

The New Doctor

Recommendations on General Clinical Training

GMC's Education Committee

Jan 2005

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The Transitional Edition of The New Doctor

1. The GMC's Education Committee has carried out the most detailed review of PRHO training since it started. We have consulted widely for two years, and this completely revised version of The New Doctor is one result of that consultation. We are also seeking changes to the Medical Act to bring in revised arrangements for PHRO training.
2. This edition of The New Doctor is transitional. It is effective from January 2005 until July 2007 when the legal requirements for PRHO training will change. The current legal requirements for obtaining full registration will remain in place until then. The main purpose of this document is to ensure that by July 2007 both trainers and PRHOs are aware of the list of competencies that will become necessary to be eligible for full registration.
3. The GMC's Education Committee has appointed a Transitional Group, representing those who will be involved in developing new arrangements for PHRO training. The Group will oversee the preparation of further guidance, to replace the transitional edition of The New Doctor in July 2007.

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Chairman's foreword

The Pre-Registration House Officer (PRHO) year has been a part of medical training in the UK for over half a century. It was introduced in 1953 as one of several far-reaching recommendations on medical education in the Goodenough Report, which had been prepared and published during the Second World War. There is no doubt that generations of doctors have found the PRHO year a valuable stepping stone to further postgraduate education and training. However, it has not really changed over the years, while medical practice and society's expectations have.

Suggestions that PRHO training should be amended go back at least 30 years. The Merrison Report of 1975 found the PRHO year 'in many respects unsatisfactory'. They said it suffered from inadequate definition of the aims and inadequate understanding of the proper interaction of service and education, as well as inadequate organisation.

The GMC Education Committee has carried out the most detailed review of PRHO training since it started. We have consulted widely over a two-year period and this completely revised version of The New Doctor is a result of that consultation.

The Goodenough Committee expected that during the PRHO year the new doctor would be applying their knowledge and widening their experience, but would still need a good deal of guidance and supervision. Those principles are still valid today and were strongly supported by our consultation process. There is only one time in a doctor's career when he or she is a new doctor. There was overwhelming support for keeping a specially protected and supervised period of training at this stage.

The PRHO year has three purposes.

1. To make sure the new doctor can put into practice the knowledge, skills and attitudes learned as a student.
2. To gain new knowledge and skills, while fine-tuning professional attitudes.

To link smoothly with further training.

The most important change is that we now define the outcomes that must be demonstrated and assessed during the PRHO year. This will make things clearer for trainers and trainees. It will also provide reassurance to patients and future employers.

The changes are extensive and will need legislation. They will also need significant preparation by all those involved in PRHO training. As a result, the new arrangements will not come into force until August 2007 to allow training programmes and assessment procedures to develop.

Professor Peter Rubin Chairman, GMC Education Committee January 2005

Introduction

General clinical training allows provisionally registered doctors (PRHOs) to:

- put into practice the knowledge, skills, attitudes and behaviours they developed as students;
- gain new knowledge and skills;
- develop further their professional attitudes and behaviour; and
- show that they are practising in line with the principles of professional practice set out in Good Medical Practice.

These principles make clear to the public the standards of practice and care they should expect. Successfully completing general clinical training (PRHO training) means completing basic medical education and receiving a Certificate of Experience as proof of this.

We first published *The New Doctor* in 1997. We emphasised the educational needs of new doctors and the importance of developing the skills needed when dealing with patients and colleagues. We monitored how this guidance was put into practice by visiting universities between autumn 1998 and spring 2001. These visits allowed us to highlight and share examples of good practice, and identify areas causing difficulty or concern. We summarise our findings in the report *Implementing The New Doctor*, which we published in August 2002.

This revised guidance identifies the knowledge, skills, attitudes and behaviours PRHOs need. We have designed it to, among other things, make sure that PRHOs can:

- practise to a high and consistent standard;
- help patients make informed decisions;
- offer patients choices, work with patients as partners and recognise that patients are able to make decisions;
- understand how to identify the way the patient wants to make decisions (through shared decision-making, or by the doctor explaining the options and the patient asking the doctor to decide);
- make the patient the centre of their practice, and do everything they can to make a patient's experience of health care as positive as possible;
- be sensitive to the needs and expectations of patients, including their cultural, social or racial background;
- work with teams that bring together different professions and disciplines, and with other agencies, to provide high-quality health care; and
- practise effectively in a continually changing and developing environment.

The guidance does this by:

- putting the principles set out in Good Medical Practice at the centre of training;
- identifying clear learning outcomes for training;

- explaining responsibilities for training;
- making it necessary for those who deliver the training to set appropriate training standards; and
- making strict assessment of PRHOs necessary before they are allowed to gain full registration.

Our guidance provides the framework to design training programmes and assess PRHOs. It also sets out the standards we will use to judge the quality of training and the assessment of PRHOs when we visit those who are responsible for delivering training, and when we ask for written information.

Putting this guidance into practice

We recognise that some time will be needed to prepare for putting this guidance into practice. We do not expect it to be in force until the end of August 2007. Until this happens, our regulatory requirements for full registration will still be based on experience. This means that until the guidance is fully in force, we will continue to grant full registration when a PRHO completes 12 months in posts approved for PRHO training. At least three months' training must be completed in medicine and another three months' training must be completed in surgery. A PRHO must also complete training that leads to a Certificate of Experience.

When this guidance is in force, legislation will change so that PRHOs must show they have achieved the outcomes set out in guidance before we grant full registration. This edition of The New Doctor aims to guide the journey between the two systems.

From August 2005, PRHO training will take place within the two-year Foundation Programme. Development of the Foundation Programme is based on the principles set out in Unfinished Business, Modernising Medical Careers and The Next Steps. These documents have been produced by the UK health departments, and you can get copies from www.mmc.nhs.uk

The post-registration outcomes and assessments of the Foundation Programme are being developed by the Academy of Medical Royal Colleges, the Postgraduate Medical Education and Training Board, and the four UK health departments. The delivery of the outcomes and assessments for the Foundation Programme are being developed by the postgraduate deans and the universities. We will continue to work with these groups to make sure a training programme that meets regulatory and educational requirements is developed.

We will continue to develop the outcomes set out in this edition of The New Doctor until the guidance comes fully into force. Assessment methods and examples of good practice will also be developed and tested throughout this period.

We propose to publish these recommendations again in summer 2007 after evaluating the development of these outcomes and their assessment methods. That edition will amend

and confirm the outcomes that PRHOs must achieve before we grant full registration. This will apply to those entering PRHO training from August 2007.

The principles of PRHO training

1. PRHOs are newly qualified doctors who must show that they can put into practice, in the workplace, the principles of Good Medical Practice they have learned as students.
2. The principles of professional practice in Good Medical Practice are set out under the following seven headings.
 - **‘Good clinical care’** Doctors must practise good standards of clinical care, practise within the limits of their ability, and make sure that patients are not put at unnecessary risk.
 - **‘Maintaining good medical practice’** Doctors must keep up to date with developments in their field and maintain their skills.
 - **‘Relationships with patients’** Doctors must be able to develop, encourage and maintain successful relationships with their patients.
 - **‘Working with colleagues’** Doctors must work effectively with colleagues in medicine, other health-care professions and allied health-care workers.
 - **‘Teaching and training’** Doctors have teaching responsibilities to colleagues, patients and their relatives. They must develop the skills, attitudes and practices of a competent teacher.
 - **‘Probity’** Doctors must be honest.
 - **‘Health’** Doctors must not allow their own health or condition to put patients and others at risk. Doctors must maintain their health. They must take the appropriate steps to make sure their own health does not put patients, colleagues or the public at any risk.
3. The following general outcomes are based on these principles. They build on the outcomes for undergraduate medical education in Tomorrow's Doctors. They set out the knowledge, skills, attitudes and behaviours needed to provide high-quality health care, and move to the next stage of medical training.
4. In line with the seven headings of Good Medical Practice, when PRHOs complete their training they must be able to show that they have achieved the following general outcomes through practice.
5. **Good clinical care**
 - a. Follow our guidance on the principles of good medical practice and the standards of competence, care and conduct expected of doctors in the UK.
 - b. Take increasing responsibility, under supervision, for patient care including:
 - asking for an appropriate history and identifying the main findings;
 - carrying out an appropriate physical examination, and an examination of a patient's mental health;
 - using their scientific knowledge and taking account of physical, psychological and social factors to make a diagnosis;
 - identifying and asking for appropriate investigations; and

