

Transfer of information from medical schools

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Identifying and highlighting 'at-risk' preregistration house officers (PRHOs) has the potential of focussing support and training in a manner that improves the likelihood of successful completion of the PRHO year. The Faculty of Medicine at Imperial College Medical School has piloted and implemented a simple form which has been used to identify at-risk PRHOs. The authors' experience indicates that this mechanism has the potential to provide a robust means of communication between medical schools and trusts employing PRHOs and thereby allow intervention at an earlier stage, in order to improve the performance of an at-risk PRHO.

INTRODUCTION

A number of preregistration house officers (PRHOs) get into difficulties during their PRHO year and although on most occasions this situation will be dealt with by local action taken during the PRHO year, occasionally a remedial period of training as a PRHO is required before full registration with the General Medical Council (GMC) (Paice et al, 1999). It is only in exceptional circumstances that a PRHO is deemed to be unsuitable for a future career as a medical practitioner.

There is a perception that the number of PRHOs who experience difficulties has been increasing. It is probable that this increase does not represent a real change in the performance of PRHOs, or an inadequacy of their training, but merely represents the fact that the appraisal and assessment process for PRHOs has become far more formalized over the last 10 years. As a result problems that were previously not being brought into the open are now being recognized.

Many problems experienced by PRHOs can be predicted on the basis of information accrued during their medical school career. It seems intuitive that a medical student who has experienced considerable problems in

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achieving graduation is likely to experience performance problems during his/her PRHO posting. Similarly a medical student who has experienced recurrent psychological problems is also at risk of experiencing such problems during his/her PRHO posting, particularly given the significant psychological stress he/she may be under while working as a PRHO (E Paice, unpublished data, 2003).

It does not follow from this, however, that a medical student who has failed one or two exams in his/her course has any greater likelihood of performing poorly as a PRHO. Equally there are occasions when a PRHO performs poorly even though no problems were ever identified during his/her medical school career. This latter situation, however, is unusual in regard to cases referred back to the medical school or deanery for consideration for remedial PRHO training.

TRANSFER OF INFORMATION

Amalgamation and growth has meant that medical schools have become larger institutions. In the typical medical school of the early 1970s a year would average between 90 and 120 students and it would be usual for the dean to obtain a reasonable idea of the issues relating to individual medical students qualifying from his/her medical school. The system for the dean passing on information informally to the clinical tutor was at that time accepted and effective. As the medical schools have enlarged (an average year now contains up to 350

students), this is no longer possible and it is unlikely that individual deans are going to have sufficient information to hand about all their medical students.

This historic mechanism relating to the passage of information from medical school to trusts has been informal and ad hoc, and often breaks down. Often clinical tutors receive no information on PRHOs and the first time issues are revealed is when the PRHO is well into their post, making it very difficult to intervene in a remedial fashion.

Transfer of information should be seen as a communication between the final 2 years of a training programme, leading to a fully registered medical practitioner (General Medical Council, 1997). The purpose should be to identify students who are at risk of poor performance and who may need extra support. There should be no other agenda to this process and this should be seen in a similar fashion to the mechanisms the medical school use to deal with a student, as they progress, through the individual years of a medical school curriculum.

It is the aim of a transfer of information process to ensure that PRHO training proceeds more efficiently and that the number of PRHOs who fail to perform is kept to a minimum. It is an objective of the transfer of information process to provide a PRHO's educational supervisor with sufficient information for him/her to focus support on PRHOs who may potentially experience difficulties.

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PRACTICAL ISSUES

There are a number of practical issues that have delayed the implementation of a robust transfer of information process. In the first instance, it has been difficult for medical schools to accurately collate the information that they perceive to be required for this process. This includes information related to examinations and performance. This becomes even more of an issue in relation to health and fitness to practice issues that may also need to be included in the transfer of information process. This issue may only be properly addressed when medical schools develop databases of sufficient sophistication to be able to collect this information.

Concern has also been raised with regard to both the confidentiality and the data protection issues of the transfer of information process. It is accepted that universities should not pass on information about PRHOs without their permission, unless the risk posed to patients is so serious that it outweighs the PRHO's right to privacy. Following on from this, questions have been raised in regard to whom should be viewing information on a potential PRHO, particularly if that contains details in relation to health and fitness to practice. Furthermore this becomes more concerning to potential PRHOs if the information is used as part of the employment process. Finally, consideration needs to be given as to how long this information needs to be held and who needs to hold it.

It might be expected that the presence of a psychological history would be identified and dealt with by the occupational health department of the employing trusts. It is, however, the authors' experience that occupational health departments tend to be reactive rather than predictive in regard to these matters.

The debate on these issues is ongoing. While there is an emerging consensus regarding the absolute minimum standard of protecting patients at all times, a suitable means of transferring information in order to improve the training of PRHOs has yet to be identified.

THE IMPERIAL SOLUTION

In order to advance this process, the Faculty of Medicine at Imperial College developed an intermediate solution, which has been trialed over the past 3 years. A transfer of information form was designed in collaboration with medical students.

