

Factors influencing teaching and learning in the preregistration year

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Preregistration training is a transitional period in the career of new medical graduates as they complete their final year of basic medical education in practice settings. This study gathered the views of both preregistration house officers and their educational supervisors on preregistration training in the Mersey Deanery between August 2000 and August 2001.

BACKGROUND

In the late 1980s and early 1990s preregistration training was associated with long hours of work, high stress levels, poor accommodation, lack of support and lack of educational opportunities (Saunders, 1987; Dowling and Barrett, 1991; Firth-Cozens, 1990; Calman and Donaldson, 1991; Godfrey, 1991; Fraser, 1991; Towle, 1991; Johnson, 1992). In the early 1990s the General Medical Council (GMC)'s initiatives at undergraduate level (GMC, 1993) and the recommendations of Calman on specialist training (Department of Health, 1993) led to pressure for reform of the preregistration year. The general feeling was that preregistration house officers (PRHOs) needed senior support and a formal educational programme at trust level to add structure to their training while still completing their basic medical education.

The GMC Education Committee, after completing a series of inspections of medical schools during 1995 and 1996, published *The New Doctor* (GMC, 1997) establishing recommendations on general clinical training. Responsibilities for all those involved in the preregistration year, including the PRHOs themselves, were set out in detail with a 3-year deadline for recommendations to be implemented.

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Professor Sir Charles George, Chair of the GMC Education Committee in 1997, emphasized in the foreword to *The New Doctor* that it was important that all those involved in the preregistration year discharged their responsibilities (GMC, 1997).

As well as setting out the responsibilities of those involved in the preregistration year, *The New Doctor* proposed that service-based, experiential learning should underpin the preregistration year.

After the publication of *The New Doctor*, Dunn and Chaput de Saintonge (1997) stressed how important it was that educational supervisors who were expected to facilitate self-directed learning among trainees received appropriate training. For full implementation of *The New Doctor* recommendations to take place, educational supervisors would have to discharge their responsibilities and this would require formal training in the role, and resources (Association for the Study of Medical Education, 1997).

The study reported here explores the views of both educators and learners on preregistration training to assess the extent to which posts in the Mersey Deanery met guidelines set out in *The New Doctor*, 3 months before the April 2000 implementation deadline set by the GMC Education Committee.

INTRODUCTION

The overall study, only part of which is reported here, addresses a number of key research questions that focus on preregistration training. The study explores the origins of recent reforms in preregistration training and the degree of implementation of these reforms. The

long-term aim of the study is to collect information that will aid the Deanery in its efforts to improve the teaching and learning environment for PRHO training in the Mersey region. This paper draws specifically on questionnaire data that addresses the question: to what extent are PRHOs within the Mersey Deanery trained effectively in response to the principles and stipulations of *The New Doctor*?

Study populations

The study populations were all PRHOs in the Mersey Deanery in post between August 2000 and July 2001 ($n=237$) and all Mersey Deanery educational supervisors of PRHOs ($n=166$). The majority of PRHOs (166) had graduated from the traditional University of Liverpool curriculum.

Study design

The study design was sequenced in such a way that each stage of the data collection process was intended to inform the next. Questionnaire items were based on *The New Doctor* recommendations. Responses were invited on either a five-point Likert rating scale or on a yes/no/unsure basis.

The postal questionnaire sent to PRHOs (148 responses from 237, 62.4% response rate) raised themes discussed in four PRHO focus groups, generating questions for a second PRHO questionnaire (127 responses from 227 distributed, response rate 55.9%), and twenty PRHO semi-structured interviews. At the same time educational supervisors were sent a questionnaire (108 responses, 65.1% response rate) comparing their perspectives with those of the learners, gener-

ating questions for twenty semi-structured interviews. Five semi-structured interviews with those involved in writing *The New Doctor* and those involved locally in implementing GMC recommendations were also undertaken, exploring the origins of recent reforms.

