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Learning in practice

Preregistration house officers in general practice: review of evidence

Jan Illing, Tim van Zwanenberg, William F Cunningham, George Taylor, Cath O’Halloran, Richard Prescott

Abstract

Objectives To examine the strengths and weaknesses of the national and local schemes for preregistration house officers to spend four months in general practice, to identify any added value from such placements, and to examine the impact on career choices.

Design Review of all studies that reported on placements of preregistration house officers in general practice.

Setting 19 accounts of preregistration house officers’ experience in general practice, ranging from single case reports to a national evaluation study, in a variety of locations in Scotland and England.

Participants Views of 180 preregistration house officers, 45 general practitioner trainers, and 105 consultant trainers.

Main outcome measures Main findings or themes weighted according to number of studies reporting them and weighted for sample size.

Results The studies were unanimous about the educational benefits of the placements. The additional learning included communication skills, social and psychological factors in illness, patient centred consultations, broadening of knowledge base, and dealing with uncertainty about diagnosis and referral.

Conclusions Despite the reported benefits and recommendations of the scheme, it is not expanding. General practitioner trainers reported additional supervision that was unremunerated. The reforms of the senior house officer grade may resolve this problem by offering the placements to senior house officers, who require less supervision.

Introduction

In 1998 the government made funding available to support a national scheme for preregistration house officers to spend four months in general practice as part of their preregistration year. Before this, placements in general practice were uncommon, partly due to the wording of the Medical Act 1983, which limited the placements to health centres (amended in 1998), and partly because of the burden of supervision, additional costs, and administration. In contrast, in Denmark all young doctors spend six months in general practice after finishing university. But attitudes in the United Kingdom were changing in the 1990s, and the General Medical Council indicated that general practice should be viewed as an appropriate setting for trainee doctors to learn the duties of a doctor in advance of full registration: “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 choices.” The General Medical Council has identified broad aims for general clinical training in hospital and in general practice. We reviewed all the studies that reported on placements of preregistration house officers in general practice to determine the strengths and weaknesses of the scheme, to identify any added value from such placements, and to examine the impact on career choice.

Methods

We searched Embase, Medline, ERIC, FirstSearch, PsydINFO, and the search facility of www.timelt.org.uk and www.education.com with the key words “pre-registration,” “house officer,” and “general practice.” We also checked the reference sections of identified articles for any studies not picked up on the databases.

As this is a relatively under-researched area, we aimed to include all studies that reported on the experiences of preregistration house officers in general practice in the United Kingdom, irrespective of sample size. We listed the main findings or themes from each study and compared them with others to determine common themes. These were weighted according to the number of studies reporting the theme and the sample size; studies with larger samples were given a higher weighting.

Results

In 1998, 42 new programmes for preregistration house officers were established and evaluated as part of a national initiative. The evaluation of the national
scheme was conducted by postal questionnaire. The study compared the new rotations of four months in general practice, surgery, and medicine with the conventional rotations of six months in medicine and surgery. Overall, 51% (54 of 96) of preregistration house officers on the new general practice scheme responded, thus we advise caution in generalising from the findings.

Local schemes, usually offering placements at only one or two practices and involving a smaller number of doctors, were also reported. Sample size ranged from single cases to 34 cases (table).1–12

Response rates for the local studies were higher, but sample sizes were smaller. Several studies used qualitative methods, reporting main themes rather than responses to questions.6–9 10 12 We report on the views of 180 preregistration house officers, 45 general practitioner trainers, and 105 consultant trainers (table).1 10 12 25

Generally the schemes have been run by enthusiasts; none the less they have been self critical.7 8 11 Not all the preregistration house officers were considering a career in general practice, but generally they approved of the scheme.5 7–9 11 12

**Strengths of scheme**

**Views of preregistration house officers and trainers**

The preregistration house officers interviewed in the local studies reported the experience as beneficial and enjoyable and they would recommend it.1–12 General practitioner trainers were generally positive about the experience,6–9 11 14 25 with several comments on the benefits for hospital doctors.5 7–9

**Length and order of placements**

Although there were variations in the length of the schemes,8 15 26 most studies involved rotations of four months in general practice, medicine, and surgery, and this was viewed as about right.6–9 11 21 Concern had been expressed that spending the first four months in general practice might disadvantage house officers,21 but this did not always seem to be the case.4 10 21

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**Box 1: Experiences gained by preregistration house officers in general practice rotations**

- Social and psychological factors in illness
- Patients’ expectations, and sharing information and decisions with patients
- Specific disease management and prevention
- Incidence and prevalence of disease in the community
- Management of common and chronic illness in the community
- Assessment of patients at home
- Referral
- Skills in information technology
- Ethical and legal aspects of practice
Influence on career
Around 5% of house officer rotations are in general practice. Studies that examined the impact of such rotations on job interviews found that they helped rather than hindered careers. As most doctors make career choices towards the end of their preregistration year, placements in general practice may boost recruitment to this setting.

