

## Practice Feedback Report

**Practice name:**

**Report period to end of: 2023.2**

### Introduction

Thank you for your practice's collaboration in the ReCEnT project. This feedback report gives you information on your individual practice's ReCEnT data, derived from your registrars' clinical encounters. The various parameters reported on from your registrars' consultations are compared to:

- aggregated Australian General Practice Training (AGPT) data from the Registrar Clinical Encounters in Training (ReCEnT) project, and
- national GP clinical activity data from the Bettering the Evaluation and Care of Health (BEACH) program (2015-16).

Data from the last twenty-eight rounds of the ReCEnT project, comprised of over unique clinical encounters, have been aggregated as a comparison group. National GP clinical activity figures are derived from the BEACH study reports, a study of Australian GPs with methods largely comparable to those used in ReCEnT.

### Using ReCEnT data to assist registrars

The clinical encounters of a general practitioner are a great catalyst for learning. There are a number of ways that you can use this information to help you and your registrars reflect on practice (both yours and theirs).

#### Working with your registrars to help them reflect on their practice

Your registrars will receive an individual ReCEnT feedback report after each data collection round (6-monthly for full-time registrars, 12-monthly for part-time registrars). They are encouraged to discuss their results with their supervisor. In their reports are comparisons of their findings with aggregated results of all other registrars. They are encouraged to reflect on their own clinical practice, using their ReCEnT results (e.g. consultation duration, pathology and imaging ordering, prescriptions written, referrals made). Supervisors can help guide this reflective process. Your practice data presented in this report is another potential information source to be used in that reflection.

#### Assisting registrars to optimise their clinical exposure

One aspect of this reflection is assessing adequacy of clinical experiences over a number of parameters. An objective of ReCEnT is to help registrars identify gaps in their clinical exposure to particular clinical areas of the RACGP curriculum. If a registrar's ReCEnT data displays a significant difference from their peers on a particular parameter (e.g. comparatively few female patients, comparatively few elderly patients, comparatively little psychiatric caseload), it is reasonable to try and address that clinical exposure deficit. Knowledge of the practice-specific data in this report will help in this process by indicating if any apparent deficits in experience are particular to that registrar or are a more general attribute of the practice.

#### Using data in this report to reflect on educational structures in the practice

A reflection on comparative data regarding the educational aspects of ReCEnT (sources of in-consultation assistance, learning goals generated) may be useful in evaluating the registrar's educational engagement.

### ReCEnT practice data as an aid to registrars in choosing practices to apply to for future terms

There is potential for practice-specific data to be used by registrars in planning their future training locations. For example, a registrar who perceives a relative deficiency in geriatric clinical experience in previous terms (supported by a reflection on their personal ReCEnT data) may aim to find a practice with a significant exposure to consultations with elderly patients.

### Caveats to the interpretation of your practice's ReCEnT data

Interpreting the results in this feedback report requires consideration of a number of factors which may impact upon the results. *Were the encounters documented in your ReCEnT data typical of the registrar experience in your practice?* Your report will contain data from at least 300 individual consultations. The greater the number of consultations (and the greater the number of individual registrars) the more reliable will be the results. But there is still scope for the consultations of some registrars to be quite different to those of their peers and, even for a particular registrar, the 60 consultations recorded may be atypical and not representative of that particular registrar's usual practice.

Obvious confounders may be the gender and age of the registrars and whether they trained in Australia or overseas, as well as other individual attributes of a particular registrar. Another major confounder is the training terms of the registrars whose encounters have contributed to your practice data. For example, Term 1 registrars have longer consultations and seek assistance from their supervisor more often than more senior registrars.

*How might this have affected your practice's results? If your results are different to those of other practices, how much might be due to registrar factors? How much might be due to your practice demographics? How much might be due to the particular systems, methods, or philosophies of the practice?*

## Results

### 1. The registrars

Overall, 40.5% of ReCEnT participants identified as male, and 92.7% of all participants were aged under 45 years old. When compared to the national GP population, these demographics are quite different (53.0% male participants, and 36.0% aged under 45 years). Of the participating registrars, 81.0% received their primary degree in Australia, 23.75% were working part-time, and 36.5% were in Term 1, 34.5% Term 2, and 29.0% Term 3.

