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Learning in practice

Preregistration house officers in general practice: review of evidence

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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.

Methods

We searched Embase, Medline, ERIC, FirstSearch, PsycINFO, and the search facility of www.timelit.org.uk and www.educationgp.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). Across the 36 studies, 20 (56%) reported 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. We report on the views of 180 preregistration house officers, 45 general practitioner trainers, and 105 consultant trainers (table). Generally the schemes have been run by enthusiasts; none of them has been self critical.

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. General practitioner trainers were generally positive about the experience, with several commentings on the benefits for hospital doctors.

Length and order of placements

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

Meeting the aims of the General Medical Council

The aims of the General Medical Council could be met in general practice placements. The national evaluation reported that the house officers in general practice had similar learning experiences to those on traditional rotations, including communication skills with colleagues and patients, consultation skills, awareness of illness presentation, and the ability to investigate illness appropriately.

Added value

The national evaluation reported that a wider variety of learning was experienced by house officers in general practice rotations than those on traditional rotations and, in 26 of the 51 areas measured, the house officers in general practice gained more experience in added value

throughout the course of the rotation.

Effects of literature search for preregistration house officer placements in general practice

<table>
<thead>
<tr>
<th>Study</th>
<th>No of house officers</th>
<th>No of general practitioners</th>
<th>No of consultants</th>
<th>Methods</th>
<th>Location</th>
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<tbody>
<tr>
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<td>25</td>
<td>84</td>
<td>Postal survey</td>
<td>National</td>
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<tr>
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<td>North east</td>
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<td>Rowan-Robinson and Challs (2000)</td>
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<td>---</td>
<td>Interviews (qualitative study)</td>
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<td>Freeman and Coles (1982)</td>
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<td>---</td>
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<td>Postal questionnaire</td>
<td>Southampton</td>
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<td>Page (2001)</td>
<td>34</td>
<td>---</td>
<td>---</td>
<td>Postal questionnaire (qualitative)</td>
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<td>Single case report</td>
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</tbody>
</table>
several areas (box 2). 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.

**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.

**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. The recent proposals for the reform of the senior house officer grade offer a potential solution. The preregistration year is to be combined with a generic first post-registration year to form a foundation programme lasting two years, which all doctors would undertake. It recommends that all doctors could experience general practice as part of their foundation programme. The question then is not whether experience in general practice should be included as part of postgraduate medical education regardless of intended career, but whether this experience should be before or after registration. Postponing general practice placements to the second year of the foundation programme would overcome many of the difficulties with supervision while maintaining the benefits of both medical education

**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.
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. WFC 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 teetly 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 rabbits 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 rabbits does not pass the placental barrier.

Country people were all too familiar with rabbits 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 was extremely malignant and would bring trouble to the family. I offered the woman’s family a cesarean section, promising a live baby and that the woman would die without suffering. They readily agreed.

The surgery went well. It was an awesome experience to anaesthetise a patient knowing that there was to be no recovery. The anaesthetic nurse explained quietly to her what was to happen and then prayed with her for the safety of her baby. After the operation, we continued to run a suxamethonium drip and to ventilate her: after 24 hours her heart stopped.

That was more than 30 years ago. In Thailand rabbits is now a thing of the past. Stray dogs are carefully controlled, household dogs are immunised, and rabies vaccination is widely available. A network of government clinics cover the country, and antenatal and safe delivery are available even in the most isolated communities.

Rachel Hillier
translated general practitioner, Winchelsea Beach

We welcome articles up to 600 words on topics such as A memorable patient, A paper that changed my practice, My most unfortunate mistake, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.