- helping patients to make decisions on their immediate and longer-term care.
 - c. Apply principles of risk management to medical practice.
 - d. Promote, monitor and maintain health and safety in the clinical setting.
 - e. Perform clinical and procedural skills safely.
 - f. Take appropriate action if their own health, performance or conduct, or that of a colleague, puts patients, colleagues or the public at risk.
 - g. Recognise personal and professional limits, and ask for help from senior colleagues and other health and social care professionals when necessary.
- 6. Maintaining good medical practice**
- Develop a portfolio of evidence that shows the PRHO's involvement in educational and clinical teaching sessions and allows them to identify learning needs and develop a plan to meet these.
 - a. Contribute to audits and understand how the results of audit can improve their practice and that of others.
 - b. Respond constructively to the outcome of appraisals and performance reviews.
 - c. Contribute to the appraisal and review of students and colleagues PRHOs work with.
- 7. Relationships with patients**
- Show that they recognise that patients are knowledgeable about themselves and the effect their health has on their daily life, especially those with long-term health conditions. Relatives, or others caring for those with long-term health conditions, are often knowledgeable in this area, too. PRHOs should be aware that:
 - carers, supporters and advocates (who speak on behalf of patients) often have to be included in the information given to patients; and
 - in the case of people with communication difficulties or difficulties processing information due to brain damage or an illness, it is absolutely vital that PRHOs keep carers, supporters and advocates informed about diagnosis and medical care. However, they must also follow our guidance on confidentiality.
 - a. Use the expertise of patients, relatives and carers, encouraging and supporting patients (and their relatives and carers if appropriate) to be involved in decisions about their treatment and care.
 - b. Communicate effectively with people, both individually and in groups, including people with learning disabilities and those who do not have English as their main language.
 - c. Be sensitive and respond to the needs and expectations of patients, taking into account only where relevant their lifestyle, culture, religion, beliefs, ethnic background, sex, sexuality, disability, age, or social or economic status.
 - d. Respect and uphold patients' rights to refuse treatment or take part in teaching or research.

- e. Explore and understand the relationship between patients' environment and lifestyle, physical, mental, emotional and spiritual factors, and their health and wellbeing.
- 8. **Working with colleagues**
 - . Respect everyone they work with (including colleagues in medicine and other health-care professions, allied health and social care workers and non-health professionals) whatever their professional qualifications, lifestyle, culture, religion, beliefs, ethnic background, sex, sexuality, disability, age, or social or economic status.
 - a. Work effectively as a member of a team.
 - b. Show leadership skills when appropriate.
 - c. Value the contribution of other members of the team, professions and agencies, and work with them as a team member in an appropriate way.
 - d. Welcome the special knowledge and skills that a varied workforce contributes to health care.
- 9. **Teaching and training** Teach their peers and medical and other health and social care students under guidance, using appropriate skills and methods.
- 10. **Probity** Be honest in their relationships with patients (and their relatives and carers), professional colleagues, and employers.
- 11. **Health** Take appropriate action to maintain their health and protect patients.

The content and delivery of training

Content

- 12. As well as the general outcomes set out earlier under the seven headings of Good Medical Practice, PRHOs must develop specific competencies to prepare them for practice as fully registered doctors.
- 13. The following competencies must be included in all training programmes. It is not a full list but it provides the main educational requirements that need to be met before we grant full registration. Those responsible for delivering training will need to add to this list when designing, approving and delivering training programmes, to make sure that the content of training is kept up to date.
- 14. The specific competencies are set out under the following headings.
 - a. The scientific basis of practice and treatment
 - b. Diagnosis and treatment
 - c. Clinical and procedural skills
 - d. Communication skills
 - e. Teaching and learning skills
 - f. Personal and professional skills
 - g. The changing patterns of health care
 - h. Legal and ethical issues
 - i. Disability and rehabilitation
 - j. The health of the public
 - k. The individual in today's society

A - The scientific basis of practice and treatment

15. PRHOs must develop their understanding of relevant clinical, public-health, basic, behavioural and social sciences. They must be able to apply this understanding to their practice.
16. They must be able to:
 - use, or ask for help in using, electronic databases, journals and other methods of gathering information; and
 - show that they have the ability to evaluate and use that information.

B - Diagnosis and treatment

17. PRHOs must understand the principles of diagnosis and treatment and be able to do the following
 - a. Use medicines safely and effectively as a basis for prescribing.
 - b. Understand the limits of evidence about possible treatment and care, following appropriate discussions with senior colleagues. Make sure they share information and recommendations about treatment and managing care with patients to help them make informed decisions.
 - c. Carry out assessments before treatment and provide care after surgery, including reviews of treatment and care. They should do this with patients, and share decision-making about any changes needed.
 - d. Develop an understanding of how pain relief can be provided, including pharmacological, physical and psychological interventions. In doing so, they must be aware of the relationship between pain and distress.
 - e. Provide care for the dying and know how to speak to a dying patient (and their relatives and carers) in an appropriate way, taking account of religion and beliefs where relevant.
18. PRHOs must show that they consider a range of factors that influence the information and treatment options they discuss with patients. These must include:
 - a. complementary and alternative therapies and supplements that the patient may be using, or would like to use; and
 - b. the patient's health beliefs, attitudes and lifestyle. This may include diet, exercise, nutrition, alcohol, smoking, and using recreational drugs. For example, religion is significant in a number of areas, including sexuality, attitudes to alcohol and drugs, diet, and bringing up children.

C - Clinical and procedural skills

19. PRHOs, like all doctors, must be aware of the limits of their own knowledge and abilities.
20. PRHOs must be able to do the following safely and effectively in the workplace.
 - a. Manage the care of patients including:
 - recognising and managing acutely ill patients under supervision;
 - showing they are able to manage a situation where a patient needs resuscitating;

- asking for patients' informed permission (under supervision) for appropriate treatments and conditions decided by those responsible for training (like all doctors, PRHOs must only ask for permission for procedures or treatments they are suitably trained and qualified for, and must understand the procedure or treatment, and the risks involved, so that they can explain and discuss those risks with patients);
 - asking for and interpreting the results of appropriate investigations (for example, x-rays, urine tests and blood tests);
 - keeping accurate and clear clinical records that can be understood by colleagues (or arranging for those records to be kept); and
 - filling in legal documents correctly such as those certifying sickness and death certificates (or arranging for these documents to be filled in).
- b. Show that they can, at the right time, recognise common emergencies, identify a working diagnosis and manage care, to a level of competence appropriate to their position in the team (to begin with, under supervision), and provide follow-up care for these patients in a range of clinical settings.
- c. Show good practice in prescribing, including:
- producing safe prescriptions in writing or by using information technology;
 - understanding important 'contraindications' (when a particular treatment would not be suitable for a particular patient);
 - explaining the purpose of prescription drugs, any possible side effects, and how long treatment is likely to last (including anticoagulants, antibiotics, thrombolytics, analgesics and anti-emetics);
 - explaining how the medicine is to be taken, including discussing the practical issues of taking medicine, and agreeing when the next medication review will take place;
 - understanding why patients sometimes do not take their medicine as prescribed;
 - showing that they understand patients' points of view, and discussing, respecting and acting on patients' health beliefs about medicines and taking medicine;
 - discussing options fully with patients, including benefits and risks;
 - understanding treatments that do not involve drugs;
 - helping patients to get access to other information;
 - being able to recognise the range of suitable drugs that can be prescribed for controlling and relieving pain, and working appropriately with suitably qualified colleagues;
 - using drugs appropriately in specific conditions, such as asthma, hypertension, diabetes, infection, ischaemic heart disease, and epilepsy;
 - recognising the importance of working out how much fluid a patient needs, and of fluid balance;

- understanding and being aware of how drugs react with one another, including over-the-counter medicines; and
 - understanding the safety procedures involved in prescribing controlled drugs.
- d. Show that they are able to:
- use local anaesthetics;
 - give intramuscular and subcutaneous injections;
 - prepare and administer intravenous medicines;
 - interpret blood pressure in a range of clinical settings;
 - interpret an ECG;
 - interpret a peak-flow reading (of air flow out of the lungs);
 - carry out venous and arterial puncture to take blood samples;
 - gain intravenous access, including setting up an intravenous infusion or blood transfusion; and
 - control infections, including washing hands, and prescribing antibiotics only where necessary.
- e. Get rid of potentially dangerous surgical instruments (or arrange for someone else to get rid of them).