Your practice data has been derived from the consultations of 12 registrars, who have participated in a total of 13 registrar rounds of ReCEnT.

#### For these 12 individual registrars:

- 58.3% were male registrars
- 12 received their primary medical degree in Australia

#### For these 13 registrar rounds of ReCEnT:

- 61.5% involved male registrars
- 13 involved a registrar who received their primary medical degree in Australia
- The mean registrar age was 30.4 years
- 6 were in Term 1, 5 in Term 2, and 2 in Term 3 and above
- 0 were part-time

## 2. Patient demographics

Of the patients seen by all ReCEnT registrars, 59.6% identified as female, 30.4% were under 25 years old and 19.0% were aged 65 years or older. Mean patient age was 41.0 years. In contrast, within the national general practice population (2015-16) 56.6% of patients were female, and 19.3% of patients were under 25 years old, and 30.7% were 65 years or older.

Patients seen by registrars at your practice had a mean age of 42.7 years and 51.4% were female.

Figure 1 refers to the age-gender distribution of the patients seen by registrars in your practice compared to those seen by all ReCEnT registrars. The lines represent the age and gender distribution of all ReCEnT patients (dark blue is male and green female) and your practice's patients are represented by the bars.

### Reflective questions

If your registrars' patient demographics differ from those of all ReCEnT registrars, why might this be?  
How might this affect your registrars' clinical exposure?

