MEDICAL PRACTICE

Letters to a Young Doctor

Preregistration year: some background

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When you graduate from a university with a medical degree or obtain a diploma from a non-university licensing body—such as the Conjoint Board giving MRCS, LRCP—the university or appropriate body notifies the General Medical Council that you have passed their examinations. Graduates and diplomates must then apply to the General Medical Council for provisional registration. To obtain full registration the graduate must then do one year's work in approved posts—essentially six months in surgical disciplines and six months in medical ones. There may be variations on this, which appear in the GMC's *Recommendations as to Basic Medical Education* and the *Code of Good Practice for Universities and Medical Schools in Relation to the Preregistration Year*. The *Recommendations* outline the purposes of the preregistration year, and the *Code of Good Practice* says how those purposes should be ensured.

These documents should be consulted, but one extract from (page 11) the *Recommendations* of February 1980 may be helpful. It shows the variations in experience that may be acceptable for full registration.

"26. The essential requirements of balanced general experience in medicine and in surgery may be fulfilled by a variety of combinations of posts. Provided that the minimum requirement of at least four months in medicine in a wide sense and at least four months in surgery in a wide sense is met and that the posts held all afford good general experience, the precise distribution of time between general medicine, general surgery, and their specialties is not of first importance. The following list of acceptable combinations of posts is not intended to be comprehensive:

Six months in general medicine and six months in general surgery.

Six months in general medicine and six months in a surgical specialty recognised as affording general experience.

Six months in a medical specialty recognised as affording general experience and six months in general surgery.

Three months in general medicine and three months in a medical specialty, and three months in general surgery and three months in a surgical specialty.

Four months in general medicine and two months in a medical specialty, and four months in general surgery and two months in a surgical specialty.

Four months in general medicine, four months in general surgery, and four months in a specialty of either.

Four months in medicine and four months in surgery, and four months either in another clinical hospital discipline (including laboratory medicine) or in a health centre."

Flexible requirements

This statement was clearly intended to make the requirements for the preregistration year much more flexible than they had been, and attempts to widen experience into medical and surgical specialties, laboratory medicine, and general practice. Little progress has been made, however. The old patterns still prevail, in part because consultants do not like to change previous arrangements. They particularly do not like to have their housemen for less than six months, believing that the job cannot be fully understood in less time. Therefore, arranging rotations between jobs in general surgery and the surgical specialties may be difficult, though many rotations are now available.

Most difficult to arrange are jobs that last for four months, especially when allied with another leg of two months. Those who are in charge of the posts find it irksome to have frequent changes. Just when they are used to a particular junior doctor and he has learned the job he goes, leaving the consultant to start the training process all over again. Many consultants do not mind this, but others do. What many of them fail to realise

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is that posts for preregistration house officers are essentially for education not for service, though the best education may well be obtained by service work. The preregistration year is meant to round off the undergraduate years. During the undergraduate years the emphasis is on acquiring knowledge, and there is little opportunity to practise skills. The year spent in preregistration posts is meant to help to fill in the deficit, so that the new doctor may use his knowledge and learn the skills of communicating with patients as well as more technical skills.

Virtually no progress has been made in organising laboratory experience in the preregistration year. Entrenched attitudes may be responsible for this. As regards general practice, there have been a few experiments that have so far not worked very well. The reasons seem to be that the idea is new, that the people who ultimately wish to do general practice will get the experience they need later, and that few of those intending to do hospital medicine later wish to sample general practice at this stage of their careers. Finally, there is the problem that a graduate who has provisional registration is not allowed to prescribe medicines without someone who is fully registered countersigning the prescription. Thus, when a preregistration house officer has seen a patient in the surgery he nearly always has to ask his senior to go over the case so that a prescription may be written, signed, and countersigned. The house officer therefore carries almost no responsibility, and his senior has to check everything he does. This is not satisfactory on either side. It is hoped that the General Medical Council might be persuaded to change its rules in these special circumstances to make general practice a real option in the preregistration year.

The preregistration year is under the authority of the university, and thus should be an extension of the undergraduate years and primarily educational. Nevertheless, the education is derived largely through service work, which is considered to be the way to learn the craft of medicine as distinct from the academic knowledge. The preregistration year is a time of doing rather than one of theoretical acquisition. The university naturally delegates overseeing the preregistration year to the dean of the faculty of medicine. His authority may be handed on to someone else, usually the postgraduate dean. Since this is a special activity the faculty of medicine usually has a small preregistration house officer committee to oversee the preregistration period, trying to make sure that the newly qualified doctors obtain the educational experiences asked for by the General Medical Council. In practice, the work is done by the dean or postgraduate dean and their officers and is checked and advised on by the committee, to which the dean reports.

In the next article I shall describe how the preregistration posts are evaluated.

Lesson of the Week

Outbreak of chickenpox from a patient with immunosuppressed herpes zoster in hospital

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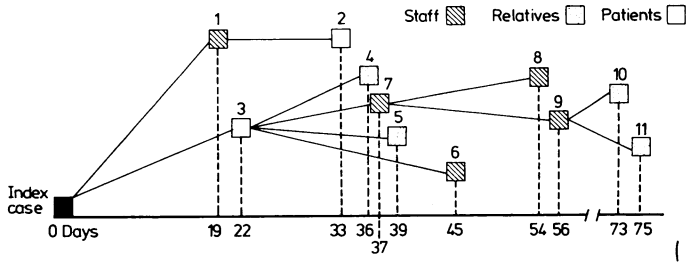
There is a tendency to forget that herpes zoster is infectious. Immunosuppressed patients may be particularly liable to transmit the virus and may cause serious outbreaks of chickenpox in other patients and staff. We describe such an episode in a combined haematology and gastroenterology unit, which resulted in the closure of a ward and contributed to the death of one patient.

Immunosuppressed patients who develop herpes zoster should be nursed in isolation

The outbreak (figure)

All individuals affected by this outbreak of herpes zoster infection were white British subjects. A 59-year-old man with advanced systemic sclerosis (the index case) was admitted to hospital with lobar pneumonia. He was taking prednisolone and azathioprine. Shortly after admission he developed typical herpes zoster lesions in the 4th and 5th thoracic segments. The lesions resolved spontaneously, and he was not isolated. A 19-year-old male nurse (case 1), who nursed the index case,



Eleven people were infected with herpes zoster from the index case over 75 days.

developed chickenpox 19 days from the onset of the original herpes zoster rash. He had also nursed a 75-year-old patient with lymphoma who was receiving treatment with cytotoxic drugs. This patient developed clinical chickenpox (case 2) 33 days after the index case. He was transferred to the infectious diseases unit and died three days later from his primary illness.

A 17-year-old woman patient (case 3) who had chronic active hepatitis and was receiving prednisolone and azathioprine

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