the university from which they graduated.

3. Every PRHO needs high quality education and training, which includes proper clinical and educational supervision and appropriate provision for their welfare.

4. Those responsible for facilitating PRHO learning and assessing PRHO progress require training for and support in these roles.

5. Lines of accountability must be established by the universities with responsibility for overseeing the pre-registration year, in conjunction with the providers of PRHO training. This will involve the postgraduate deans and clinical tutors, as well as the PRHOs' educational supervisors.

6. PRHOs for their part must demonstrate that by the end of the pre-registration year they have made the clinical and educational progress required of a doctor who is to be fully registered with the GMC.

7. The GMC's guidance on Good Medical Practice should underpin the work of PRHOs and the doctors from whom they learn.
8. These Recommendations should be fully implemented by April 2000. The GMC will be monitoring progress towards that end and will be looking to the universities, in consultation with health authorities and NHS Trusts, to put in place the necessary arrangements.

About general clinical training

1. The pre-registration year is the final year of basic medical education. It has two purposes:
    - to enable pre-registration house officers (PRHOs) to put into practice the key skills that they have learned and apply knowledge gained during undergraduate medical education
    - to enable PRHOs to demonstrate that on completing general clinical training, they are ready to accept with confidence the duties and responsibilities of a fully registered doctor and to begin training for specialist medical practice.
2. The pre-registration year is based on increasing responsibility for patient care, under the overall supervision of a fully trained specialist. While PRHOs are learning to become doctors by providing a service, due regard must be paid to their educational needs.

What the law says about general

clinical training

3. A doctor whose undergraduate education took place in the UK needs the experience described in these Recommendations to become fully registered with the GMC.

4. At present, the twelve months of full time training must include at least three months in medicine and three months in surgery, and may include up to four months in general practice. The whole of the training must be completed satisfactorily.

5. PRHOs must be resident in the hospital or health centre where they are working, or 'conveniently near to it'.

Responsibility for general clinical training

The GMC is responsible for:

6.
    a. provisionally registering new medical graduates, so that they may work as doctors while completing their basic medical education

    b. publishing guidance on:

        - the experience to be obtained during general clinical training
        - the suitability of hospitals, health centres and posts in them for training PRHOs
        - the supervision of PRHOs, including assessment of their competence and performance
        - the overall quality of education

and training for PRHOs

c. ensuring that its guidelines are implemented by

    - making enquiries about the procedures which the universities use to assure the quality of training, and their effectiveness

    - appointing visitors to monitor the training provided at approved hospitals and health centres

d. the form of the Certificate of Experience completed at the end of the pre-registration year

e. giving full registration to doctors who have demonstrated satisfactorily that they have attained the goals and objectives of general clinical training, as set out in these Recommendations, and are properly prepared to proceed to the next stage of their training.

The universities with medical schools

7. The universities with medical schools must comply with these Recommendations when arranging the general clinical training of their graduates. The universities have a responsibility to the public and the profession for the quality of their graduates who are progressing from basic medical education to specialist training. Only those doctors who at the end of general clinical training have acquired an appropriate level of competence, have established good working relationships with patients and

colleagues and who observe the profession's ethical obligations should be signed up as suitable for full registration.

8. The universities are also responsible to their PRHOs for ensuring that they are placed only in posts which will give good experience, supervision and training.

9. The particular duties of the universities include:

    a. regularly inspecting and approving hospitals and health centres and recognising posts within them as suitable for the training of PRHOs

    b. identifying educational supervisors and training them in teaching, appraisal and assessment techniques

    c. ensuring that in every post PRHOs receive regular constructive feedback on their performance

    d. taking early remedial action if major problems with the trainee or the training are identified

    e. ensuring that each PRHO obtains the required balance of general experience in medicine and surgery

    f. ensuring that PRHOs receive induction training and formal educational opportunities

    g. certifying to the GMC that each PRHO has made the educational and clinical progress expected of a doctor at the end of basic medical education, and is fit to be fully registered.

10. The duties described at paragraph 9 are usually delegated to the postgraduate dean or in some cases the dean, but they remain the responsibility of each university.

The Health Departments

11. The Health Departments have a duty to provide resources and facilities for recognised PRHO posts in each region or country. The service and other commitments of educational supervisors must allow them to carry out the duties required by these Recommendations. PRHOs' duties must not be extended beyond the job description and the requirements of the New Deal on Junior Doctors' Hours[1]. PRHOs are in the process of completing their basic medical education and must not be allowed to undertake locum appointments. NHS Trusts should be advised accordingly.

The responsibilities of the PRHO

12. Provisional registration with the GMC gives PRHOs the rights and privileges of a doctor. In return PRHOs must meet the standards of competence, care and conduct set by the GMC, as outlined in its booklet **Good Medical Practice**. PRHOs must also accept responsibility for their own learning.

The aims of general clinical training

13. When universities grant a registrable degree, they are certifying that their graduates have attained the goals of undergraduate medical education, as set out in the GMC's Recommendations on Undergraduate Medical Education, Tomorrow's Doctors, and that they have demonstrated competence in their published

list of procedures.

14. General clinical training is an integral part of basic medical education. Many of its aims are similar to those for undergraduate education and for the later stages of professional training, since medical education is a continuum. General clinical training builds on the attitudes, skills and knowledge graduates have developed and should enable them, as new doctors, to:

   a. appreciate the centrality of the consultation by developing their competence in history taking, clinical examination, and the selection and interpretation of diagnostic tests

   b. develop competence at diagnosis, decision making and the provision of treatment, including prescribing

   c. keep accurate records

   d. refine the skills needed for the technical and practical procedures which any doctor should be able to perform (examples are given in the Annex)

   e. communicate effectively, both orally and in writing, with those with whom their professional practice brings them in contact: patients, relatives, health care professionals and people in the community

   f. develop and maintain respect for the dignity, privacy and rights of patients, and concern for their relatives

   g. work in a team and accept the

principles of collective responsibility

h. be aware of their own limitations and ready to seek help when necessary
i. develop their knowledge and understanding of disease processes, including their natural history, the role of occupation in disease and the possibilities for rehabilitation
j. deepen their awareness of legal and ethical issues
k. apply the principles of professional confidentiality in everyday practice
l. understand the principles of evidence-based medicine
m. understand the relationship between primary and social care and hospital care
n. recognise and use opportunities for disease prevention and health promotion
o. understand and use informatics as a tool in medical practice
p. understand the purpose and practice of audit, peer review and appraisal
q. recognise self-education and professional development as a lifelong process
r. develop appropriate attitudes towards personal health and well-being
s. manage time effectively
t. make the best use of laboratory and

other diagnostic services

u. follow safe practices (as detailed in their employer's occupational health and safety policy), relating to chemical, biological, physical and psychological hazards in the workplace.

Fulfilling the aims of general clinical training

The content of training

Induction training

15. Before medical students graduate they should spend some time shadowing both a medical and a surgical house officer. If possible this experience should be acquired in the hospital in which they will undertake their first PRHO post.

16. Formal induction training is now mandatory for all PRHOs commencing general clinical training. Although fewer in number, care must be taken to provide proper training for PRHOs commencing their first post in February rather than August.

