Pre-registration house officers in general practice: the views of GP trainers

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Background. Recent changes have led to an upsurge of interest in pre-registration rotations in general practice. In 1998, a national pilot programme of >40 new rotations incorporating general practice was implemented.

Objective. The aim of this study was to explore the experiences of GPs involved in the four pilot rotations established in South Thames region.

Methods. Semi-structured interviews were conducted with trainers and partners.

Results. The supervisory workload for pre-registration house officers (PRHOs) was much greater than that required by registrars. All GPs felt that increased remuneration was important for the future viability of the scheme. The majority of GPs remained supportive of the scheme, although a minority were concerned about the value of the experience gained by PRHOs. There were a few instances in which inadequacies in patient management had to be dealt with subsequently by trainers. The supervisory implications of such events will need to be addressed.

Conclusion. This significant development in medical education has important implications for GPs and their patients which need further exploration through long-term evaluations.

Keywords. General practice; general practice trainers; medical education; pre-registration house officers.

Introduction

Recent changes in undergraduate medical education, more explicit descriptions of the attributes expected of doctors and the easing of the legal restrictions on where pre-registration house officers (PRHOs) can be trained have led to an upsurge of interest in rotations incorporating general practice experience. The General Medical Council (GMC) views such posts as offering ‘invaluable insights’ for PRHOs contemplating a career in general practice, and for those intending to specialize in hospital medicine. With the rapid introduction of large numbers of such rotations on a national basis in 1998, it is essential that what has been described as “a major new educational challenge for general practice” is evaluated. Between August 1998 and August 1999, a predominantly qualitative formative evaluation of the four pilot rotations which were set up in the South Thames region was carried out. This short paper looks at the perspectives of the GPs involved.

Methods

Six practices were involved in the four rotations, with nine GPs interviewed in total. In each of the three practices (P1, P2 and P3) participating in the scheme for the whole year, the GP trainer and one partner were interviewed at the beginning and the end of the year. The fourth rotation was shared amongst three practices (P4, P5 and P6) who each took responsibility for one PRHO in turn. The three trainers from these practices were interviewed once, towards the end of their 4-month house officer allocation. Semi-structured interviews conducted by CW were taped, transcribed and analysed. In the Results, quotes are identified by the practice number, with a T to denote trainer.

Results

Supervision and teaching of PRHOs

All of the GPs said that the clinical supervisory workload for a PRHO had proved to be considerably more than
that required for a GP registrar. Individual trainers varied as to how they managed the supervision of PRHOs’ surgeries. Whilst a few always discussed each patient seen by PRHOs at the time of the consultation, most gradually allowed them to take responsibility for requesting help, which was seen as important in terms of the individual house officer’s development. For all trainers, the time spent reviewing the surgeries of PRHOs made a significant contribution to the overall supervisory workload. Half of the trainers had to reduce the number of patients they saw when supervising PRHOs.

A significant cause of interruption for trainers was the fact that PRHOs in general practice are unable to sign prescriptions.4 However, all GPs except one felt that checking prescriptions afforded an important supervisory and teaching opportunity. In line with GMC guidelines,4 all of the practices provided between 1 and 2 hours of formal teaching for PRHOs. Although this was sometimes shared with partners, trainers undertook the vast majority of this teaching.

Increased remuneration
Current GMC guidelines state that GP trainers can supervise either a PRHO or a GP registrar,4 and currently the training allowance GPs receive for supervising house officers and GP registrars is the same. All GPs felt that increased remuneration was necessary to offset both the extra time involved in house officer supervision and the smaller contribution that they could make to the practice workload in comparison with GP registrars.

Supportive of the rotation?
At the end of the year, the majority of the GPs still supported the scheme. Most felt that the rotation offered diverse benefits for PRHOs including: a learner-centred environment; increased responsibility for all aspects of patient care, including diagnosing and initiating treatment; improved communication skills; a greater understanding of the interface between primary and secondary care; exposure to a greater variety of conditions; and an increased understanding of the effect of social and psychological factors on health. However, a minority of GPs did not support the scheme:

“I thought it was going to be a good idea at the start. It seemed sensible to give PRHOs some experience of general practice as so many go into it, and it’s useful for hospital doctors to know how primary care revolves. I have to say my feelings have changed having experienced the year. I think it’s probably a bit of a waste of their time to be honest. Someone straight from medical school needs the structure and the more scientific and supportive atmosphere of hospital to consolidate history taking, examinations and medical management.” (3T)

Concern was also expressed that patient care might be adversely affected. During the year, four patients made complaints about PRHOs, and a small number of additional incidents were reported by GPs. These included poor communication, and clinical misjudgements which had occurred when PRHOs had discharged patients without consulting their supervisor. The potential problem had only been detected when the notes were discussed with the supervising GP at the end of surgery.

Which PRHOs should be offered GP rotations?
Most GPs felt that the rotations were best suited to PRHOs with specific qualities. Two GPs felt that although all undergraduates should be able to apply for rotations, the scheme was more suited to PRHOs with particular qualities, such as the ability to take responsibility balanced with an awareness of one’s limitations. One GP felt that the scheme should only be offered to the ‘top’ undergraduates of their year:

“I don’t think it would suit everyone. I know St Mary’s give it to the top students, and the more I’ve seen the scheme evolve the more I think that’s who it should be aimed at. Students who you know have got it—clinical skills, brain power, they’ve got the information already—not somebody who maybe struggled to get through finals, and needs more directed learning.” (1T)

Discussion
The results from this evaluation highlight important issues for GPs who are either involved in or considering participating in PRHO rotations. All GPs agreed on the extra work involved in supervising a PRHO in comparison with a GP registrar. Additional payment was felt necessary to reflect this extra supervisory workload, which often impacted substantially on the trainers’ own contribution to practice workload.

Although the GMC4 states that general practice experience would offer invaluable insights for all PRHOs, not all GPs agreed. Whilst the majority remained enthusiastic about the benefits, a minority were concerned about both the value of the experience which PRHOs were able to gain within the general practice setting, and the reduction in hospital experience. Although a few GPs maintained that all PHROs should participate in these rotations, others believed that general practice presents particular challenges and should only be offered to PRHOs with specific qualities. The continuing debate about which PRHOs are best suited to benefit from the experience is important for GPs in terms of the potential workload involved.

Incidences of detrimental effects on patient care were noted, highlighting the importance of adequate, accessible clinical supervision for PRHOs, and the need for further debate as to how best to provide this within the general practice setting. Previous research has argued that the
increasing numbers of medical students and PRHOs rotating through general practice may adversely affect patient care. As it appears likely that these rotations will increase in number, it is vital that they are explored through long-term evaluations of the experiences of GPs and patients, as well as PRHOs. Future evaluations should include detailed workload figures and robust outcomes measuring the scheme’s impact on PRHO training.

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References