Discussion
The studies we reviewed favoured placements of preregistration house officers in general practice. Such schemes represent a valuable training opportunity and an important means by which trainee doctors gain experience of general practice. This experience is an essential accompaniment to training in hospital, enabling the development of a range of competencies. Despite this, schemes are not expanding but continue, owing to the efforts of committed enthusiasts, alongside concerns that the financial support available does not reflect the degree of supervision provided. Such concerns were also reported in a New Zealand study.

What is already known on this topic
Pilot schemes across the country have offered preregistration house officers the opportunity to rotate into general practice

Many studies have reported on these rotations, but there has been no review summarising their strengths and weaknesses

What this study adds
Rotations in general practice are unanimously welcome and offer a valuable training opportunity

However, the schemes are not expanding, mainly because of the unremunerated supervisory role of trainers

Proposed reforms to the senior house officer grade may help by offering placements to senior house officers instead, who are able to prescribe and require less supervision

Learning in practice

Box 2: Main themes emerging as new areas of learning in general practice

- How social and psychological factors impinge on physical health
- Broadening of knowledge base, including learning about common illness
- Learning a different doctor-patient relationship, involving patients in decisions
- Improving communication and consultation skills, for example, sharing information with patients
- Having greater responsibility for the management of patients
- Learning about diagnostic uncertainty in the community and hospital referral
- Gaining experience of areas not usually encountered, such as psychiatry, paediatrics, and obstetrics and gynaecology

Supervision
Tutorials and supervision occurred more often in general practice than in hospital and was reported enthusiastically by the house officers. Views about supervision in hospital were more guarded. The consultant trainers were supportive. The national evaluation gained views from 29 consultants involved in the scheme and reported that 93% wanted to continue with it.

Weaknesses of scheme
Views of house officers
Some house officers felt isolated from their peers, and most placements required a car. The inability of house officers to sign a prescription was reported by some as a problem, whereas others reported that this created opportunities for education.

Views of trainers
Some general practitioner trainers highlighted the additional supervision needed for the house officers compared with registrars. The trainers reported a 10% increase in their working week to supervise house officers and requested additional funding.

Several areas (box 1). The local studies had similar findings (box 2).

The national evaluation found that communication skills with patients improved for the house officers regardless of placement. In the qualitative studies, however, the house officers cited communication skills as not only improved but better in general practice, and that communication with general practitioners had improved subsequently.

Uncertainty about diagnoses in the community without the benefits of continuous observation or nursing care and easy access to tests and other professional opinion was an important learning experience and changed attitudes towards hospital referrals. The house officers also reported acquiring a range of generic skills, including teamwork, preventive care, informatics, and organisational skills.

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and recruitment to general practice. The capacity for training in general practice would need to be enhanced to cope with the increased numbers.

Contributors: JI collected and analysed the data and wrote the article; she will act as guarantor for the paper. TVz read the papers, helped analyse them, and wrote the article. WPC and GT read the papers and helped write the article. COH read selected papers and helped write the article. RP contributed to writing.

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A memorable patient

Delivery from evil

Newly qualified, idealistic, and inexperienced, I went to work in a hospital in rural Thailand. Patients travelled great distances to visit the foreigner’s hospital. Many were helped by our standard treatment, hookworm medicine, multivitamins and iron. Our obstetrics practice was of the blood and thunder variety. Patients rarely came until they had been in labour for several days, arriving in obstructed labour, often with a uterus already ruptured. To establish an antenatal clinic was one of our main goals.

One morning a young pregnant woman arrived in my clinic room. She was neatly dressed in bright new clothes. I thought, “At last someone has come for antenatal care.” I quickly realised that things were not as they seemed, and even with my limited Thai I was able to pick out the words “afraid of water.” Without a word the Thai nurses handed the woman a glass of water. For the first and only time in my life, I saw the dreadful contortions of the face and neck muscles of a rabies patient as she tried to drink.

The standard hospital practice was to confirm the diagnosis and send the patient home with a generous supply of opiates. But in this case there were two patients, a mother and a full term baby. A search of a medical textbook confirmed that rabies does not pass the placental barrier.

Country people were all too familiar with rabies and the dreadful death that followed. In those days, they also believed that to die with an unborn baby was extremely unlucky, and that the spirit of such a child would die without suffering. They readily agreed. They readily agreed. They readily agreed.

To establish an antenatal clinic was one of our main goals.

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