D - Communication skills

21. Effective communication allows doctors to carry out their various roles, including clinician, team member, team leader and teacher. Effective communication helps doctors get relevant information, and identify, discuss, share and provide the best possible treatment for patients. Effective communication is essential for developing successful relationships with patients and colleagues. It allows doctors to discuss and share decisions with patients and colleagues from other health and social care professions about the best possible treatment.
22. PRHOs must show they are able to do the following.
- a. Develop a good relationship with patients, which will include introducing themselves to patients and colleagues, and being able to explain their status with appropriate confidence and authority.
 - b. Communicate with patients and their relatives or carers (including showing that they understand what they are saying) and encourage them to:
 - express themselves;
 - explain their illness or condition; and
 - share in the decision-making about the best possible treatment.
 - c. Share appropriate information, where necessary and with a patient's permission, with other members of the health-care team, to provide the best possible information about treatment to patients. In certain circumstances, it will be appropriate for PRHOs to share information with other professionals and agencies including, for example, the police or social workers. PRHOs must be aware of all our guidance on sharing information, and must be able to show that they know when it is necessary to refer to senior colleagues.

- d. Listen to other health professionals and agencies.
 - e. Communicate in different ways, including spoken, written and electronic methods. Use communication methods that meet the needs of individual patients and colleagues, including those within the team, or in other disciplines, professions and agencies where appropriate. Recognise when interpreters or specialist communications support is needed.
 - f. Communicate in ways that allow patients, relatives and carers to develop trust and confidence in the PRHO and which begin to develop successful relationships.
 - g. Hand over the care of a patient to, and take over the care of a patient from, other team members and teams safely and effectively.
23. PRHOs must be able to communicate effectively with patients and be sensitive to their needs and expectations, avoiding negative assumptions based on things such as their lifestyle, culture, religion, beliefs, ethnic background, sex, sexuality, disability, age, or social or economic status. For example, PRHOs must be able to give adequate explanations to patients with eyesight difficulties who are not able to use visual information.
24. PRHOs must have support, training and experience that prepares them for coping with the situations they will come across if they are communicating information that may be difficult for themselves or for the patient, the relative, the carer, or a colleague to come to terms with. This training must include the following situations.
- a. Explaining illness, discussing possible treatments and sharing decision-making with the patient about treatment decisions.
 - b. Giving patients or their relatives complicated news (including breaking bad news) under supervision.
 - c. Dealing, under supervision, with people who may be violent, confused, anxious, depressed or suicidal.
 - d. Dealing with complaints from patients. PRHOs must know the different procedures to be followed when someone makes a complaint. They must be able to explain these to patients in a sensitive way.
25. PRHOs must show that they communicate effectively in those situations.

E - Teaching and learning skills

26. PRHOs must develop and be able to use a range of teaching and learning skills. They must recognise the importance of audit and appraisal in identifying their learning needs and those of their colleagues.
27. PRHOs must be able to do the following.
- a. Take part in training medical and other students and colleagues.
 - b. Use different ways to record, organise and present information.
 - c. Understand and use different teaching methods to communicate information to colleagues, and choose the most appropriate for the goal of the teaching.
 - d. Reflect on practice, be self-critical and be able to explain how to carry out an audit of their own work and that of others.

- e. Identify their own learning needs and what motivates them, taking account of the opinions of patients and medical and other colleagues.
- f. Record learning needs in their portfolio, and contribute to their personal development plan as agreed with their educational supervisor and collect information needed for revalidation.
- g. Be able to identify:
 - learning needs from their portfolio and personal development plan that they will continue to develop in the second year of the Foundation Programme; and
 - their preferred learning styles.

F - Personal and professional skills

28. PRHOs must be able to do the following.
- a. Contribute to the work of the multi-professional health-care team, and work with others where appropriate.
 - b. Show initiative and leadership when necessary.
 - c. Manage their own time, and show they are sensitive to the needs of other members of the team to have their time appropriately managed.
 - d. Give priorities to tasks.
 - e. Follow the principles of managing risk when practising. Understand the procedures for reporting adverse incidents (when things go wrong), and the procedures for avoiding them.
 - f. Follow safe practices (as set out in their employer's occupational health and safety policy) relating to chemical, biological, physical and psychological dangers in the workplace.
 - g. Understand their responsibilities to maintain their health, including achieving a suitable balance between work and personal life, and knowing how to deal with personal illness.

G - The changing patterns of health care

29. PRHOs must show that they understand the current organisational and economic framework in which medicine is practised in the UK, including:
- a. the relationship between the services and care provided in the community, in hospitals and by general practitioners;
 - b. the importance of safety in health care and the importance of reporting mistakes, learning from them and analysing the failures that give rise to them;
 - c. systems of quality assurance such as clinical governance (through which NHS organisations are responsible for maintaining high standards of care); of the services
 - d. appraisal and revalidation (the regular demonstration by doctors that they are up to date, and fit to practise medicine); and
 - e. the importance of continuing professional development.

H - Legal and ethical issues

30. PRHOs must improve their awareness of legal and ethical issues. They must show that they understand the main principles of medical ethics and be able to explain the reasoning behind a decision, including the principles of autonomy (or personal independence), justice, doing good, doing no harm and confidentiality.
31. PRHOs must show that they understand and are able to apply the duties of doctors under the law, including the following.
 - a. Understanding confidentiality law and our guidance, and under what conditions the duty of confidentiality might be broken.
 - b. Issuing sick notes.
 - c. Issuing death certificates.
 - d. Communicating with the coroner or procurator fiscal.
 - e. Procedures for cremation.
 - f. Statutory notifications (reporting certain diseases to public health authorities).
 - g. Understanding sections of the Mental Health Act 1983 relating to acute care.
 - h. Understanding child protection procedures.
 - i. Understanding the Data Protection Act 1998.
32. They must also be aware of:
 - a. the risks of legal and disciplinary action if they fail to achieve the necessary standards of practice and care; and
 - b. the implications of UK and European legislation for access to medical records and other information.
33. PRHOs must show that they understand and can apply the principles of professional practice set out in Good Medical Practice and our supporting guidance, including:
 - a. Seeking Patients' Consent;
 - b. the Ethical Considerations;
 - c. Confidentiality: Protecting and Providing Information; and
 - d. Serious Communicable Diseases.

All our guidance is available on our [website](#)

I - Disability and rehabilitation

34. PRHOs must know about and respect the rights of children, elderly people and people with physical, mental, learning or communication disabilities. They must be able to show that they are able to take account of people's needs and wishes when providing care. They must show that they are prepared to learn from patients who may have had a lifetime's experience of dealing with their own disability and its effects on their health.

J - The health of the public

35. PRHOs must recognise and use opportunities to prevent disease and promote health. They must recognise the importance of occupations and social and economic factors in disease and possibilities for rehabilitation, and be able to explain to patients the possible effects of their lifestyle, including the effects of diet, nutrition, smoking, alcohol and drugs.
36. They must show that they are aware of worldwide health priorities and concerns and health inequalities.