17. Induction programmes should provide PRHOs with opportunities for discussion with key staff; 'induction fairs' have been found useful at hospitals with a number of PRHOs. Time must also be found for formal handover with the outgoing PRHO at the beginning of the first PRHO post, although continuity of care is the responsibility of the whole health care team and not the PRHO alone. It is accepted that this may not always be possible to arrange for those taking up their first post in February. In such circumstances other strategies may have to

be devised.

18. Presentations should be limited to those topics, or aspects of them, which can best be covered by this means. Examples might include:

a. the duties of a doctor
b. pain relief
c. the use of intravenous infusion and other equipment
d. management of the critically ill patient
e. management of the dying patient
f. coping with bereavement
g. dealing with the confused or violent patient
h. obtaining informed consent
i. notification of infectious diseases
j. certification
k. reports to the coroner/procurator fiscal
l. management of the hospital or practice
m. dealing with complaints

19. The one day introductory programme should concentrate on the presentation of essential core material, either of a medico-legal nature or relevant to the practices and procedures of the Trust or health centre where the PRHO is to work. Induction is an ongoing process and many of these topics, together with others of a clinical nature, can be covered in greater depth during the educational programmes arranged for

PRHOs. A properly tailored programme, of which induction is but a part, and appropriate support from other members of the clinical team, should ensure the rapid integration of the PRHO into the working environment.

20. For reference purposes, House Officers' handbooks have been found to be very helpful. They should contain a summary of the information needed by PRHOs, including topics such as:

a. practical procedures for arranging x-rays and other investigations/obtaining test results within and outside normal working hours

b. arrangements for resuscitation training

c. the educational facilities of the hospital/health centre

d. the information technology facilities of the hospital/health centre

e. access to local clinical guidelines on common emergency conditions

f. channels of communication within the hospital/health centre

g. the occupational health policy and practices of the hospital/health centre

h. domestic matters such as accommodation, catering, security

i. conditions of service

j. the support services available within the hospital/health centre (such as counselling, occupational health).

k. a list of local general practitioners with whom PRHOs may register

l. the importance of professional registration

21. PRHOs taking up their second appointment require less detailed briefing but should receive information particular to the hospital or health centre. Ideally they should also be offered an opportunity to spend a brief period of time accompanying the outgoing house officer (not necessarily at the point of handover).

Professional training

22. During general clinical training, as at all other times in their working lives, doctors must demonstrate that they conform to the GMC's guidance about standards of professional practice. PRHOs will have been introduced to Duties of a Doctor during undergraduate training. PRHOs will learn best how to apply these principles by routine observance of the high standards which the GMC expects to be set by the consultants and other doctors with whom they work. This training by example may be reinforced through discussion at formal educational sessions. The following topics must also be covered through in-service training:

a. **Dealing with common medical and surgical emergencies** including the development of skills in advanced life support

b. **Communication** history taking explaining illness, investigation and treatment to patients of all ages

involving patients in decisions about themselves
communication with other members of the health care team
communication with patients' relatives
dealing with complaints

c. **The practice of medicine in a multicultural** society
the attitudes, values and expectations of patients from different religious or ethnic groups, and their impact on the provision of health care

d. **Psychological and social factors**
the influence of

- cultural, ethnic and religious values
- socio-economic status
- personality
- psychological state
- intellect

on illness, illness behaviour and the health care team's response to these
pain relief, including

- the relationship between pain and distress pharmacological, physical and psychological interventions

care of the dying

- how to approach
  - the dying patient
  - patients' families

whatever their cultural, ethnic or religious background

breaking bad news
the stages of bereavement

e. **Prevention of illness and promotion of health**
opportunities to promote good health among the patients with whom PRHOs come into contact

f. **Effective use of resources good prescribing**
the appropriate use of investigations
time management
the management of the National Health Service

g. **Ethical aspects of medical practice confidentiality**
informed consent

h. **Legal aspects of professional practice** the duties of doctors under the law

    death certification
    dealing with the coroner/procurator fiscal
    procedures for cremation
    statutory notifications

the risks of litigation arising out of failure to achieve a good standard of practice and care

i. **Teamwork**
professional relationships within the multidisciplinary health care team
the respective roles of the PRHO and of other health care professionals
the importance of continuity of care within the hospital and in the

community, including the need for a proper handover
learning about leadership

j. **Medical informatics**
how to

keep accurate clinical records
communicate information appropriately
use information storage and retrieval systems effectively
analyse and interpret data
use information to support decisions

the implications of legislation for access to medical records and other data

k. **Assessing the quality of care**
the principles of audit, including the means whereby doctors review the quality of the care which they provide for patients and take appropriate action
critical appraisal and evidence-based medicine

l. **The advancement of medicine**
the importance for medical science of careful observation and the routine recording of change
how to contribute to research in progress

Formal educational programmes

23. Service based (or practice-based) learning is a key component of the final year of basic medical education, and is an effective means of formalising and improving training. The most important element is

experiential learning, both at and away from the bedside. In the latter case, PRHOs and their consultant clinical supervisors should discuss problems or topics of interest that arose during ward rounds, nights "on take" or outpatient clinics, so that a learning plan can be devised. In addition, PRHOs should attend and play an active role in grand rounds, x-ray meetings, pathology/histology demonstrations, case conferences, clinical audit meetings and cross-specialty meetings on topics of general interest.

24. PRHOs should also have a weekly programme of educational seminars/group discussion covering topics of interest and value to them. PRHOs should have an opportunity to suggest topics for inclusion in the programme. The sessions should be held at a time when most PRHOs will be able to attend. PRHOs must normally be relieved of their clinical duties when participating in the programme.

The approval of hospitals and health centres and the recognition of posts within them

25. Every approved post must provide broad and diverse experience, but there must be a core of general experience in medicine or surgery. Universities may recognise posts in medical, surgical and other specialties, provided that each post offers good general experience. In the case of hospital-based posts, these should be attached to firms providing a team environment, with which the PRHO can identify.

26. Provided that the minimum requirements of four months in medicine (in the broadest sense) and four months in surgery (in the broadest sense) are met, the remaining four months can be spent in a post in any other clinical specialty approved by a university for general clinical training.

27. General clinical training may take the form of:

- two six month posts, one in medicine and one in surgery;
- three four month posts, in medicine, surgery and another clinical specialty (including general practice)
- four three month posts, in medicine, a medical specialty, surgery and a surgical specialty.

It takes time for the PRHO to become an established member of the clinical team. For this reason, posts of less than three months' duration should not normally be approved.

The components of a high quality PRHO post

28. Every PRHO post should provide:

a. Appropriate induction training

b. A learning agreement signed by the PRHO, Clinical Tutor and educational supervisor

c. Access to an educational programme which is relevant, learner centred and patient based

d. Proper clinical supervision at all times

e. Systematic clinical training which

includes first hand experience of a range of general procedures as well as those which are specialty-specific

f. The necessary educational supervision, including regular structured feedback on performance

g. A sense of being a valued member of the team

h. A detailed job description and a contract of employment, providing information about hours of work, time for rest and study and the available educational and pastoral facilities

i. Access to careers advice

j. Access to counselling services/occupational health services as appropriate.