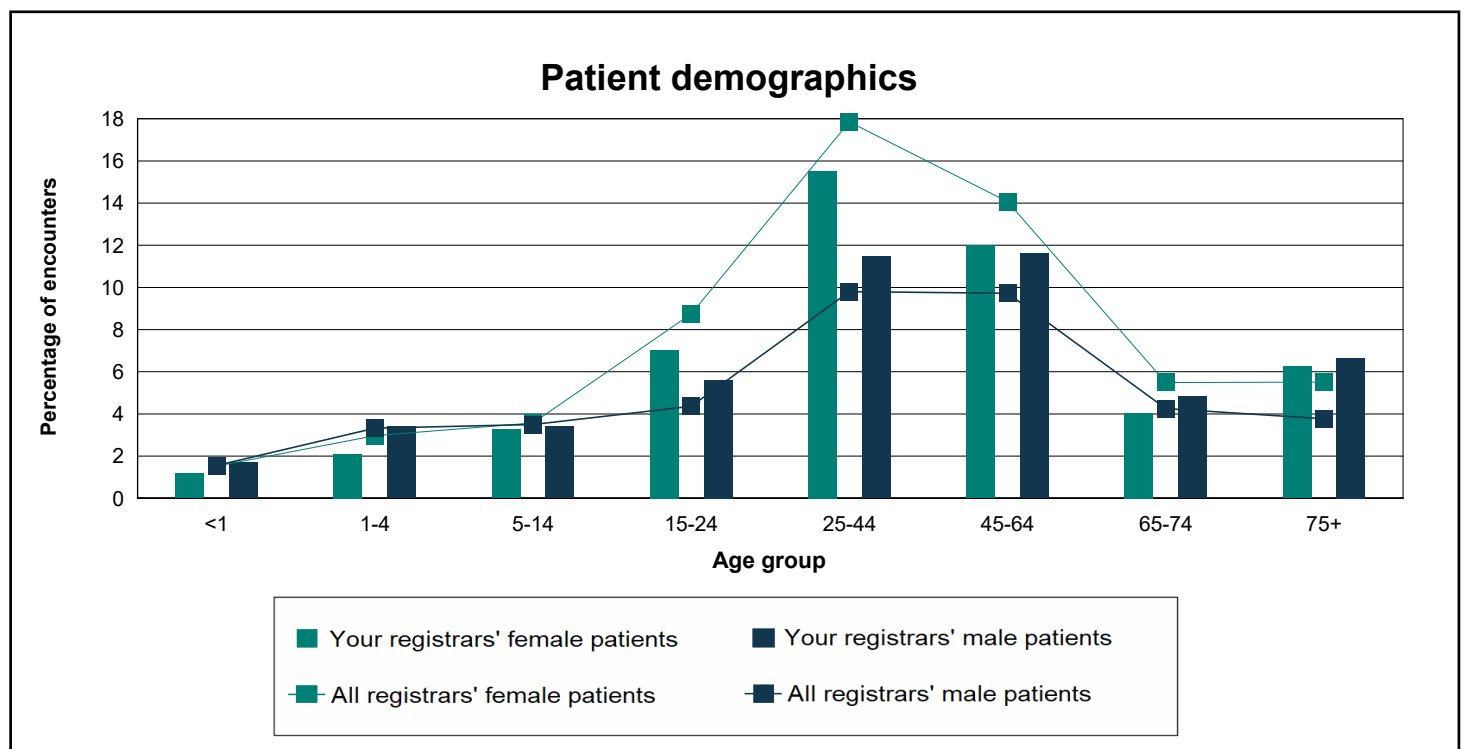


Figure 1. Demographics of patients at your practice compared to ReCEnT data

**Aboriginal and/or Torres Strait Islander patients**

0.9% of the patients seen by registrars in your practice were identified as Aboriginal and/or Torres Strait Islander. The overall percentage of patients identifying as Aboriginal and/or Torres Strait Islander seen by registrars in all practices was 2.1%.

**Reflective questions**

*If registrars in your practice saw Aboriginal and/or Torres Strait Islander patients, how frequently did this occur? How does this reflect the overall demographics of your practice? How do you think the experience of managing these patients may have influenced the educational experience of registrars in your practice? When relevant, do you provide your registrar with any support, or particular education, related to managing these patients?*

**Patients from a non-English speaking background (NESB)**

20.0% of the patients seen by registrars in your practice were identified as having a non-English speaking background. The overall percentage of patients identified as having a non-English speaking background seen by registrars in all practices was 7.5%.

**Reflective questions**

*If registrars in your practice saw patients from a non-English speaking background, how frequently did this occur? How does this reflect the overall demographics of your practice? How do you think the experience of managing patients from different cultural backgrounds influences the educational experience of registrars in your practice? When relevant, do you provide your registrar with any support or particular education related to managing patients from different cultural backgrounds?*

**Consultations conducted in another language**

Your registrars saw 0 patients where they consulted in another language.

**Reflective questions**

*If registrars in your practice conducted consultations in a language other than English, how frequently did this occur? How does this reflect the overall demographics of your practice? Do you think your registrars who conducted consultations in another language were well equipped and prepared to conduct such consultations? How do you think the experience of conducting some consultations using a language other than English influences the educational experience of registrars in your practice?*

### 3. The encounters

#### 3.1. Duration of consultation

The duration of the consultation is one feature of quality of care in general practice. The mean duration for consultations by registrars in your practice was 19.1 minutes. The mean duration of consultation for registrars in all practices was 17.8 minutes. The mean duration of consultation for GPs in the BEACH study was 14.9 minutes.

Figure 2 refers to the duration of your registrars' consultations compared to registrars of all practices. The background shading represents the frequency of different consultation durations for the entire registrar group - your practice's registrars' consultations are represented by the bars.