K - The individual in today's society

37. PRHOs must improve their understanding and awareness of the social and cultural environment in which medicine is practised in the UK, including preventing discrimination. They must be able to show that they are able to deal with a range of issues, including alcohol and drug misuse, domestic violence, and vulnerable patients being abused. PRHOs must raise their awareness of the needs and expectations of patients (and their families and carers, supporters or advocates who speak on patients' behalf), whatever their lifestyle, culture, religion, beliefs, ethnic background, sex, sexuality, disability, age, or social or economic status.
38. PRHOs must show that they have discussed and taken account of patients' understandings and experience of their condition. PRHOs must be able to show that they are aware of the psychological effect that this can have on patients and their relatives. This is particularly important when dealing with vulnerable patients, such as:
 - children, young people and elderly people;
 - people with learning disabilities or mental ill-health;
 - patients whose complaints are not easily explained as biological abnormalities or diseases; and
 - patients who are worried about their condition.

Discussing their fears and concerns can help patients to understand their condition and to make decisions about treatment.

Delivering training

39. Medical education is delivered in settings involving different people and organisations with different responsibilities, including the university where the PRHO qualified, the postgraduate deans and the NHS. As a result, in this section we refer to 'those responsible for training' when setting out responsibilities. A checklist of responsibilities is set out in annex B, which should be used if other information is not available. Each PRHO should have the name of someone they can contact if they have any questions about the responsibilities for training.

Managing training

40. Those responsible for training must have procedures for approving training programmes and checking their quality. The NHS is responsible for delivering

- training programmes. Those responsible for training and their NHS partners must work together.
41. The roles and responsibilities of those responsible for training must be clearly set out, including following equal opportunities legislation. This must involve clear and agreed lines of authority and responsibility. Teachers must have the training, skills, time and resources they need so that PRHOs achieve the outcomes set out in this document. There must be effective channels of communication that allow information about training to be shared between organisations.
 42. Those responsible for training must set up supervisory structures that will help them carry out their standard setting and quality-assurance duties. Supervisory structures should involve people with an appropriate range of expertise and knowledge (including university staff responsible for students, those responsible for PRHOs and representatives of the local NHS).
 43. Effective working relationships will allow those responsible for training to:
 - a. design and deliver high-quality training programmes;
 - b. set up appropriate systems to look after the welfare of PRHOs;
 - c. design and introduce valid and reliable assessment arrangements; and
 - d. maintain high-quality training.

Choosing PRHOs

44. Those responsible for recruiting to the Foundation Programme which includes PRHO training should put in place valid, reliable, open, objective and fair selection procedures to make sure they recruit candidates without being biased or unfairly discriminating against anyone. They should also publish information about the procedures, including guidance about how places on programmes will be offered and about the selection process. Those responsible for choosing PRHOs should include people with a range of expertise and knowledge. They should be trained to apply selection guidelines consistently and fairly. They must be trained to be able to promote equality and diversity (people's different backgrounds and circumstances) and follow current equal opportunities legislation and good practice.
45. Those responsible for training should make sure they take account of selection procedures when granting educational approval for a programme. They must also make sure they take account of PRHOs' educational needs when offering posts to make sure that PRHOs are treated equally and fairly.

Approving training programmes

46. When those responsible for training approve training programmes, they must make sure that individual placements provide enough time for:
 - a. PRHOs to become a member of the team; and
 - b. team members to be able to make reliable judgements about PRHOs' abilities, performance and progress. Those responsible for supervising, training and assessing PRHOs should have appropriate time and training so that they can carry out these roles effectively.

47. PRHOs should not work longer hours than those set out in law. PRHOs' terms and conditions should not be below agreed UK and national standards.
48. PRHOs must only have responsibility for the number of patients they can provide high-quality and safe care for.
49. PRHOs gaining experience of primary care must work in a practice that meets the standards of an approved learning environment expected for registrar training, including an identified lead educator who would meet the standards and selection processes for approval for training. The person responsible for supervising the education for the PRHO must have completed appropriate training equivalent to PRHO supervisors in acute trusts.
50. For each PRHO on a training programme, there must be a standard learning agreement. This should include the information set out in Annex A.
51. The learning agreement can only be changed if the PRHO agrees, and if those responsible for the internal quality assurance of the training programme approve.
52. Graduates must ask for written approval from their university to accept a placement in a programme that will allow them to achieve the outcomes needed for full registration. If they fail to gain that written approval, training may not be approved. These requirements apply to training:
 - a. in other parts of the UK; and
 - b. outside the United Kingdom.
53. When those responsible approve programmes, they must be sure that the PRHO will have appropriate opportunities to meet the learning outcomes for this period of training. Those responsible must also be confident that they will have enough reliable evidence on which to confirm to us that a PRHO who has completed training has achieved the necessary outcomes.
54. The university, the local postgraduate dean, the NHS trust and the PRHO must understand the areas of responsibility set out in Annex B. Assuring the quality of training programmes
55. The quality of training and assessments must be checked using evidence to make sure that standards are being maintained and promoted.
56. Those responsible must monitor the quality of training programmes they have approved using a number of different methods, including regular visits and inspections. They must take account of PRHOs' views when considering which programmes should continue to be approved. This is separate from our responsibilities, which are described in the section 'Putting the recommendations into practice' (paragraphs 124 to 143).
57. Those responsible for training must tell NHS trusts when training does not meet the necessary standards, and explain what changes are needed and by when. They must remove approval for training programmes if improvements are not made by the agreed deadline.

The learning environment

Content of training

58. PRHOs are new doctors who are learning in the workplace while contributing to patient care. It is important that the environment they work and train in supports them as they aim to develop and put into practice the necessary knowledge, skills, attitudes and behaviours.
59. The learning environment should include a range of clinical settings to meet the outcomes set out in this guidance.
60. Emergency conditions, which all new doctors should have experienced by the end of the PRHO year, include:
- a patient in shock;
 - an unconscious patient (for example, due to a head injury);
 - infections (for example, pneumonia, pyelonephritis or cellulitis);
 - stroke;
 - acute coronary syndrome or myocardial infarction;
 - acute abdominal problem (for example, appendicitis, cholecystitis or perforated viscus);
 - severe acute breathlessness (for example, asthma or pneumothorax, or left ventricular failure);
 - acute blood loss (for example, haematemesis, melaena or trauma);
 - venous thrombosis and embolism;
 - arterial occlusion;
 - drug overdose;
 - metabolic disturbance (for example, hyperglycaemia and hypoglycaemia);
 - alcohol-related problems (for example, withdrawal);
 - acute psychiatric problems; and
 - multiple trauma.
61. Also, we will expect PRHOs to gain experience of less common but important conditions as the opportunity arises (for example, bacterial meningitis). PRHOs should also have the opportunity, under supervision, to become competent in a range of skills that are common and which complement those in the teams they are attached to (for example, lumbar puncture or pleural tap). They may learn these skills from doctors and from members of other health-care professions who may be part of the team. This will help PRHOs to plan their career and identify areas which they would like to specialise in.
62. PRHOs should, if possible, have experience of working with interpreters and colleagues who can help them to communicate with people who use Deafblind Manual and British Sign Language and other communication methods. PRHOs should be able to give adequate explanations to patients with eyesight difficulties who are not able to use visual information in understanding their health difficulties.

The physical environment

63. PRHOs, like everyone who works in the NHS, must be able to work in a safe environment and have access to appropriate facilities and support systems. Those responsible for training should especially consider the support needs of PRHOs with physical or mental disabilities. From October 2004, those responsible for

training must make sure they follow the Disability Discrimination Act 1995 (as amended). This includes not discriminating against doctors with a disability, and a requirement to make reasonable adjustments to their training where necessary. Helpful information is available from the [Disability Rights Commission](#)

Supporting PRHOs

64. Those responsible for training and their NHS partners must make sure that every person involved in educating PRHOs has the necessary knowledge, skills, attitudes and behaviours. Staff-development programmes should promote teaching and assessment skills. All staff with formal responsibility for providing training must take part in those programmes.
65. Before medical students graduate, they should spend some time (at least one week) shadowing a house officer. If possible, this should be in the hospital, practice, or another clinical setting in which they will do their first PRHO post. Ideally, they should shadow that post itself.
66. All PRHOs must have induction training that provides them with essential information and guidance about issues related to:
 - their status as new doctors;
 - their training programme; and
 - each placement they will be filling.

