

# Teaching in General Practice - Medico-legal issues

The context in which students see patients has been changing recently. Students expect to be more actively engaged and patients expect more information and exert their right to decline to see students more often. Clinical students have had more tests of competence than their predecessors and have greater experience of primary care. All these factors influence areas of consent, supervision and delegation. Any advice given here has to be seen within this changing context and does not replace your own judgements about good practice.

## Your Cover

1. You should advise your defence organisation that you teach medical students in the practice as a matter of courtesy at no extra cost to you.
2. Make sure your general insurance is in order

## Students

1. Remind students that patient autonomy and expectations in general practice may be different to those observed in hospital
2. Students should wear their medical school name badges at all times in the practice
3. Must be a member of a defence organisation\* (cover advice and negligence)
4. Must have Criminal Records Bureau clearance\*

## We will be asking all students to bring evidence of these to the practice

(\*Medical school requirements but data protection precludes us from sharing this information).

## Medical School

The School endeavours to send students to practice who are adequately briefed but the Tutor is responsible for supervision.

## Patients

1. Advise patients that students visit the practice with posters, in your practice leaflet etc.
2. Inform patients that a student is currently in the practice ideally with a sign with their name and gender (Miss/Ms/Mr.)

## Consent

1. It is your responsibility to gain informed consent for students to see patients and ideally to seek this in the patients absence (See attached advice (from MPS to students) regarding gaining consent)
2. Written consent is required for videoing (pre and post) and should be retained (see Tutor Guides) in the patient record
3. Specific advice on recording the presence of students in the consultation notes is not available. It is certainly advisable if an intimate examination was performed.
4. If initial consent was freely given and informed implied consent for appropriate examinations can be assumed i.e. chest exam for a cough, abdominal exam for vomiting.

## Supervision

1. The medical school will endeavour to ensure students are assessed and briefed prior to joining you – but it is your responsibility to provide supervision
2. There should be a period of direct supervision in the initial stages of an attachment to gauge student competence and confidence
3. Clear ground rules should be provided when students are seeing patients alone and supervision is therefore indirect e.g.
  - do not go beyond your level of competence
  - do not give diagnostic information without prior discussion with tutor
  - do not undertake any intimate examination alone
  - never let a patient leave the practice without seeing a registered practitioner
  - never sign a prescription

## Delegation

After assessment (and, where appropriate, supervised training) clinical tasks can be delegated to students as deemed appropriate (e.g history taking, venepuncture, urinalysis, chasing results etc). You may judge senior students competent to provide explanations to patients (e.g. for tests) or give health promotion advice.

# Consent

A COMPLETE GUIDE

## For Students

### What do you need consent for?

It's often assumed the need for consent is limited to the treatment of patients. In fact, consent extends to all aspects of the relationship between doctor and patient. So the following area also require consent:

### Studying and teaching

Patients need to consent to their involvement in any part of the teaching process. This might include, for example, if you are sitting in on a GP's consultation or using the case study of a particular patient for a dissertation. Consent should be taken at the outset. Ideally, if you are sitting in on a discussion, the patient should be asked before you enter the room. If you are already there it makes it more difficult for the patient to say 'no', since they may feel under pressure. Patients should also expect honesty from the relationship – so describe yourself as a 'medical student' or 'student doctor' and not, for example, as a 'young doctor', 'colleague' or 'assistant'.

### Who can get consent?

It is the responsibility of the doctor giving the treatment or doing the investigation to ensure that consent is valid. They can delegate the process of taking consent, but it is still their responsibility to ensure it was taken properly. If you are asked to take consent you must be certain that you understand the procedure thoroughly enough to do so. For example, you should respond to any questions fully and, of course, they must be answered honestly. If you are unsure of the answers, you should admit this, and find out, rather than try and bluff your way through it.

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