The contract of employment and the job description should be issued no later than the date of taking up the appointment.

29. Every PRHO should be able to rely on:

a. Having satisfactory accommodation which conforms to nationally agreed standards

b. The existence of arrangements to secure their personal safety

c. Access to proper catering facilities whenever they are on duty.

30. PRHOs and those with whom they work must have a clear understanding of the PRHO's role. Proper use must be made of PRHOs' time. They should not be expected routinely to undertake tasks of no

educational value; or to work hours in excess of the limits set by the New Deal. When on call the number of patients for whom the PRHO is responsible should not be excessive. The dispersal of patients throughout the hospital, as well as the intensity of the care which they require, should influence the extent of the PRHO's responsibilities. Arrangements should be made to co-ordinate requests for assistance from the on-call PRHO. Bleep channelling through a senior member of the nursing staff ensures safe emergency care for patients and a better learning environment for PRHOs.

31. PRHOs are still completing their basic medical education. PRHOs should be encouraged to seek help from a more experienced colleague, and this should always be available.

Hospital posts

32. All posts must

a. offer general clinical experience

b. be located in hospitals which have a suitable and accessible library can provide access to adequate laboratory and radiological services

c. provide the degree of clinical responsibility and the range of duties specified in these Recommendations.

33. PRHOs must

a. be supervised in each post by a named consultant who is formally designated as the educational supervisor and who

understands the duties of that role

b. have available to them in the hospital, at all times of the day or night, a more senior member of staff in an appropriate specialty[2] who can provide cover and help. The arrangements for providing cover must be explicit and known to both the PRHO and the senior doctor. In the interests of both the PRHOs and their patients, **house officers must never be in the position where their only source of help is outside the hospital.**[3]

c. have supervised responsibility for some acute admissions and for the subsequent care of these patients

d. acquire some experience in the care of patients with chronic illnesses

e. have responsibility for an adequate number of in-patients, taking account of the throughput of the unit, the dispersal of the patients, the complexity of their problems

f. have the opportunity, for educational purposes, of participating in and/or observing a range of clinical activities, which might include outpatient clinics, operating sessions, day case procedures or key investigations.

34. These requirements apply both to posts in the UK, and to posts outside the UK specially approved by a university for the general clinical training of a named medical graduate.

Health centres

35. Health centres may be approved for general clinical training only if they satisfy the requirements of Section 12 of the Medical Act 1983. This restricts the approval of general practices for general clinical training to those located in publicly owned premises.

36. To be approved by a university, the health centre's practice should

   a. include at least two principals, one of whom must be nominated as the educational supervisor

   b. have a close working relationship with the university's general practice department or unit

   c. be within easy reach of the medical school or a postgraduate centre

   d. offer a wide range of primary health care services

   e. have ready access to laboratory services, radiology departments and an adequate library

37. The PRHO must

   a. always have available a senior doctor to provide assistance

   b. have a clinical workload which allows time for further education

   c. be resident either in a hospital approved for general clinical training which is conveniently near to the health centre or in the area served by the

practice and within easy reach of the health centre.

Flexible training

38. Opportunities should be available for PRHOs to undertake the pre-registration year on a part-time basis. The equivalent of twelve months' whole time general clinical training must be completed. This will include sufficient night duty and on call service, measured by the quality of the experience rather than duration alone.

PRHOs with a lasting physical disability

39. All doctors must normally obtain the experience specified by the GMC, without which they cannot proceed to full registration. However, the Medical Act allows the GMC to agree to alternative experience in the case of individual graduates with a lasting physical disability which prevents them from satisfying the normal experience requirements for full registration, but does not preclude them from obtaining some form of general clinical experience. The university is responsible for providing the GMC with the necessary documentation well before such a student is expected to graduate.

The duties of the postgraduate dean

40. The universities are responsible for the quality of the pre-registration year and the calibre of PRHOs progressing to full registration. In practice the detailed functions are usually delegated to the postgraduate dean although in a small number of universities they are carried out by the dean of medicine. Whatever the

precise allocation of responsibilities, it is essential that there is a good working relationship between the dean of medicine and the postgraduate dean and their staff.

41. The universities should ensure that postgraduate deans are able to play their part in securing the smooth transition of medical students to PRHOs, by involving them in the development of undergraduate education, particularly the final year of the course. Postgraduate deans must be made aware of the universities' requirements of graduating medical students, and of their expectations of the PRHO on completion of general clinical training.

42. The postgraduate deans, and through them the universities, must work with NHS Trusts and general practices to establish organisational frameworks which will facilitate the provision of high quality PRHO training.

43. In approving hospitals, health centres and posts within them for general clinical training the universities should exercise control over the PRHOs' clinical duties, hours of work (which must not exceed the limits set by the New Deal), night duty commitment and personal study time. Certain basic skills must be acquired by PRHOs. Examples are given in the Annex. PRHOs must seek sufficient opportunities to maintain these skills once they have been mastered.

44. PRHOs are often expected to undertake tasks that do not require medical skill. These include

- repeated intravenous injections through established infusion line
- portering
- finding beds for admissions
- chasing up and obtaining x-rays and the results of other routine investigations
- filing and other strictly clerical work
- explaining the cancellation of admissions

These tasks are of no educational value and PRHOs should not be expected to perform them unless the circumstances are exceptional.

45. The clerking of patients with a wide variety of conditions is a valuable component of general clinical training. This is particularly so in the case of patients for whom the PRHO has ongoing clinical responsibility. In addition to in-patients, this may involve out-patients and some day case admissions, if PRHOs are to acquire breadth of experience in applying this essential skill. However, a balance must be maintained between routine clinical clerking and other elements of the post. Repetitive and unsupported clerking with no feedback from a more experienced colleague is educationally unacceptable.

46. The university should maintain an up to date description of the clinical facilities of each approved post, including the duties of the post, the spread of experience and on-call rota. It should ensure that the quality of

the training provided in the hospitals and health centres which it has inspected and approved is regularly evaluated.

47. The duties of the postgraduate dean in relation to general clinical training include the following:

Approval of posts

To ensure that

a. all posts approved by the university comply with these Recommendations, as well as national agreements about conditions of service

b. all posts are inspected regularly and any identified deficiencies discussed with NHS Trust management and corrected

c. significant changes to the job descriptions of approved posts do not occur without the university's prior agreement

d. an evaluation of their posts are obtained from PRHOs and taken into account when deciding whether to continue to approve posts or recommend changes

e. posts where identified deficiencies have not been remedied are closed and new posts approved so that standards of education and training are raised

Clinical tutors

f. To ensure that vacancies are advertised as appropriate

g. To advise the university on the

appointment of clinical tutors

h. To ensure by means of training that clinical tutors understand how to carry out their duties effectively

i. To ensure that a mechanism is established for dealing with the unsatisfactory performance of clinical tutors

Educational supervisors

j. to appoint educational supervisors, in consultation with clinical tutorsDirectors of General Practice Education

k. to ensure by means of training that educational supervisors understand how to carry out their duties effectively

l. to ensure that they are appropriately supported

m. to establish a mechanism for dealing with unsatisfactory performance, or incompatibility, so that PRHOs are not disadvantaged.