Induction can be made up of different things, including:

- d. induction events;
 - e. meetings with members of staff to discuss training needs and expectations;
 - f. written guidance about education and training opportunities; and
 - g. close supervision during new activity.
67. The following general issues must be covered in all induction programmes.
 - . Our guidance that describes the principles of good medical practice and standards of competence, care and conduct expected of doctors in all aspects of their professional work.
 - a. The outcomes set out in The New Doctor.
 - b. How performance and progress will be assessed.
 - c. How the quality of training is monitored.
 - d. Health and safety at work (including their own healthcare).
 68. The following issues must be covered for individual placements.
 - . Contact with those responsible for training and the NHS employer in case of problems.
 - a. Clinical governance and audit arrangements.
 - b. Welfare and educational facilities.
 69. There must be a formal handover at the start of a new placement.
 70. PRHOs must have appropriate support for their academic and general welfare needs at all stages. Those responsible for training and their NHS partners must produce clear information about the support networks available, including named contacts for PRHOs in difficulty. PRHOs must be told about the occupational

- health services, including counselling and disability services, that are available to them.
71. Those responsible for training must stress to PRHOs the importance of looking after their own health and help them to register with a general practitioner.
 72. Those responsible for training must also provide guidance to:
 - . graduates who want to carry out flexible training as a PRHO;
 - a. graduates who have taken a career break after graduation but want to return to training; and
 - b. graduates who need a break after graduation due to health problems or a disability.

Supervising PRHOs

73. The PRHO year involves taking increased responsibility for patients, under the supervision of more experienced doctors. Those responsible for training and their NHS partners must make sure that PRHOs have appropriate clinical and educational supervision at all times. PRHOs must:
 - a. receive educational and clinical supervision that is appropriate to their experience;
 - b. receive appraisal (a positive process to provide structured and constructive feedback on the PRHO's performance, chart their continuing progress and identify their development needs);
 - c. never be expected to carry out unsupervised tasks that they do not have enough experience for; and
 - d. always have direct access to a senior colleague who can advise them in any clinical situation. (PRHOs must never be left in a situation where their only help is outside the hospital or the place where they work.)
74. There must be a named educational supervisor for each placement. The PRHO must be told the name and contact details of the educational supervisor. Educational supervisors must be involved in teaching and training PRHOs and should help with their professional and personal development.
75. Educational supervisors must tell the NHS employer and those responsible for training of serious weaknesses in a PRHO's performance that have not been dealt with, and any problems with training programmes. PRHOs should be told the content of any information about them that is given to someone else. Where appropriate, and with the PRHO's knowledge, relevant information should be given to the educational supervisor for their next placement so that appropriate training and supervision can be arranged.
76. There must be at least one named clinical supervisor in each training placement, who is responsible for teaching and supervising PRHOs. The clinical supervisor may be the educational supervisor or another person. The PRHO must be told the name and contact details of the clinical supervisor. Clinical supervisors must make sure that the interests of patients are protected at all times.

Providing educational opportunities for PRHOs

77. Training and learning can be delivered in a number of ways but it must be relevant and must meet the learning needs of the PRHO. Training must provide the following.
- a. Learning based on experience that provides clinical training in a range of procedures, including experience with patients in clinical settings.
 - b. Regular, formal educational sessions that cover topics of value and interest to PRHOs.
 - c. Opportunities for self-directed learning so that PRHOs can develop the skills and habits they need to learn by themselves.
 - d. Opportunities to reflect on learning and practice and to discuss issues with their educational supervisor and other colleagues.
78. PRHOs must be able to suggest topics to be included in their training programmes. They must also be able to comment on the order of topics so that training meets their needs. In formal educational sessions, PRHOs must switch off their pagers and not be on duty so that they can take part.
79. Training can take place in a variety of clinical settings, including hospitals, general practices, community-based medical services and other health and social care settings, that allow PRHOs to gain a wide range of experience.

Working and learning in interprofessional and interdisciplinary teams

80. PRHOs will work and learn in interprofessional and interdisciplinary health care teams. It is important that their knowledge and skills are used appropriately so that, working with colleagues, they can provide high-quality patient care and complete training successfully. PRHOs must not regularly carry out tasks that do not need them to use their medical expertise and knowledge, or have little educational value.
81. Those responsible for training and their NHS partners should discuss and, where appropriate, provide opportunities for PRHOs to train with other health and social care professionals. This will help PRHOs understand the roles and responsibilities of their colleagues and so improve the quality of patient care provided by the interprofessional and interdisciplinary health care team.

Learning resources and facilities

82. PRHOs must have access to appropriate learning resources and facilities, including libraries, IT facilities and facilities for a range of investigations and teaching accommodation. Those responsible for training must regularly review the facilities provided to make sure that these are still appropriate. PRHOs must be able to speak to someone at the hospital, trust or GP practice where they work about the facilities that are available. PRHOs must be able to suggest new resources that should be provided.
83. PRHOs must have opportunities to develop and improve their clinical and practical skills in an appropriate environment (where they are supported by teachers) before they use these skills in clinical situations. Skills laboratories and centres provide an excellent setting for this training.

84. Working in an environment which is committed to care based on evidence and to research can help PRHOs to understand the importance of developing research and audit skills to improve their practice. It also helps to make sure that those responsible for their learning are aware of current developments in clinical theory and practice.

Assessing PRHOs

85. Before this guidance comes fully into force, PRHOs must meet the current legislative requirements to be granted full registration. The legislation is set out on our website (www.gmc-uk.org/med_ed) with the certificate that must be filled in on behalf of the PRHO and signed by the university or the postgraduate dean (or other person the university has authorised to sign on their behalf) before we grant full registration. Until the guidance is fully in force, we will continue to grant full registration when a PRHO completes 12 months in posts approved for PRHO training. At least three months' training must be completed in medicine and another three months' training must be completed in surgery. A PRHO must also complete training that leads to a Certificate of Experience.
86. Those responsible for assessment will also develop effective assessment methods for showing that the outcomes in this guidance have been met. They will also be gradually putting these outcomes and assessment methods into practice. The assessment methods must meet our principles for assessment.
87. Before the guidance comes fully into force, we will review and publish it again and new legislation will be put in place. PRHOs will then have to show that they have met all the outcomes set out in the revised guidance before being granted full registration.

The principles of assessment

88. Those responsible for designing assessment must set up valid methods that are based on evidence for assessing PRHOs' suitability for full registration. This must include the following.
- a. A clear, documented and published process for assessing PRHOs' performance against the outcomes set out in this guidance, including information about completing and putting forward:
 - a Certificate of Satisfactory Service at the end of each placement within a programme which include the outcomes met during that placement, the outcomes not met during the placement and the outcomes not dealt with during that placement; and
 - a Certificate of Experience for PRHOs who have completed the training programme successfully.
 - b. A clear, documented and published system for dealing with PRHOs who have not completed training successfully, including:
 - a procedure for making an appeal;
 - a process for identifying and providing any further training needed; and

- counselling for those who are not able to progress to full registration.
89. Assessments may be carried out in a variety of ways, but must be carried out to the same standard. This will allow PRHOs with a disability to show that they have achieved the outcomes. Those responsible for assessment must be aware of and apply legislation and good practice relating to the assessment of those with a disability.

Assessing performance

90. This section sets out a suggested model for assessing PRHOs. It is not a compulsory model, and we encourage other methods of assessment as long as the principles of assessment are met.

