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Risk Alert: work placements in general practice – a simple ‘yes’ will not do

A GP member of the MDDUS was recently approached by six parents of high school pupils considering medicine as a career. The parents wanted to explore the possibility of work placements. The GP was keen to help and knew the importance of ‘hands-on experience’ for potential entrants to medical schools. However, the surgery was in a rural area with a small population base. She was concerned about confidentiality, as most of her patients were likely to be known to the pupils.

The GP asked the MDDUS for guidance and the following was suggested.

Firstly, it is recognised that not everyone who wishes to study medicine will necessarily be offered a place at a UK medical school. Competition is keen and it is therefore only practical to consider placements for only those pupils with a realistic chance of getting into medicine. It was recommended that the pupils seek support from the school in the form of a reference before being considered for a placement with the practice.

Secondly, the doctor’s concerns about patients’ confidentiality were not misplaced as she would be ultimately responsible for any breaches within the practice. It is essential that prior to any pupil being taken on for a work placement, firm guidance is given concerning the confidentiality of the patients attending the surgery. Such guidance needs to be comprehensive to the extent that pupils realise that even the fact of a person attending the surgery is confidential!

Furthermore, pupils should be asked to sign a confidentiality agreement prior to placement. The agreement should include a clause that any breach of confidentiality will result in immediate termination of the placement. (In the very rare circumstance where a pupil might become aware of a circumstance that requires disclosure in the public interest, the pupil must discuss this with the GP or with another designated person before making any such disclosure).

Thirdly, it must be made clear that patients have an absolute right not to be involved if they so choose and need not furnish an explanation for such refusal.

The potential presence of pupils on placement must be advertised. This can be done by the placement of notices prominently displayed in the waiting rooms for all patients to see. Ideally, the photographs of the attending pupils should also be displayed. Furthermore, each patient should be asked to give permission, preferably in writing, that they are willing for pupils to be present during a consultation. The patient should also be reminded that they can change their mind at any time and discontinue the involvement of the pupil.

Pupils should be informed of the limitations of a work placement to ensure that there are no unrealistic expectations. Pupils should be made aware that they will not have access to everything that goes on in a busy surgery, and certainly no ‘hands-on’ experience of practical procedures such as IM Injections or suturing techniques! Pupils must also understand that should the GP consider that a particular consultation or procedure is not suitable to be observed, the pupil will be excluded. Pupils should also be aware that they can exclude themselves from any procedure they may not wish to observe.

Finally, it is important that all members of the staff are agreeable to having a work placement, as their cooperation will be essential in making the experience one to be valued by the pupil.

In the event, our member decided that there was just too much work required in a single-handed practice for any placement to be practical. It was recommended that the pupils seek placement in a more distant locality which the member was prepared to facilitate. Interestingly none of the six pupils decided it was worth the effort!

Action: Consider all possible risk and practical implications before agreeing to student work placements.

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