QUESTIONNAIRE RESULTS

The questionnaires explored eight themes that together shed light on the extent to which PRHOs within the Mersey Deanery are trained effectively in response to the principles and stipulations of *The New Doctor* (GMC, 1997):

1. Educational supervisor and PRHO familiarity with *The New Doctor*
2. Formal training in educational supervision
3. Shadowing
4. Feedback
5. Help and advice
6. Teamwork
7. PRHO learning plan
8. PRHOs' role in educational settings.

Educational supervisor and PRHO familiarity with *The New Doctor*

The New Doctor documents the roles and responsibilities of all those involved in the preregistration year. Therefore PRHOs and their educational supervisors were asked to rate how familiar they were with *The New Doctor* document. Eighty-two (55.4%) PRHOs and 35 (32.4%) educational supervisors reported they were not familiar with *The New Doctor*.

Formal training in educational supervision

Taking into account Dunn and Chaput de Saintonge's (1997) argument that medical teachers need the tutoring skills to enable trainees to learn at a self-directed pace, educational supervisors were asked whether they had received any formal training to undertake the role. Fifty-three educational supervisors (50.5%) felt they had not received any formal training in educational supervision.

Shadowing

The majority of the PRHOs from this study cohort were in their fifth year of the traditional medical curriculum at

University of Liverpool when they were given the opportunity to prepare for their preregistration year by working for up to a week with the PRHO they were going to replace in August 2000. PRHOs who had undertaken this form of 'shadowing' and educational supervisors were asked how valuable this had been in the preparation process for their role. One hundred and five PRHOs (97.2%) and 91 educational supervisors (89.2%) valued shadowing as part of the preparation process.

Feedback

The New Doctor highlights the importance of educational supervisors giving their PRHO personal attention and monitoring and discussing progress with their PRHO. Seventy-two PRHOs (57.1%) who responded to the second questionnaire felt they did receive regular informal feedback, while 46 (36.5%) felt they did not. Although 62 (60.8%) educational supervisors felt PRHOs received regular feedback in their roles, 21 (20.6%) acknowledged that PRHOs did not and 13 (12.7%) were unsure.

Help and advice

The New Doctor recommends that PRHOs should always be able to seek help and advice from a more experienced colleague as they are still to complete their basic medical education. One hundred and fourteen PRHOs (77%) stated they were always able to ask for help and advice from their senior colleagues. However, 22 (14.9%) claimed that they were not always able to ask for help and 12 (8.1%) were unsure.

Teamwork

One hundred and five PRHOs (71.9%) felt valued as part of the team, a requirement of every PRHO post as stated by *The New Doctor*. However, ten PRHOs (6.9%) did not feel valued and 31 (21.2%) were unsure.

PRHO learning plan

Every educational supervisor is expected to issue the learning agreement and explain its purpose (GMC,

1997) to their PRHO soon after the post begins. This forms the basis of the assessment process to be carried out by the consultant. This learning agreement sets out the learning objectives following discussions with the trainer and trainee. One hundred and six PRHO respondents (72.1%) from the first questionnaire confirmed that they developed a learning plan with their educational supervisor. However, 41 (27.9%) stated they had not. Educational supervisors were asked how much emphasis they placed on the learning plan when meeting with their PRHO. Although 67 educational supervisors (66.3%) claimed to place emphasis on the learning plan, 34 (33.7%) indicated that they placed little emphasis on it. This is a matter of some concern given the importance currently attached to the learning plan.

PRHOs' role in educational settings

Educational supervisors were asked to rate the extent to which PRHOs play an active role in the educational settings as set out in *The New Doctor* (GMC, 1997) (*Table 1*). From a positive standpoint 66 (62.9%) found that PRHOs played a very active role in ward rounds. More disconcertingly, educational supervisors reported that PRHOs never played an active role in X-ray meetings ($n=45$, 48.9%), pathology/histology demonstrations ($n=48$, 68.6%), case conferences ($n=41$, 44.1%), and clinical audit and cross-specialty meetings ($n=49$, 48%).