The assessment process

91. When they start each placement, PRHOs and their educational supervisors must meet to agree how the learning objectives for this period of training will be met. Educational supervisors must then make sure that PRHOs' performance is appraised at appropriate intervals. Feedback about performance helps to identify strengths and weaknesses, both in PRHOs and in the training provided, and allows changes to be made. PRHOs must have opportunities to discuss issues or problems, and to comment on the quality of the training and supervision provided. Educational supervisors must make sure that all doctors and other health and social care workers who have worked with the PRHO have an opportunity to provide constructive feedback about their performance.
92. PRHOs must develop a personal portfolio and logbook to describe and record their experiences and to identify strengths and weaknesses. This portfolio should include summaries of feedback from the educational supervisor and significant achievements or difficulties. This will emphasise the importance of maintaining a portfolio of evidence of achievement, which will be necessary once they have completed PRHO training and their licence to practise is regularly revalidated. It will also provide those responsible with evidence that can be used to assess performance and progress.

Assessment based on evidence of performance

93. At the end of each placement, the educational supervisor must assess whether the PRHO has met the necessary outcomes. The educational supervisor must only sign the Certificate of Satisfactory Service if the PRHO has met the necessary outcomes.
94. When an educational supervisor assesses the performance of a PRHO, the following sources of documented evidence must be used.
- a. Direct observation of the PRHO's performance.
 - b. Reports from colleagues about the PRHO's performance.
 - c. Discussions with the PRHO about their performance.

- d. The PRHO's personal portfolio.
95. Also, there may be other sources of evidence that will provide a valuable insight into the PRHO's competence. These sources should be recorded and may include:
- a. feedback from patients who have been in contact with the PRHO; and
 - b. the outcome of audits.

Setting standards

96. Only those PRHOs who have successfully completed training must be signed up by their university or their postgraduate dean (or other person the university authorise to sign on their behalf) before we grant full registration. Assessment procedures must allow those responsible to be confident that PRHOs have met the outcomes set out for training at an appropriate level, and are performing in line with the principles set out in Good Medical Practice.
97. As a result, those responsible for training must:
- a. have a clear process for developing the measures for assessment that will be used for assessing PRHOs' progress and performance;
 - b. publish the assessment measures that educational supervisors will use to assess PRHOs' progress and performance;
 - c. provide educational supervisors with guidance and training when using these measures;
 - d. check that educational supervisors apply the measures consistently and fairly; and
 - e. make sure that educational supervisors identify the evidence on which the Certificates of Satisfactory Service have been completed.
98. A named representative of the university, normally but not necessarily the postgraduate dean, must be responsible for filling in the Certificate of Experience based on the Certificates of Satisfactory Service signed by educational supervisors.

Monitoring PRHOs' progress

99. Those responsible for monitoring PRHOs' progress must have effective and fair procedures for identifying and supporting any PRHO who is failing to achieve the outcomes set out in this guidance and in Good Medical Practice. When those cases have been identified, those responsible for monitoring PRHOs' progress must take appropriate action with the other organisations involved in training PRHOs.
100. Those responsible for monitoring PRHOs' progress should tell PRHOs about these procedures so that they understand their rights and responsibilities. They should give counselling to any PRHOs who fail to complete training satisfactorily and, if appropriate, provide further training that will allow them to gain full registration.
101. Those responsible for PRHOs' progress must tell PRHOs about any problems in their performance or progress as soon as possible. They must not be allowed to complete training before being told about any problems. PRHOs must

- normally have the chance to correct any problems in their performance, and those responsible for monitoring PRHOs' progress must provide appropriate support and, where appropriate, further training.
102. We have designed the outcomes in The New Doctor so that they should be met in one year by a PRHO who is working full time. However, we recognise, that for a small number of PRHOs, even working full time, it may take more than a year. In these circumstances, the PRHOs will need to be closely supported by their educational supervisor and postgraduate dean. Their progress in this second year will need to be particularly carefully recorded. In normal circumstances, we would not expect PRHOs to continue in practice if they have failed to meet the outcomes within two years. These arrangements apply to doctors who are working full time. There are many reasons that are not related to the ability of the doctor to achieve the necessary outcomes but which may mean that the doctor will want to take more time to meet the outcomes. Examples include taking time off for personal or family reasons, ill health and so on. Doctors in this category should tell, and ask for guidance from, their university and their postgraduate dean if they plan to take time off or to work less than full time. They must also discuss with their university and their postgraduate dean arrangements to make sure they can come back into practice safely.
103. Universities should give us details of any PRHOs who are not able to meet the standards set out in our guidance following 'remediation' (special training for PRHOs who need it), mentoring and counselling. If a university becomes aware of a serious mistake, which could call into question the PRHO's registration, they should tell us immediately.

PRHOs' health and conduct

General principles

104. The safety of the public must always come first.
105. All PRHOs, including those with a wide range of disabilities and health conditions, can achieve full registration as long as they meet all the outcomes set out in these recommendations.
106. Universities must make sure that they are able to make a positive recommendation that a PRHO is fit to practise before signing the Certificate of Experience to confirm to us that the PRHO has met the necessary outcomes and is eligible for full registration.

PRHOs with a lasting disability

107. We need to encourage those responsible for training to design original and individual training programmes to help PRHOs with disabilities to meet the outcomes set out in this guidance. Those responsible for training must make sure they meet the Disability Discrimination Act 1995 and other relevant legislation, and good practice in designing, putting into practice and assessing individual training programmes. Outcomes should be assessed to the same standard, but

- reasonable adjustments may need to be made to the method of education and assessment while protecting patient safety. Each person's situation is different and so has to be considered individually by those responsible for training, with the employing trusts. Further support and training must be provided for any PRHO who has not been able to complete training because of ill health or a disability.
108. Under Section 10(4) of the Medical Act 1983, we can approve training programmes that are not able to meet the current legislative requirements that otherwise apply. Where this is the case, the university and the postgraduate dean must apply to our Education Committee for approval for the programme. When applying, the university must provide the following.
- a. The PRHO's name.
 - b. Details about the nature of the disability, the likely prognosis and a description of the resulting restrictions of the PRHO's skills and abilities. They should also include any accommodation available to the PRHO.
 - c. Full details of the training programme that the university want to offer, showing how the PRHO will achieve the necessary outcomes.
 - d. Whether the experience will be gained full time or part time.
109. We will consider all applications. We have no power to put conditions on the practice of fully registered doctors (other than through our fitness-to-practise procedures).
110. As well as this statutory procedure, the Education Committee also has procedures in place to provide advice and guidance for those responsible for training in meeting the outcomes set out in this guidance. They can get advice from the Education Committee by writing to:

The Chair Education Committee GMC Education and Development 350 Regents Place Euston Road London NW1N 3JN.

Passing on information about PRHOs

111. PRHOs who are ill have the same right to confidentiality as other patients.
112. Doctors providing medical care for PRHOs should follow the guidance in Confidentiality: protecting and providing information. Passing on personal information without permission may be justified where failure to do so could result in death or serious harm. Doctors should not pass on information, without the PRHO's permission, unless the risk posed to patients is so serious that it outweighs the PRHO's rights to privacy. Responsibility towards the current and future patients of a PRHO is still the overriding factor in any situation of doubt. Those responsible for training, and all those involved in delivering training, must remember that PRHOs will be in close contact with patients throughout their training.
113. Doctors providing medical care for PRHOs should consult an experienced colleague or get advice from a professional organisation (including us) if they are not sure whether passing on information without a PRHO's permission is justified.
114. Any concern about a PRHO should be reported to the educational supervisor.

115. PRHOs who have difficulties with physical or mental health, or drug or alcohol misuse, must be encouraged to get appropriate help so that they can receive informed advice and support, including adapted training.
116. All those involved in delivering PRHO training must share relevant information and work together to make sure that patients are effectively protected.