The principles of this process are that the students would be in control of the process and that they would take responsibility for completing data entry. The process would be kept entirely within the boundaries of the University and the transfer of information would be to clinical tutors at employing trusts rather than to the employing trusts themselves. Finally this process would be separated from

the employment process, such that transfer of information forms would be delivered to the clinical tutors at employing trusts on the start date of a PRHO's contract.

The transfer of information form (*Figure 1*) contains sections that relate to the timing of the medical course and whether any delay has occurred. Questions are asked about prolonged absences for medical reasons and indications of any problems identified within clinical firms or attachments.

At the time of briefing medical students, great emphasis is placed on the fact that an individual who had failed an early exam and who subsequently had no further problems in their med-

Figure 1. Transfer of information form.

Confidential
The School of Medicine
Imperial College of Science, Technology and Medicine
Pre-Registration House Officer Year
Information for Clinical Tutors

Please complete the form below, which will be passed to the Clinical Tutor of your employing Trust(s) at the start of your PRHO post. The information will not be passed to your Educational Supervisor (usually the consultant you will be working for) or any other person without your permission. The purpose of passing information to your Clinical Tutor is to ensure that he/she is aware of any particular support or help you may need during your PRHO year. The process is intended to be entirely supportive to house officers.

Surname:
Other names:
Date of Birth
In which year did you commence your medical studies.
Date of completion of Basic Medical Sciences and Pharmacology:
BSc degree: give date of award, course, and class of degree awarded (if applicable)
Date of passing Part IV (Pathology) Month: Year:
Give date of your first entry into Finals: Month: Year:
Has your course been extended, or any examinations been postponed?
Please give details and dates of any periods of absence.
Have you been absent from your medical course as a result of illness? You may wish to give details (optional).
Have you been required to repeat any clinical firms/attachments?
Please give details.
Is there any particular information, which you feel will help your Clinical Tutor to support you in your PRHO year. You may wish to include particular concerns you have about the PRHO year.
Signed:
Date:

ical school career would not be picked out by the clinical tutor as an individual who had requires special attention. It was highlighted that the only individuals whom the clinical tutors were likely to pick up as requiring specific assistance would be those in whom there was a pattern of failure or concern.

The question about the BSc degree allows the students to add something positive about their course on the form, so that they do not feel this is an entirely negative affair. It also lets the clinical tutor know whether a student extended their course by a year to undertake a BSc, or whether there has been an extension for another reason. The date of passing pathology and the date of first entry into finals gives an indication of delay in passage through these exams. There is then an opportunity for the student to reveal whether their course has been extended or examination(s) postponed and whether they have had periods of prolonged absence.

The questions relating to extension of the course, absence through illness, or requirement to repeat any clinical firms allow the student to record details to a level that they feel is appropriate. Therefore, it allows them to record whether there were extenuating circumstances, but equally they are not necessarily required to reveal personal details that may have influenced these problems.

The students were reminded at the briefing session of the importance of giving truthful information on this form. They were reminded that the GMC would not look kindly on an individual who falsified a CV or application form for a post, or gave false information at an interview. It was felt that similar rules would apply in regard to this document.

The rules of the system stipulate that the form shall not be passed from the clinical tutor of the employing Trust to the PRHO's educational supervisor without the agreement of the individual PRHO. It was anticipated that if the form identified areas of concern the clinical tutor and the PRHO would discuss these. A deci-

sion would be agreed between them as to how much information should be passed to the educational supervisor in order for them to properly support the individual PRHO. The clinical tutors were informed that it was their responsibility to return the form to the PRHO.

IMPLEMENTATION

The transfer of information form was introduced at the medical school for the year qualifying in July 2002. Unfortunately because of delay in preparation, the form could only be launched in the April of that year and therefore was implemented with a briefing session to final year medical students in the run up to finals. Some students raised concerns over this period, but in the second and third years of this pilot, the forms were issued and the briefing session undertaken at the start of the final year. On these occasions, not a single concern was raised by any medical student in regard to this process.

Forms for the first year of this pilot were verified in the Undergraduate Medical School Office, using individual student files, and no inaccuracies were found on any of the forms. The PRHO committee subsequently decided that accuracy when completing these forms was a matter of integrity for students. Contributing to this decision was the fact that the medical school did not yet have the appropriate database containing information on issues such as health and fitness to practice, absences or illnesses and that it would be inappropriate and difficult to attempt to validate these sections of the form.

The forms were sent to the clinical tutors, who each received a bundle of transfer of information forms relating to the individual PRHOs who were commencing at their trust. It was anticipated that the clinical tutors would not require a significant amount of time to review the forms, as the majority would reveal no information that would require the clinical tutors to take any extra action in regard to that individual PRHO. The expectation was, however, that a small

number of PRHOs would be identified whom the clinical tutor would wish to meet with in order to discuss the contents of the transfer of information form. It was anticipated that in these circumstances the PRHO may be offered increased support both from the clinical tutor and, if agreed with the PRHO, from the educational supervisor. It was hoped therefore that these individuals would be highlighted at the earliest period of their PRHO career rather than any poor performance being drawn to the attention of the clinical tutor in the midst of their PRHO posting.