PRHO employment

To help graduates to obtain suitable posts and combinations of posts. This will include:

n. Establishing a scheme for the appointment of PRHOs to approved posts

o. Stipulating the combinations of posts that will be acceptable to the university, because they provide the necessary breadth and diversity of experience

p. Advising graduates who will be working in other regions about the acceptability

of their chosen posts

q. Advising graduates who wish to work overseas about the acceptability of the posts which they have been offered

r. Advising graduates who wish to complete the pre-registration year on a part-time basis

s. Applying to the GMC on behalf of physically disabled students wishing to offer a non-conventional pattern of experience for the purpose of full registration

t. Guiding graduates who have taken a career break between qualifying and undertaking general clinical training about further study and/or refresher training before commencing their first post.

PRHO performance

u. To ensure that the university has determined the competencies to be acquired by PRHOs at the end of the pre-registration year

v. To provide detailed guidance for Medical Directors of NHS Trusts, educational supervisors, clinical tutors, other consultants and PRHOs about the expectations of the GMC and the university concerning PRHO performance

w. To promote development of methods of formative assessment of PRHOs

x. To ensure that the university has put in place a system for proper certification

of PRHO performance at the end of the pre-registration year

y. To arrange the completion of Certificates of Experience in the case of PRHOs who have completed general clinical training satisfactorily

z. To consider, in consultation with the educational supervisor and clinical tutor (and with the postgraduate dean of the medical school in the case of the graduate of another university) the performance of any PRHO who is failing to attain the standard laid down in these Recommendations and in *Good medical practice*, and take appropriate action

aa. To define explicit procedures to be followed in the case of poor performance

bb. To counsel PRHOs who have failed to complete general clinical training satisfactorily and in appropriate cases to help them obtain further experience under provisional registration

Communication

cc. To create and maintain effective channels of communication between the university, Medical Directors of NHS Trusts, clinical tutors, educational supervisors, other consultants and principals in general practice involved in the supervision of PRHOs, and PRHOs

dd. To liaise as necessary with the GMC

ee. To liaise as necessary with the Royal Colleges and Faculties, under whose supervision fully registered medical graduates will undertake specialist training

ff. To provide guidance about the provision of induction training for PRHOs to those responsible in each hospital

The duties of the postgraduate clinical tutor

48. The postgraduate clinical tutor for the hospital or district is accountable both to the university, through the postgraduate dean, and to the Chief Executive of the Trust. The postgraduate clinical tutor provides an important link between the university and the educational supervisor on the one hand, and the university and the Medical Director of the Trust.

49. The duties of a postgraduate clinical tutor, as far as PRHOs are concerned, include:

a. notifying the postgraduate dean of any changes in hospital policy that may affect the educational value of approved posts

b. informing the postgraduate dean of any difficulties in relation to, or changes in the content of, individual posts (this may also be undertaken by educational supervisors)

c. liaising with educational supervisors about the clinical and educational supervision of PRHOs

d. organising seminars and group discussions for PRHOs, covering topics of particular interest to them

e. liaising with other medical and non-medical staff involved in the training and support of PRHOs

f. organising induction programmes for PRHOs, in consultation with the Medical Director of the NHS Trust

g. dealing with welfare matters affecting PRHOs at particular hospitals

h. ensuring that all PRHOs receive appropriate careers advice

i. acting as a counsellor and advocate for the PRHO

The duties of the educational supervisor

50. As indicated at paragraph 47 above, educational supervisors are appointed by postgraduate deans, in consultation with clinical tutors, to oversee the education and training of PRHOs and to act as their mentors. Educational supervisors are also responsible for certifying to the university that PRHOs have made the necessary clinical and educational progress during each post.

51. With this in mind, formalised assessments of PRHO performance should take account of progress towards:

a. satisfying the aims of general clinical training, as set out in these Recommendations

b. attaining the competencies specified by the university

c. fulfilling the objectives of the post

d. meeting the requirement set out in the GMC's guidance on *Good medical practice*

52. Educational supervisors should be aware of these Recommendations, and of the educational objectives of general clinical training. They should ensure that they understand how to carry out their duties effectively and should participate in training programmes organised by the university, or the postgraduate dean on the university's behalf.

53. Every PRHO post provides a unique educational experience, and for this reason the PRHO should have a separate educational supervisor for each post. This should normally be a consultant or principal in general practice who supervises the PRHO's clinical practice during some part of the time that the PRHO is in post, so that the educational supervisor has first hand experience of the PRHO's performance. Other arrangements, which separate educational and clinical supervision, may if properly managed be equally acceptable. Whatever model is adopted, the educational supervisor must be able to give the PRHO personal attention.

54. The educational supervisor should be involved with teaching and training the PRHO and should help with both professional and personal development. The educational supervisor should ensure that the PRHO is not overwhelmed by clinical commitments or overburdened by responsibilities

inappropriate to the experience acquired. Although the PRHO is learning to become a doctor by providing a service, the educational supervisor should ensure that the educational component of general clinical training is afforded the necessary priority.

55. Educational supervisors should keep the clinical tutor and postgraduate dean informed of any problems that arise in relation to PRHO performance, and of any difficulties concerning individual posts.

56. The responsibilities of the educational supervisor towards the PRHO include the following:

At the beginning of the post

a. to discuss with the PRHO, in a formal setting:

   i. the duties of the post, any particular responsibilities and the arrangements made for cover and clinical supervision

   ii. the competencies which should have been acquired both at the end of the post and on completion of general clinical training

b. to provide the PRHO with a written record of these

c. to ensure that the PRHO is familiar with the aims of general clinical training, as set out in these Recommendations, and with the GMC's guidance on *Good medical practice.*

d. to issue the learning agreement and explain its purpose

At specified intervals throughout the post

a. to monitor and discuss progress with the PRHO, including

   i. checking that the PRHO's clinical, technical, administrative and organisational skills are developing as appropriate for a doctor at this stage of training

   ii. ensuring that the PRHO is obtaining the necessary experience of practical procedures

   iii. checking that any problems in respect of communication or medical ethics are overcome

   iv. providing an opportunity to discuss health, welfare and domestic issues, including whether the PRHO feels part of the team

b. to facilitate and encourage the PRHO's attendance at educational programmes

c. to ensure that the PRHO receives appropriate career and other guidance

d. to monitor the learning agreement.

57. These points should be covered at pre-arranged meetings with the PRHO. Before they take place the educational supervisor should seek the views of all consultants, principals and other doctors involved in the PRHO's training about the progress being made.

58. The meetings should also provide PRHOs with an opportunity to comment on their training and on the support provided, and to discuss any problems which they have identified.

59. If at any time the PRHO's performance is not reaching the required standard this should be discussed with the PRHO, and a written record of the meeting kept. Remedial measures should be put in place as early as possible, to have the maximum chance of success. PRHOs must have an opportunity to correct any deficiencies identified, and they should not be allowed to complete a post before the first warning is given of unsatisfactory performance.