The responsibilities of PRHOs to protect patients

117. Under Good Medical Practice, doctors must take responsibility for their own health in the interests of public safety. PRHOs must follow this guidance. If a PRHO knows, or has reason to believe, that he or she has a serious condition which could be passed on to patients, or that their judgement or performance could be significantly affected by a condition or illness (or its treatment), they must take and follow advice from a consultant in occupational health or from another suitably qualified doctor on whether, and in what ways, they should change their clinical contact with patients. PRHOs must not rely on their own assessment of the risk to patients.
118. Detailed guidance on infectious risk is set out in more detail in our document Serious Communicable Diseases, which all doctors should follow.

The responsibilities of other doctors and health professionals to protect patients

119. All those who teach, supervise, give counselling to, employ or work with PRHOs are responsible for protecting patients. Where there are serious concerns about a PRHO's performance, health or conduct, immediate steps must be taken to investigate the concerns to identify whether they are well founded and to protect patients. This information should normally be brought to the attention of the PRHO's educational supervisor.

The duties of those responsible for training to protect patients

120. Those responsible for training must make sure that no member of the public is harmed as a result of taking part in training their PRHOs.
121. Those responsible for training have a responsibility to share information about PRHOs that is relevant to their development as a doctor, both before and during the PRHO placements. Where possible, the PRHO should agree to this. When the PRHO does not agree, or is not able to do so, those responsible for training must consider the PRHO's rights to confidentiality and any serious risk posed to patients, the public, themselves or colleagues when deciding whether to share information with other people involved in training the PRHO. PRHOs cannot be allowed to continue training if they pose a risk to patients or the public. In some circumstances, if the PRHO is not able or not willing to agree to information being revealed, it may be that they are not able to continue training and meet the outcomes of training. In these circumstances, that information

- should be passed to us and to the PRHO. Further information on this subject is provided in our guidance *Confidentiality: Protecting and Providing Information*.
122. By confirming that a PRHO has met all the necessary outcomes of training, the person appointed for this purpose by those responsible for training is confirming that the PRHO has achieved the outcomes of training and practises in line with the principles of professional practice set out in Good Medical Practice.
123. Those responsible for training must have procedures to do the following.
- a. Identify (as early as possible) PRHOs whose conduct gives serious cause for concern or whose health is affected to such a degree that it could harm the public.
 - b. Provide those PRHOs with support when appropriate.
 - c. Make sure that if PRHOs are still a risk to patients, they are not signed up as having completed training satisfactorily. (Information about these PRHOs should be passed to us.)
 - d. Provide only honest and justifiable comments when giving references for, or writing reports about, PRHOs, and include all relevant information which relates to PRHOs' competence, performance and conduct.

Putting the recommendations into practice

124. Our Education Committee is responsible for making sure that those responsible for training put these recommendations into practice when developing and monitoring training and associated assessments. It will do so within the statutory framework and responsibilities set out in the following pages.

What the law says about general clinical training UK law

125. The powers and duties of our Education Committee under Part II of the Medical Act 1983 (as amended) are set out below.
126. Generally, graduates who hold a UK primary medical qualification (PMQ) are entitled to provisional registration. However, provisional registration is not automatic in all cases. It is not automatic if a UK graduate:
- has been convicted, or cautioned, for a criminal offence in the United Kingdom;
 - has been convicted, or cautioned, in another country of an offence that would be classed as a crime in the United Kingdom; or
 - has been declared unfit to practise as a member of a health or social care profession by the professional regulatory body concerned, whether in the UK or elsewhere.

In any of these exceptional circumstances, we may decide not to grant provisional registration.

127. Provisional registration allows graduates to work under supervision as a PRHO and to show that they are fit to become fully registered doctors.

128. Training must be provided in approved hospitals, approved institutions or approved medical practices.

European Union law

129. Under European Council Directive 93/16, members of the European Union must recognise medical qualifications awarded by the other members “as far as the right to take up and pursue the activities of a doctor is concerned”.
130. Article 23 of the Directive says that the period of basic medical training must be at least a six-year course or 5,500 hours of theoretical and practical instruction given in a university or under the supervision of a university. ‘Basic medical training’ is the period leading up to full registration and so includes training as a PRHO. In the UK, general clinical training (PRHO training) is part of basic medical education.

Responsibility for training provisionally registered doctors in the UK

The GMC

131. We are responsible for the following.
- a. Deciding the outcomes PRHOs must meet for full registration.
 - b. Making sure (through written enquiries and on-site visits) that training allows PRHOs to meet our requirements and that the outcomes we set are maintained.
 - c. Setting the outcomes that PRHOs need to achieve in order to be signed up at the end of training.
 - d. Appointing visitors to report on the quality of training.
 - e. In the light of the outcome of visits, to tell those responsible for training about our findings.
 - f. Designing the Certificate of Experience, which tells us if a PRHO has satisfactorily completed training.
 - g. Giving EU nationals with appropriate medical degrees provisional registration. This allows them to work as a PRHO in the UK and to gain the clinical experience needed for an EU PMQ.
 - h. Considering applications under Section 10 (4) of the Medical Act 1983.
 - i. Giving full registration to PRHOs who have successfully completed training, unless they:
 - have been convicted, or cautioned, for a criminal offence in the United Kingdom;
 - have been convicted, or cautioned, in another country of an offence that would be classed as a crime in the United Kingdom; or
 - have been declared unfit to practise as a member of a health or social care profession by the professional regulatory body concerned, whether in the UK or elsewhere.

In any of these exceptional circumstances, we may decide not to grant provisional registration.

The universities with medical schools

132. Universities with medical schools must follow this guidance, and the requirements of the EU Medical Directive, when arranging training for their graduates.
133. Universities are responsible to the public, to employers and to the profession for the quality of their graduates who are progressing from basic medical education to specialist training. When a representative of a university says a PRHO has completed training satisfactorily, this is confirming to us that the PRHO has reached the necessary standard of practice and meets the requirements of our guidance, the Medical Act and the EU Medical Directive.
134. Universities must make sure that someone is responsible for the following. This individual will normally be the postgraduate dean but this may vary at universities throughout the UK. A description of how responsibility is normally passed down is set out in annex B. If there are not alternative agreements, we will assume that the university, the postgraduate deans and the NHS have agreed to take on responsibility as set out in annex B.
- a. Making sure that all PRHOs receive appropriate training by approving and inspecting training programmes provided by the university's local NHS partners.
 - b. Identifying educational supervisors and making sure that they are provided with training that helps them to carry out their duties. PRHOs must be told the name of their educational supervisor before they start a placement.
 - c. Making sure that all PRHOs receive regular constructive feedback on their performance.
 - d. Taking action to put things right when major problems with the trainee or the training are identified.
 - e. Providing educational supervisors with support and training, and dealing with any who do not carry out their responsibilities appropriately.
 - f. Making sure that all PRHOs get the necessary balance of general experience in medicine and surgery.
 - g. Making sure that PRHOs receive induction training and appropriate educational opportunities.
 - h. Making sure that PRHOs are able to get the occupational health support, counselling and careers guidance they need.
 - i. Confirming to us that PRHOs have completed training satisfactorily and are fit to be fully registered.
 - j. Applying to us under section 10(4) of the Medical Act 1983 for approval for an alternative pattern of PRHO experience for any doctor who is prevented (by a lasting disability) from starting on, or completing, some of the experience needed for full registration.

- k. Following equal opportunities legislation when training, including the Race Relations Act 1976 as amended and the Disability Discrimination Act 1995 as amended.

The UK health departments

135. The health departments should make sure that NHS local organisations work with universities so that PRHOs get appropriate training in the whole of the UK.
136. The health departments have a duty to make facilities in NHS hospitals and other premises available for PRHOs to receive training.