The response rate for completion of the transfer of information forms for the first year of the pilot was 56% and for the second 78%. It is the authors' view that the poorer response rate in the first year was probably contributed to by the anxiety that this process caused in its first year, as it was launched around the time of exams. For the third year of the pilot completion of the forms was made a mandatory part of the process of application for PRHO posts.

PRHOs were sent a questionnaire to complete, allowing them to express positive and negative attitudes towards the forms, and a separate questionnaire was sent to the clinical tutors.

The student response was poor (23 out of 250 students), however, a number of very specific issues were raised by individual students. A few students did not understand if the process was compulsory and how failure to fill in a form may affect a student's career. A second area of concern related to whether data would be added to the form by the Undergraduate Medical School Office and whether this would be accurate, and the third issue was a concern that academic performance may be being used as a marker of poor performance as a PRHO.

Only 2 out of the 23 students who completed questionnaires felt that the questions were too intrusive, similarly only 3 of the students felt that the questions were inappropriate.

Two students stated that they could have given further information but

declined to do so. Unfortunately, they did not relate what that information was, or how it might have been useful for their PRHO posting.

Many of the students felt that further questions should have been included to make this more akin to an application form and in particular questions about experience gained and extracurricular activities undertaken.

The response from the clinical tutors revealed that, as a group, they felt that they had received enough information on the process and that these forms provided information that they would otherwise have been unlikely to obtain during the PRHO's tenure. It was also the view of the majority of the clinical tutors that this information was provided earlier and was therefore more useful than anything they would have been likely to otherwise obtain.

The clinical tutors' view of the transfer of information form was that the questions asked were appropriate. Of the clinical tutors questioned, however, only one clinical tutor reported that the information that he received alerted him to a potential issue in regard to one or more of the PRHOs in his charge. The interpretation of this data is that the vast majority of PRHOs do not have issues raised on their transfer of information form and therefore the process has a neutral effect on their progress as a PRHO. This does not defeat the purpose of this process, as the number of PRHOs who have been referred back

to the medical school has only been between 2 and 12 per year over the last 5 years.

OUTCOME

During the first 18 months of the trial, 10 PRHOs were referred to the PRHO committee because of concerns raised about their performance. The problems included four episodes of psychological illness, aggravated by a first PRHO posting, two episodes of substance abuse and four of poor performance. Of these 10 PRHOs, only three had completed transfer of information forms. Of those who had completed transfer of information forms, no issues that could have alerted clinical tutors of potential problems were delineated and this was checked with their medical school file as being accurate.

The remainder did not complete transfer of information forms and on reviewing the medical school file it is probable that issues would have been picked up in five of these cases if the form had been completed fully and handed in. On the basis of these data the forms have now been made a mandatory part of the PRHO appointment process.

CONCLUSIONS

Transfer of information has proven to be a very difficult issue for medical schools to implement. The Imperial College system has attempted to introduce a transfer of information process that acts as a supportive process for

PRHOs. The response to this form and concerns raised delineate just how difficult it is to convince students that this is appropriate. Despite this there are increasing calls from employing trusts for more information to be made available to them about PRHOs who are about to start working within the organization and this process will probably become formalized within the next version of *The New Doctor* being produced by the GMC.

It is probable that in the future this issue will be dealt with in a similar manner to that which is being introduced for fully registered practitioners. This will be in the form of a medical school portfolio, which will be carried with the future doctor through their medical school career. It is clear, however, that the issues that relate to how one formulates this, collects data and validates them will be debated for a number of years before a full solution is implemented.

The Imperial College scheme is highlighted as an opportunity to move forward with students, for the benefit of PRHOs and indeed of the employing trust. It is anticipated that the end result of this process will be a reduction in the number of PRHOs who need to have their preregistration year extended for remedial training. **HM**

Conflict of interest: none.

General Medical Council (1997) *The New Doctor*. General Medical Council, London
Paice E, Orton V, Appleyard J (1999) Managing trainee doctors in difficulty. *Hosp Med* **60**: 130-3

KEY POINTS

- Many problems experienced by preregistration house officers (PRHOs) can be predicted on the basis of information accrued during their medical school career. However, processes for transferring information relating to PRHOs between the medical school and employing trusts is often an ad hoc and informal process and these systems often break down.
- The process of transferring information about a graduating medical student should be aimed at both supporting the PRHO and protecting patients.
- Attempts to institute a formal process of transfer of information have been complicated by issues relating to confidentiality, data collection and data protection.
- Imperial College have trialled and implemented a transfer of information process, which is student centred and which can facilitate early identification of PRHOs who are likely to experience difficulties.
- Over the trial period, data suggest that this process is likely to highlight a significant number of PRHOs who experience sufficient problems such that they are referred back to their university.