At the end of the post

60. The educational supervisor is responsible for signing the non-statutory Certificate of Satisfactory Service on satisfactory completion of the appointment. The Certificate should not be completed unless the PRHO has made the necessary clinical and educational progress since this evidence will be used by the postgraduate dean when deciding whether the PRHO is ready to proceed to full registration.

The contribution of other medical and non-medical staff working with PRHOs, including the responsible consultant (if not the educational supervisor)

61. Doctors on the team to which a PRHO is assigned must recognise that one of the purposes of general clinical training is to provide PRHOs with good general experience of medicine and surgery, so that they may

put into practice the key skills that they have learned and apply the knowledge gained during the undergraduate course. They should also provide a good example of the professional attitudes expected of a doctor, as set out in the GMC's guidance, *Good Medical Practice*. The interest and commitment of the consultants on the team are critical to the creation of a high quality PRHO post.

62. Every consultant or principal in the team shares with the educational supervisor responsibility for: a. teaching and guiding the PRHO

b. providing feedback on clinical progress

c. the PRHO's welfare

63. Teaching should focus on: a. the clinical skills of history taking and examination

b. diagnostic and treatment skills

c. communication skills

d. dealing with emergencies

64. Other doctors in the team may also share these responsibilities. All members of the team should take an interest in the PRHO's progress and should alert the educational supervisor to any deficiencies in the PRHO's performance.

65. Nurses and other non-medical staff are an important source of information, support and guidance for PRHOs as they make the transition from medical student to practising professional. Their views on the clinical progress being made by PRHOs will be

invaluable to educational supervisors and they should also alert supervisors to any shortcomings in PRHO performance. Some health care professionals have particular skills to impart to PRHOs, for example the expertise which MacMillan nurses have in palliative care, and such multidisciplinary education learning opportunities are to be encouraged.

The pre-registration house officer

What is required of you

66. You must: a. be provisionally registered with the GMC before you start work (registration is a legal requirement for employment as a doctor within the NHS)

b. comply with the standards of professional practice set by the GMC, as described in *Good medical practice*

c. take responsibility for your own learning, so that by the end of general clinical training you will be ready to:

i. accept the responsibilities of a fully registered doctor

ii. begin training for specialist practice

d. be fully registered with the GMC before you take up a post above PRHO grade.

What you may expect of your pre-registration house officer year

Induction training

67. Ideally your medical school will have made arrangements for you to spend part of your final undergraduate year shadowing the pre-registration house physician and/or surgeon whose job(s) you will take over. If

this has not been possible you should at least have spent a period shadowing a pre-registration house physician and/or surgeon in another hospital.

68. Each hospital or general practice which you join is required by the Health Departments to provide you with induction training, and a period has been specially set aside for this in August of each year, when most PRHOs are new graduates.

69. You should have an opportunity to meet key staff, and to learn about a. the duties of a doctor

b. pain relief

c. the use of intravenous infusion and other equipment

d. management of the critically ill patient

e. management of the dying patient

f. coping with bereavement

g. dealing with the confused or violent patient

h. obtaining informed consent

i. notification of infectious diseases

j. certification

k. reports to the coronerprocurator fiscal

l. management of the hospital or practice

m. dealing with complaints

70. There should be a formal handover with the outgoing PRHO. On or before the date of taking up your post, you should be given a contract of employment. You should also be given a learning agreement at your first meeting with your educational supervisor.

71. Some of the larger hospitals will offer 'induction fairs'. Others, with smaller numbers of PRHOs, will make different

arrangements. Where formal presentations are made, they may cover topics such as the duties of a doctor, pain relief, and management of the dying patient. A handbook containing essential information about the hospital or health centre should be made available to you. Since induction is an ongoing process some of the topics listed in paragraph 69 will be revisited in more detail during the educational programme that is arranged for you. Other topics of a clinical or non-clinical nature will also be discussed.

72. You may expect less extensive briefing when you start your second post, but you should be given information particular to the hospital or health centre, and offered an opportunity to spend a brief period of time accompanying the outgoing house officer, although not necessarily at the point of handover. Special arrangements should be made for you if you are starting your first post in February.

Professional training

73. Service based learning both at and away from the bedside is the key component of your PRHO year, and you should learn to recognise that teaching is being provided in these settings. In addition to your clinical commitments you should attend and play an active role in grand rounds, x-ray meetings, pathologyhistology demonstrations, case conferences, clinical audit meetings and cross specialty meetings on topics of general interest.

Formal educational programmes

74. Your hospital or health centre should

provide a weekly programme of educational seminars or group discussion on topics which will be of interest and value to you, and you should have an opportunity to suggest subjects for inclusion in the programme. The clinical tutor at the hospital will usually be responsible for organising the programme, for making sure that sessions are held at a time when most PRHOs are able to attend and for ensuring that they are bleep-free.

You and your educational supervisor

75. Educational supervisors are appointed to look after the educational needs and general welfare of PRHOs, and their principal task is to make sure that you achieve the goals and objectives of general clinical training, as specified by the GMC. They are also responsible for signing the Certificate of Satisfactory Service when you complete each post. Most PRHOs complete their general clinical training in twelve months and proceed to full registration thereafter, but a small minority do not. Some PRHOs, for example, may require a further period of training at that grade. Your educational supervisor is expected to assess your clinical and educational progress carefully, and you should not assume that a certificate will always be forthcoming.

76. You should be informed of the name of your educational supervisor when you take up your appointment, and your first meeting should take place within a few days of beginning the post. This should be followed by at least two further meetings, one midway through the post and the other

towards the end of the post.

77. These meetings will provide you with opportunities to discuss your learning agreement, any areas in which you feel further training may be required, and your career plans. Your educational supervisor will give feedback about your performance in the post, and will offer constructive help in relation to any difficulties that you are experiencing. Your supervisor will also be able to put you in touch with others, such as the Clinical Tutor, College Tutors and Advisers in General Practice who may be able to offer more specialised careers advice.

78. Your educational supervisor will seek your views about the post, including issues such as living accommodation, security and catering, and any barriers that may have prevented you from achieving your goals. In many universities PRHOs' views on their training will be sought by means of questionnaires and you are urged to complete and return these. Your honest assessment of each post will help other PRHOs.

Your PRHO post

79. In addition to induction training, access to a relevant, learner-centred and patient based educational programme and regular structured feed back on your performance, your PRHO post should provide: a. A learning agreement signed by you, the Clinical Tutor and your educational supervisor

b. Proper clinical supervision at all times. In

your interests and those of your patients, you should never be in the position where your only immediate source of help is outside the hospital. You should always be told of the arrangements which have been made for cover.

c. Systematic clinical training which includes first hand experience of a range of general procedures as well as some which are specialty-specific

d. A sense that you are a valued member of the team

e. A detailed job description and a contract of employment, providing information about your hours of work, the time allocated for rest and study and the available educational and pastoral facilities

f. Access to careers advice

g. Access to counselling services, occupational health services as appropriate.

80. You should be able to rely on:

a. Having satisfactory accommodation which conforms to nationally agreed standards

b. The existence of arrangements to secure your personal safety

c. Access to proper catering facilities whenever you are on duty.