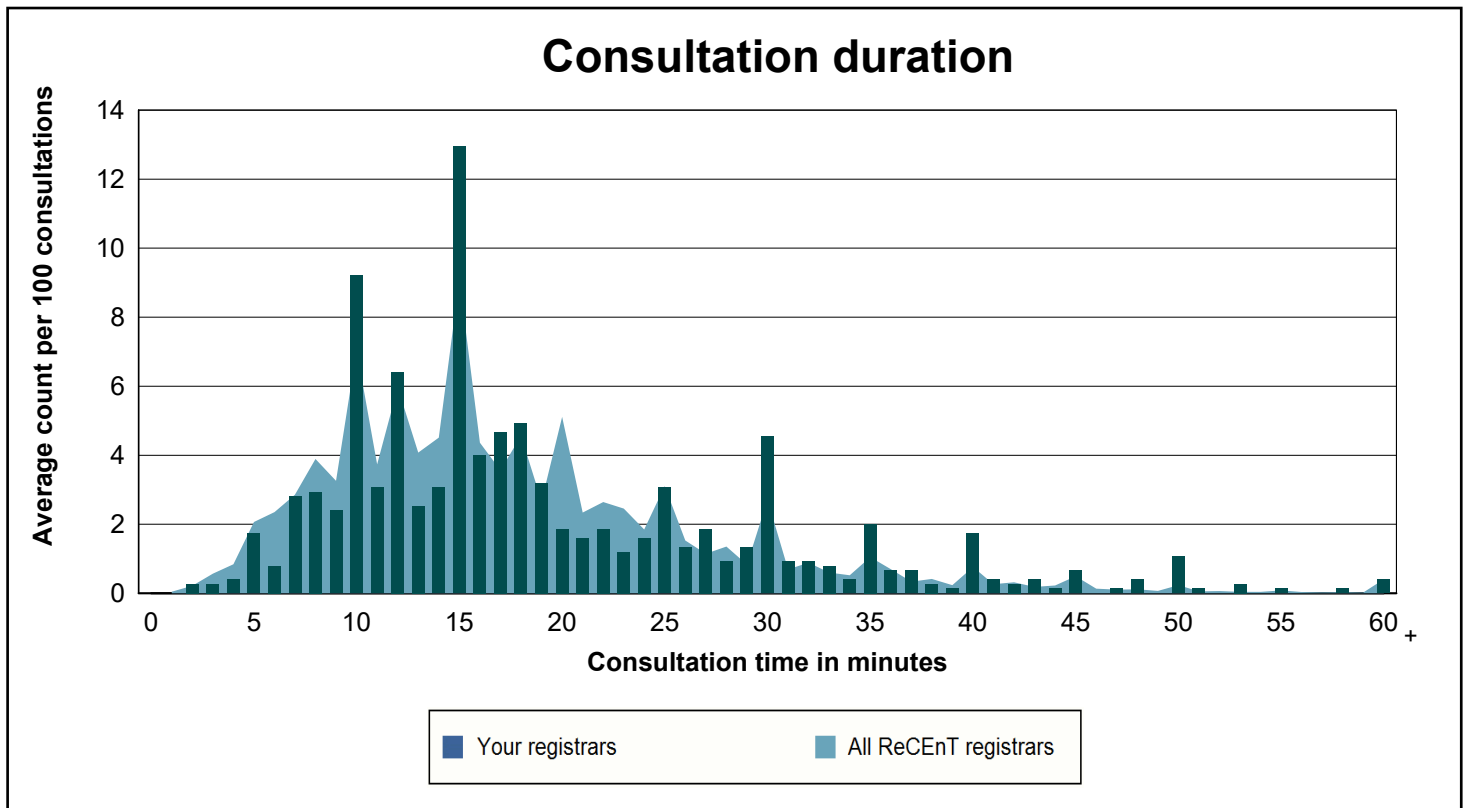


Figure 2. Registrar consultation duration of patients seen

#### Reflective questions

How does the mean of your registrars' consultation durations, and the distribution of the durations, compare with other practices? If different, how much might this be due to the types of patients in your practice, or practice scheduling policies, or the seniority of your registrars etc.?

Figure 3 below compares your registrars' mean duration of consultations with the mean duration of consultations for GP registrars by stage of training, and for GPs in the BEACH study.