DISCUSSION

A questionnaire study of senior and junior hospital doctors ($n=593$) by Wall and McAleer (2000) identified four key attributes that effective educational supervisors should possess:

1. The creation of an educational climate within the team
2. The provision of constructive feedback
3. Assessment of the trainee's progress and their learning needs
4. Keeping up to date as a teacher.

Considering these four attributes, Paice et al (2002), when focusing on the relationship between PRHOs and their consultants, stated that educational

TABLE 1.
Educational supervisors' responses to question: In general do you find preregistration house officers play an active role in: (1 = never to 5 = very active)

	1 and 2	3	4 and 5	n
Ward rounds	14 (13.3%)	25 (23.8%)	66 (62.9%)	105
X-ray meetings	45 (48.9%)	34 (37.0%)	13 (14.1%)	92
Pathology/histology demonstrations	48 (68.6%)	18 (25.7%)	4 (5.7%)	70
Case conferences	41 (44.1%)	40 (43.0%)	12 (12.9%)	93
Clinical audit meetings and cross-specialty meetings	49 (48.0%)	41 (40.2%)	12 (11.8%)	102

supervision is variable and a lot depends on the consultant's natural sensitivity to the educational needs of their trainee.

The findings from this study also provide evidence that there are aspects of the PRHO educational experience that require attention. The fact that half of the educational supervisors who responded to the questionnaire had not received any formal training raises concerns about the extent to which they can keep up to date with specific components of their role (e.g. facilitating experiential and reflective learning, using the learning plan effectively and providing informal feedback).

It is somewhat disappointing, given the efforts of the Deanery, the Colleges and individuals, including the postgraduate dean, associate postgraduate deans, regional advisors and clinical tutors who have been running programmes such as 'training the trainers' on educational supervision since 1997 that the uptake has not been greater. A strategy to maximize uptake needs to be developed since all educational supervisors need formal training to provide them with the knowledge and skills to discharge their responsibilities within an experiential learning environment.

The GMC recommendations will be fully implemented and realized only if trainees and trainers are familiar with the spirit and content of *The New Doctor*. This appears not to be the case according to the responses given in the questionnaires. Accordingly, it is vital that awareness is raised among both learners and teachers of their responsibilities in the preregistration year.

Currently, *The New Doctor* document is distributed to all new PRHOs during the induction programmes held in every NHS trust. However, a great deal of other documentation and information is also distributed at this time and PRHOs may have overload. A recommendation that *The New Doctor* document should be distributed to fifth year medical undergraduates as they take part in the shadowing process is to be implemented by the Mersey Deanery.

The overall quality of the PRHO learning experience depends on house officers being equipped with the skills and opportunity to learn and progress in such a difficult year. The shadowing process in the Mersey region has helped to prepare PRHOs for the year ahead. However, there are many educational supervisors who have not undertaken formal training and may not therefore be equipped with the knowledge and skills required to facilitate experiential and reflective learning on the part of PRHOs. This represents a formidable obstacle to the ideals of

PRHO education envisaged by *The New Doctor* and, arguably, a barrier to the progress in improving the quality of the PRHO learning experience. **HM**

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KEY POINTS

- Educational supervisors should undertake formal training in order to equip themselves with the knowledge and skills to facilitate experiential learning and discharge their responsibilities as set out in *The New Doctor*.
- Educational supervisors and preregistration house officers (PRHOs) need to familiarize themselves with *The New Doctor* recommendations.
- 'Shadowing' is universally valued by trainees and their educational supervisors.
- Most PRHOs feel part of a team and feel able to ask for help and advice but educational supervisors feel their contribution is limited to ward work and does not extend to X-ray meetings, pathology/histology demonstrations, case conferences, and clinical audit and cross-specialty meetings.