81. Both you and those with whom you work should have a clear idea of your role. Proper use must be made of your time. You are not expected routinely to undertake tasks of no educational value, or to work

hours in excess of the limits set by the New Deal. Your contract of employment and your learning agreement will define the scope of the post.

82. You should not be asked to undertake a clinical task for which you have not been adequately prepared. If at any time you are in doubt, you should ask for help from more experienced colleagues. No senior doctor will criticise you for this.

83. The pre-registration year can be a stressful experience and you will need to learn how to organise your working life so as to deal with this. Professional help is available and you should not be reluctant to take advantage of the counselling and occupational health services. It is also in your interest to register with a local general practitioner.

You and your university

84. Although your university may seem remote to you during general clinical training, it is still legally responsible for this period, which forms the final year of your basic medical education. Most universities issue guidance to their graduates about the posts and combinations of posts that they will accept as providing the experience required for the purpose of full registration. You should seek the advice of your university before accepting, for example, a PRHO post in another region. The prior approval of your university must be obtained before you take up a post outside the UK.

85. The Certificates of Satisfactory Service which you obtain on completion of each

PRHO post should be presented to your university (usually to the postgraduate dean although different arrangements may apply). If on the basis of this evidence your university regards you as ready to proceed to the next stage of training it will provide you with a Certificate of Experience to present to the GMC together with your application for full registration.

Practical skills frequently required by pre-registration house officers

1. Any of the following skills may be required from the first day of the pre-registration year. They should not be undertaken without proper training. a. Obtain valid consent

   b. Calculate drug dosage accurately

   c. Write a prescription

   d. Procedures involving veins*

   - venepuncture
   - insert cannula into peripheral vein
   - give intravenous injections
   - mix and inject drugs into intravenous bag
   - use a pump to give drug treatment

   e. give intramuscular and subcutaneous injections*
   f. Arterial blood sampling
   g. Suturing
   h. Perform an ECG*

   - conduct an exercise ECG

   i. Basic cardiopulmonary resuscitation
   j. Perform basic respiratory function tests*

k. Administer oxygen therapy safely
l. Correct use of a nebuliser
m. Gastrointestinal

- Insert nasogastric tube*
- proctoscopy

n. Bladder catheterisation*
o. Lumbar puncture (for diagnostic purposes)
p. Control of haemorrhage
Tasks marked * should not be undertaken *routinely* by PRHOs. NHS Trusts are encouraged to agree arrangements whereby these tasks are assigned to other health care professionals with appropriate training and experience.

2. Satisfactory clinical and educational progress during the pre-registration year will enable PRHOs to obtain full registration. Bearing in mind the fact that they will shortly be working as SHOs, PRHOs during the last few months of training may expect to observe, and under appropriate supervision to learn to carry out, the following: a. Advanced life support
b. Central venous cannulation
c. Tap a pleural effusion
d. Treat a pneumothorax
e. Perform a sigmoidoscopy
f. Perform abdominal paracentesis
g. Joint injectionaspiration
h. Lumbar puncture for therapeutic purposes

3. In addition to the skills mentioned above there will be opportunities specific to each PRHO post for acquiring other practical skills.

Supplement on general clinical

training in general practice (July 1998)

Introduction

1. Pre-registration house officers (PRHOs) may spend a maximum of four months in general practice during their year of general clinical training.

2. Posts in general practice will normally form part of a twelve month rotational programme approved by a university under Sections 10 and 11 of the Medical Act 1983, as amended by Section 35 of the National Health Service (Primary Care Act) 1997. The remaining period within the rotation will usually be divided into four month posts in medicine and surgery. All PRHOs must comply with the requirements for full registration set out at paragraphs 3-5 of The New Doctor, as amended by the Experience before Full Registration Regulations 1998.

3. This guidance for the universities and others about the approval of medical practices supersedes that about the approval of health centres given at paragraphs 35-37 of The New Doctor. The guidance also amplifies some of the points made in other paragraphs of the Recommendations on General Clinical Training, to cover the specific circumstances of general practice. The recommendations in The New Doctor otherwise apply to the universities, the Health Departments and to all PRHOs, irrespective of their clinical setting.

The aims of general clinical training in general practice

4. The aims of general clinical training are set out at paragraph 14 of The New Doctor.
5. The particular aim of a pre-registration house officer post in general practice is to provide a part of the clinical experience necessary for full registration in the broad community setting of primary care, while maintaining appropriate links with the hospital. The performance of the new doctor in this context, as in the hospital, should reflect the knowledge, skills, values and attitudes expected of a registered practitioner outlined in The New Doctor and in Good Medical Practice.
6. An appointment in general practice, as part of a rotation involving broad experience of hospital medicine, can provide the PRHO with a unique opportunity to learn about patient care within the community setting. Such a post will offer invaluable insights into the interface between primary and secondary care for the intending hospital specialist as well as enabling PRHOs contemplating a career in general practice to assess the validity of their choice. Experience of general practice during general clinical training will thus complement that obtained in the hospital-based posts.
7. A rotation into general practice should enable the doctor to:

a. Communication

learn to communicate effectively with:

- patients, relatives and carers
- clinical and non-clinical colleagues

in general practice and in the hospital

- other health care professionals
- other professionals working in the community whether orally, in writing or through the computer

b. Clinical skills

- develop clinical skills in the general practice setting, including the ability to identify the seriously ill patient requiring hospital care
- understand how to make competent decisions and take appropriate action, in terms of investigation and treatment

c. Teamwork

- understand the roles of other members of a multi-disciplinary primary healthcare team, how the team works and about being a member of the team
- appreciate the importance of the contribution of the team, and of other professionals working in the community, to the care of patients newly discharged from hospital, of handicapped and dying patients and in providing support for the old and chronically ill who wish to maintain their independence

d. Preventive care

understand how preventive medicine is practised in general practice, including how to work with:

- non-NHS agencies on health promotion and disease prevention
- patients and encourage them to take responsibility for their own health

e. Interface between primary and secondary care

- understand the benefits for patients of close communication between hospital doctors and general practitioners, including the guidelines that cross the borders between primary and secondary care
- learn about the process of referral - how the decision is made and what factors influence it, such as diagnostic uncertainty, home conditions, family anxiety and patient resistance

f. Informatics

- appreciate the value of developments in informatics, including on-line access to test results, for the general practitioner

g. Organisational issues

understand the management of the practice as an organisation, including:

- resource issues
- the practice's system for internal and external communication
- practice guidelines governing aspects of patient care (such as repeat prescriptions)

- the importance of time management.

8. A PRHO post in general practice will also enable the new doctor to appreciate the wide range of acute and chronic disease in the community, including the various ways illness first presents, and to gain experience of treating patient problems. PRHOs will be able to observe the progress of illness from first presentation to final resolution. They will also learn to understand more clearly the relationship between physical, psychological and social factors, including patients' expectations of their GP, in the diagnosis and management of problems in patients of all ages, ethnic background and of either gender.

Fulfilling the aims of general clinical training in general practice

The content of training

Induction training

9. Most PRHOs will have had opportunities to spend time in primary care during the undergraduate course, and their PRHO post in general practice should build on this experience.