NHS trusts

137. NHS trusts provide health care and the environment in which PRHOs are trained. They must make sure that PRHOs can work safely and securely in placements where training is provided, and put in place appropriate structures for making sure that high-quality training is delivered. Trusts are responsible for:
 - a. employing PRHOs as doctors in training and carrying out appropriate checks;
 - b. providing appropriate resources, supervision, support and time for education and training to PRHOs and to those health professionals involved in their education and training;
 - c. making sure that the domestic facilities available to PRHOs meet the agreed UK and national standards;
 - d. providing access to occupational health services, disability services, counselling facilities and careers guidance;
 - e. providing appropriate induction training for PRHOs, including risk management and indemnity (financial protection against claims); and
 - f. following equal opportunities legislation in training and employment, including the Employment Equality (Sexual Orientation) Regulations 2003, the Employment Equality (Religion and Belief Regulations 2003, the Sex Discrimination (Gender Reassignment) Regulations 1999, the Disability Discrimination Act 1995 as amended, and the forthcoming EC Directive on Age (expected by 2006), the Race Relations Act 1976 or the Sex Discrimination Act 1975.
138. NHS trusts must make sure that someone is responsible for:
 - a. co-ordinating PRHO training and working with their partner universities;
 - b. telling university partners about any changes in policies or practices that might affect training;
 - c. making sure that PRHOs receive appropriate training (including induction) and supervision;
 - d. making sure that teams and units identify and use the skills and abilities of their staff effectively;
 - e. making sure that doctors with training responsibilities are given appropriate recognition and support; and

- f. encouraging PRHOs to comment on the quality of the training they have received.

The responsibilities of doctors

- 139. All doctors, including PRHOs, must follow the principles of professional practice set out in *Good Medical Practice*.
- 140. All doctors should be willing to contribute to the education of PRHOs. They should recognise the importance of role models in developing appropriate attitudes and behaviours towards patients and colleagues.
- 141. Doctors with particular responsibility for supervising PRHOs must develop the skills, attitudes and practices of a competent teacher. They must also make sure that PRHOs are properly supervised.
- 142. Doctors must be honest and objective when appraising or assessing the performance of PRHOs, including those they have supervised or trained. This is a requirement of Good Medical Practice. Patients may be put at risk if a doctor describes as competent any PRHO who has not reached or maintained a satisfactory standard of practice.

Annex A

Content of the learning agreement

Learning agreements must include the following.

- a. The training outcomes, and the learning opportunities and experience that will allow these to be met.
- b. The number, length and location of placements included in the programme.
- c. The clinical duties for each placement in the programme.
- d. A named educational supervisor for each placement and details about how educational supervision will be co-ordinated throughout the programme.
- e. A named clinical supervisor for each placement and details about the clinical supervision that will be provided.
- f. A named individual for each placement who is responsible for making sure that training is delivered in line with the learning agreement. (The educational supervisor, clinical supervisor and the individual responsible for making sure training is delivered in line with the learning agreement may be the same person or they may be different people.)
- g. >The academic and welfare support, including occupational health services, that will be provided.
- h. The learning resources and facilities that will be provided.
- i. How and when performance and progress against the outcomes will be assessed.
- j. What will happen if the standards of practice and conduct set out in Good Medical Practice are not met.
- k. How to appeal if academic performance or fitness to practise does not meet the necessary standards.

1. How the quality of training will be monitored, including how the PRHO's comments and views on training will be collected, considered and acted on.

Annex B

Responsibility

Responsibility for PRHO training is complicated because of the number of different people and organisations involved, and because of the many aspects of responsibility. Legally, responsibility lies with the university the PRHO graduates from. However, in practice, this responsibility is often given to other organisations.

All PRHOs should receive the following information before starting the Foundation Programme.

Unless there is a written agreement that says otherwise, we will assume that the organisations set out in the following table will have responsibility for the corresponding aspect of a PRHO's training. The first organisation has lead responsibility for making sure each aspect of responsibility is put into practice.

We recommend that someone at the university keeps the following information, on behalf of the postgraduate dean and on behalf of the employing NHS trust.

Name of PRHO:.....

GMC registration number:.....

University contact:

Name:

Job title:

Address:

E-mail address:

Phone number:

Postgraduate dean contact:

Name:

Job title:

Address:

E-mail address:

Phone number:

NHS employer contact:

Name:

Job title:

Address:

E-mail address:

Phone number:

Responsibility

Organisation

Careers advice

University, postgraduate dean and NHS

Approval and internal quality assurance, and maintaining high-quality training in the Foundation Programme

Postgraduate dean

Approval for graduate to do the Foundation Programme

University

Information and recruitment to the Foundation Programme

Postgraduate deans

Shadowing, employment, handover and induction

Local postgraduate dean or the local NHS trust employing the PRHO

Identifying and training the educational supervisor

Local postgraduate dean or the local NHS trust

Learning facilities and resources

Local postgraduate dean or the local NHS trust

Appropriate job content and educational supervision

Local postgraduate dean or the local NHS trust

Regular constructive feedback to help PRHOs develop

Local postgraduate dean or educational supervisor

'Summative' assessment to identify whether the PRHO has gained the necessary competencies

Local postgraduate dean

Taking action to put problems right, fitness to practise issues, and communication with relevant people

Local postgraduate dean or university

Occupational health, welfare, support and counselling

Local postgraduate dean or the local NHS trust

Confirming that a PRHO has completed training

University or local postgraduate dean

Section 10(4) applications

University or local postgraduate

Internal quality assurance of programmes	dean on behalf of the university
External quality assurance of programmes	Postgraduate dean Us

Nothing in this table alters any legal responsibilities these organisations may already have.

In this table, 'local' means where the PRHO is employed (which is not necessarily where the PRHO had studied as an undergraduate).

Glossary

Appraisal	A positive process to provide feedback on the PRHO's performance, chart their continuing progress and identify their development needs.
Certificate of Experience	A legal document which universities, or those nominated on their behalf, fill in to tell us that a PRHO has satisfactorily completed training.
Certificate of Satisfactory Service	A document that supervising doctors sign to show that a PRHO has satisfactorily completed an individual training placement.
Clinical setting	Any environment in which a patient is seen by a health professional.
Clinical supervisor	The professional responsible for teaching and supervising a PRHO.
Competencies or competences	The skills that doctors need.
Educational supervisor	The doctor responsible for making sure that a PRHO receives appropriate training and experience, and who decides whether individual placements have been completed successfully.
Experiential learning	Development of knowledge, skills, attitudes and behaviours by doing a job.
General clinical training	The period of training (normally 12 months) that allows new doctors to show they are fit to be granted full registration.
Interdisciplinary	People from the same profession (for example, doctors) who specialise in different areas (such as children or the elderly) working or learning together.
Interprofessional	People from different professions (for example, doctors and nurses) working or learning together.
Licence to practise	This gives someone the legal right to practise as a doctor.
Locum	A locum doctor is one who is standing in for an absent doctor or temporarily covering a vacancy in an established post.
Manage	To care for a patient or treat a disease or condition. To do so, a doctor co-ordinates and takes responsibility for the course of action identified for this purpose.
NHS trusts	NHS hospitals and groups of general practices that provide health care services.

Outcomes	The skills that PRHOs must be able to demonstrate at the end of their training.
Pre-Registration House Officer (PRHO)	A newly graduated doctor who has provisional registration. This gives the doctor an opportunity to show that they are fit to be granted full registration.
Revalidation	Where doctors have to regularly show that they are up to date, and fit to practise medicine. This will mean that they are able to keep their licence to practise.
Supervision	Supervision may be direct or indirect. The level of supervision should be appropriate to make sure patients are safe and cared for.
Training programme	A programme designed to provide PRHOs with the experience and training needed to complete training successfully. This will be made up of a series of placements.

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Useful GMC contacts

The GMC and medical education Checking a doctor's registration Phone: 0845
Phone: 0845 357 8001 E-mail: 357 3456 E-mail: registrationhelp@gmc-uk.org
education@gmc-uk.org

Fitness to practise enquiries Phone: **Inquiries about standards and ethics** Phone:
0161 923 6402 E-mail: [practise@gmc-](mailto:practise@gmc-uk.org) 020 7189 5432 Fax: 020 7189 3401 E-mail:
uk.org standards@gmc-uk.org

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