10. Depending on the stage in the pre-registration year when the general practice post is undertaken, PRHOs' requirements for educational and professional support will differ. PRHOs in their first post should be able to rely on an extended period of induction, with a shorter period of induction at the commencement of subsequent posts.

11. The induction stage should include a

review of the PRHOs' individual learning needs, appropriate to the stage of training they have reached, including:

- the clinical skills needed for the assessment and management of acute, non-acute and chronic problems (including consulting, physical examination and chaperoning, examination of the mental state)
- professional knowledge (such as the format and nature of prescriptions, ethical and legal issues, confidentiality, obtaining consent)
- attitudes towards patients, relatives and carers and towards professional colleagues.

12. This will enable a learning agreement to be drawn up between the PRHO, the GP educational supervisor and the postgraduate dean/Director of Postgraduate General Practice Education (DPGPE).

13. During the induction period, PRHOs should have an opportunity to observe and consider the consultation styles and practices of the principals with whom they will work, both in the surgery and on home visits. They should also have short attachments to each member of the health care team, including those working on reception, and attend the chronic diseases or other clinics held for patients of the practice.

14. The induction programme should include an introduction to informatics and record keeping within the practice, and to the practice's audit methods. Personal safety issues, whether on practice premises or in

patients' homes, should also be addressed.

Professional training

15. PRHOs in general practice are still completing their basic medical education and should be expected to make only a limited service contribution.

16. Unlike GP Registrars, PRHOs in general practice may not work independently, and their management plans for the patients whom they see, including proposals to refer patients for a second opinion, should be agreed by their educational supervisor within the practice. At present, prescriptions by PRHOs in general practice must be signed by the supervisor or another principal.

17. There must be a training curriculum, agreed between the GP educational supervisor and the postgraduate deanDPGPE, which the educational supervisor is expected to deliver. This should define the learning objectives for the post. There should also be a clear statement of the respective roles and responsibilities of both PRHO and the GP educational supervisor, included within the PRHO's learning portfolio.

18. As part of their professional training, PRHOs may undertake the following:

a. Consultations with patients

19. PRHOs may be expected to be slower than experienced doctors at the consultation. For surgeries during the early part of the post, 20-30 minutes per patient should be allowed, reducing as the PRHO

gains in experience.

20. Ideally the PRHO should consult when the GP educational supervisor is also seeing patients, although clinical supervision may be provided by another principal in the practice.

21. The GP educational supervisor should ensure that patients are suitable for a consultation with a PRHO, paying particular attention both to the needs of the patients and the requirement that the PRHO should be obtaining broad general experience of clinical problems. No doctor should be permitted unsupervised access to vulnerable groups, including young children, until the police checks now required by law have been completed.

22. Patients allocated to one of the PRHO's surgeries should be told of the PRHO's status and given an opportunity to opt for a consultation with another doctor. The identity of the PRHO should always be clear to patients, whether at the practice or in their homes.

b. Special clinics

23. PRHOs should have an opportunity to participate in special clinics within the practice including those for the management of asthma and diabetes, immunisation and child surveillance in addition to ante and post-natal clinics, well manwoman clinics and those reflecting the partners' special interests. Where minor surgery sessions are undertaken in the practice, PRHOs should observe and subsequently participate in

these.

c. Home visiting

24. Initially the PRHO should accompany a principal in the practice when home visits are made. If these result in a hospital admission the PRHO should have the opportunity to accompany the patient, to liaise with the hospital team and on discharge to follow up the patient in the community.

25. At a later stage in the attachment PRHOs should be able to undertake unaccompanied home visits to selected patients, reporting back on these to the GP educational supervisor or other principal in the practice. Follow up visits may be made to patients seen in hospital earlier in the rotation, which will provide opportunities for PRHOs to take an interest in the ongoing care provided in the community for patients with chronic problems or terminal disease.

26. The provision of a mobile telephone for the PRHO would be beneficial in terms of securing patient care from a principal, where necessary, and the personal safety of the PRHO when away from the practice.

d. Out of hours duties

27. PRHOs should be able to take part in out of hours work, which increasingly involves patients coming to the doctor, rather than home visiting. If a visit is to be made, this may involve accompanying one of the practice principals, or, where co-operative arrangements to provide out of hours cover are in place, one of the other

doctors involved. The sessions should be chosen to provide the PRHO with the opportunity to see patients with acute conditions presenting at night and during weekends, and to follow some of these to hospital.

28. The PRHO should have no hospital on-call commitment.

Formal educational programmes

29. PRHOs should have at least one extended learner-centred tutorial in the practice each week, covering topics such as history taking, common illnesses and their management, chronic disease, critical appraisal and introduction to audit, as well as those suggested by the PRHO. In addition it is desirable that PRHOs attend the educational sessions organised by the clinical tutors for PRHOs at the parent hospital.

30. PRHOs should undertake an in-depth review of some aspect of the practice, which might involve an audit. Practices should be prepared to help PRHOs identify suitable topics for their project.

A typical working week

31. There may be a number of approved model training programmes for PRHOs in general practice. The guidance at paragraph 32 is not intended to stifle innovation, particularly with regard to the provision of integrated experience of primary and secondary care for PRHOs on rotational training programmes.

32. During a typical week, essentially

practice-based PRHOs might hold up to seven surgeries, reviewing an average of 8 patients at each when reasonably experienced. In addition half a day would be spent in tutorials, up to half a day on home visits, half a day on a project and half a day would be free for private study. A limited amount of out of hours duty would be undertaken at evenings and weekends. No PRHO should work hours in excess of the limits set by the New Deal.

The approval of medical practices and the recognition of posts within them

33. Responsibility for approving medical practices and posts within them for general clinical training purposes lies with the universities. This responsibility is usually exercised through the postgraduate dean and the DPGPE although other arrangements may apply.

34. In approving medical practices universities must have regard to regulations made# by the Secretary of State under Section 35 of the National Health Service (Primary Care) Act 1997. These regulations define the medical practices that may be approved, and the particular conditions as to residence that apply to PRHOs in general practice.

35. To be approved by a university, the medical practice should:

be approved for vocational training for general practice or fulfil the requirements for such approval

a. include at least two experienced

principals

b. have as one of its principals either a GP trainer approved by the Joint Committee on Postgraduate Training for General Practice, or a doctor capable of satisfying the Joint Committee's criteria for appointment as a GP trainer. This principal, who should not be currently supervising a GP registrar, should be nominated as the GP educational supervisor

c. be within easy reach of the medical school, base hospital or a postgraduate centre

d. offer a wide range of primary health care services

e. have ready access to laboratory services and radiology departments

f. have access to a comprehensive and up to date library

g. have the necessary information technology to provide access to computer-based data systems

h. have adequate physical facilities to enable the PRHO to consult in private

i. have in place, for the benefit of all practice staff, a clear statement of the limits of the PRHO's responsibilities.

36. The PRHO must:

a. always have an experienced principal, normally a partner or a doctor designated by the GP educational supervisor for that purpose, available to

provide assistance

b. have a clinical workload which allows time for further education

c. be resident either in the hospital at which the remainder of the rotation will be undertaken, if that is conveniently near to the health centre, or in the area served by the practice and within easy reach of the health centre.

The duties of the postgraduate dean

37. The particular duties of the postgraduate dean/DPGPE in relation to general clinical training in general practice include the following:

a. to identify and approve suitable practices, and posts within them, for training

b. to ensure that medical graduates are selected for appointment to rotational training programmes including posts in general practice in accordance with equal opportunities legislation and good employment practice

c. as expected by the Health Departments, to identify one NHS Trust as the lead employer of the PRHO, with legal and financial responsibility for the PRHO throughout the one year rotation

d. to ensure that the PRHO has an appropriate contract of employment

e. to ensure that a learning agreement is drawn up between the PRHO, the GP educational supervisor, the postgraduate dean and, if appropriate

to local circumstances, the educational supervisor who will be responsible for the PRHO during the remainder of the rotation

f. to ensure that the PRHO's learning portfolio:

    - contains a statement of the respective roles and responsibilities of the PRHO, GP educational supervisor and, if appropriate, of the PRHO's educational supervisor within the NHS Trust

    - addresses the question of personal safety, including Health and Safety legislation, and of practice guidelines for patient care

g. to ensure that the practice is regularly inspected and that the programmes of clinical training and formal education are reviewed at least once each year

h. to ensure that the PRHO has an opportunity to meet a university representative (who may be the DPGPE) during the attachment to discuss the programme and the training and educational opportunities available

i. to ensure that appropriate arrangements are otherwise made to review the clinical performance of the PRHO and certify whether it has been satisfactory for the purpose of full registration.

j. to evaluate the outcome of PRHO

training in general practice for PRHOs and their supervisors, including the impact on the training practices of making opportunities to experience primary care available to PRHOs.

The duties of the educational supervisor

38. PRHOs will have a GP educational supervisor in the medical practice to which they have been assigned, and will normally have a Trust-based educational supervisor with overall responsibility for them during the 12 month rotation. However, different arrangements may apply according to local circumstances.

39. There should be liaison between the two educational supervisors over:

- any problems that arise during training
- goal achievement by the PRHO in general practice
- the completion of the non-statutory Certificate of Satisfactory Service in relation to the attachment in general practice
- the evaluation and monitoring of the placing of PRHOs in general practice during general clinical training.

40. Any major problems relating to the performance of individual PRHOs or their health or conduct should immediately be drawn to the attention of the clinical tutor and Medical Director of the Trust. Where appropriate they will also involve the postgraduate dean.

41. As indicated elsewhere in The New Doctor, educational supervisors need to be

trained to carry out the tasks assigned to them, and protected time when providing support and guidance for the PRHO.

42. GP educational supervisors should understand the implications of The New Doctor and of this additional guidance and should be able to ensure that close supervision is available to the PRHO at all times. For this reason they should not be currently supervising any other doctors, including GP registrars. Supervision may however be shared with other principals in the practice and with other members of the health care team, as appropriate.

43. The particular duties of the GP educational supervisor include:

a. the provision of supervision for the PRHO when consulting, or carrying out home visits, including the careful checking of clinical skills and prescribing practice and, where necessary, additional training and support

b. reviewing the PRHO's case notes

c. the provision of weekly 1:1 tutorials for the PRHO on the topics discussed in this guidance

d. assessment of the performance of the PRHO both formatively throughout the attachment and summatively at its conclusion

e. the provision of pastoral care and career guidance, directing the PRHO to other professionals as necessary

f. ensuring that the practice's indemnity is adequate to cover the presence of the PRHO and that the PRHOs themselves have appropriate indemnity.

The duties of other practice staff

44. The whole practice should be able to demonstrate commitment to the education and training of the PRHO.

45. All members of the multidisciplinary primary health care team should be involved with the training of the PRHO, so that the roles and responsibilities of every team member are understood by the PRHO.

The duties of the PRHO

46. Paragraphs 66-85 of The New Doctor describe what is expected of the PRHO during general clinical training, and what PRHOs may expect of the pre-registration year.

47. Paragraph 82 of the guidance, which emphasises the importance of seeking help from more experienced colleagues, is particularly relevant for PRHOs in general practice, who must be aware at all times of their limitations.

48. The day to day duties of the PRHO in general practice will be stipulated by the practice itself. These will conform with the contract of employment and the PRHO's learning agreement, and will have regard to the level of experience previously acquired by the PRHO. PRHOs are expected at all times to follow the procedures which the practice has established for patient management and other purposes.

49. PRHOs must familiarise themselves with the practice's statement of the scope of their responsibilities, including the procedures to be followed in emergency situations. Nevertheless PRHOs share with all doctors the responsibility for offering the treatment they could reasonably be expected to provide, should unforeseen circumstances arise and no other doctor be available to provide emergency care.

The outcome of training

50. On completion of a general practice post the PRHO should:

a. be able to take a concise history

b. be able to carry out a relevant physical examination examination of the mental state

c. be able to identify the seriously ill patient requiring hospital care

d. have good communication and presentational skills

e. be able to outline a management plan for common acute and chronic conditions

f. have a basic knowledge of practice management

g. be able to carry out an audit

h. have good IT skills

i. have gained experience of out of hours working in primary care

j. have good time management skills

k. understand the role of the members of the primary care team

l. understand the relationship between primary and secondary care within the health service.

Assessment of the PRHO in general practice

51. The initial assessment of the PRHO is discussed within the context of induction training.

52. Ongoing formative assessment by the GP educational supervisor should focus on the PRHO's consultation skills and approach to patients. Opportunities should be found to review videos of the PRHO consulting and/or for the supervisor to sit in on consultations for assessment purposes.

53. PRHOs themselves will use their logbooks or personal portfolios to record significant incidents, to identify training needs and to outline plans for satisfying these, for ongoing discussion with their GP educational supervisor.

54. The final assessment should be based on the following:

Clinical skills and knowledge

a. a. the PRHO's capacity to deal with emergencies and non-emergency situations

b. examination of the patient and assessment of the presenting problem, with particular reference to conditions commonly presenting in general practice, including those involving the chest, abdomen, joints, cardio-vascular and central nervous systems, ears and eyes,

and the mental state

c. prescription writing

d. legal and ethical issues

e. awareness of the contribution of personal and social problems to illness

Interpersonal skills

a. relationships with patients, relatives and carers

b. relationships with other members of the primary health care team, with the hospital service and with other professionals working in the community

Professional attitudes and values

a. Whether the PRHO has a 'whole person' approach

b. Whether the PRHO is patient-orientated

c. Whether the PRHO's attitudes and values are generally appropriate for a career in clinical medicine and for patient care in a multicultural society.

General issues

a. Whether the PRHO is putting day to day learning into appropriate practice

b. Whether the PRHO is committed to lifelong learning.

Notes

[1] NHSME 1991

[2] As an example of such arrangements, the Education Committee would expect a more senior doctor on the hospital staff practising in, for example, any surgical specialty to have sufficient experience to provide assistance to a house surgeon seeking help, irrespective of his or her own field of specialist practice.

[3] For similar reasons PRHOs should not be asked to accompany seriously ill patients travelling by ambulance.