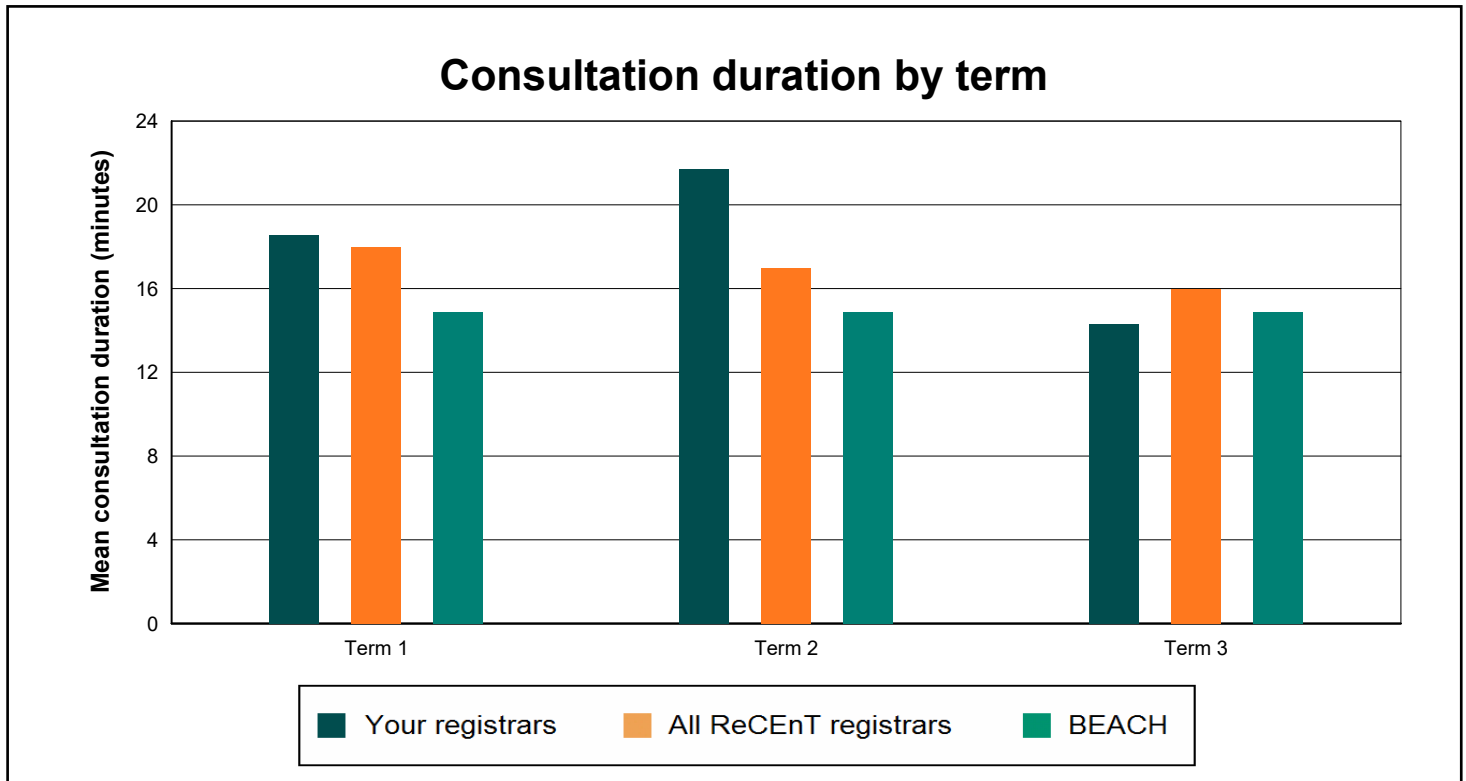


Figure 3. Average duration of consultation for all training terms

### 3.2 . Continuity of care

Continuity of care has been found to be closely related to patient and doctor satisfaction with patient outcomes as well. The proportion of patients who were new to your practice's registrars was 63.0%, compared to 56.7% for all registrars.

The proportion of your registrars' patients that were new to your practice was 7.3%. The proportion of all registrars' patients in ReCEnT who were new to the practice was 7.4%.

**Reflective questions**

*Is there scope in your practice to increase registrars' exposure to continuity of care?*

### 3.3. Problems managed

#### Number

Overall, all ReCEnT registrars managed 149 problems per 100 encounters, or about 1.5 problems per consultation on average. This is similar to BEACH data (154.3 problems per 100 encounters).

The registrars in your practice managed 141 problems per 100 encounters.

Of all problems managed in your practice, 20.4% were chronic disease. The mean for all registrars was 21.9%. This compares to 34.6% for established GPs.

#### Clinical type

The most common specific ICPC-2 disease chapters managed by all registrars, by percent of total problems managed were: General & Unspecified (16%), Respiratory (15%), Skin (10%), Musculoskeletal (10%), Psychological (9%).

This compares to BEACH data:

General & Unspecified (13%), Respiratory (13%), Musculoskeletal (12%), Skin (11%), Circulatory (10%).

#### Observations and examinations

Your practice registrars performed an observation in 70.8% of their consultations. The median for all practice registrars is 46.7%. Your practice registrars performed an examination in 67.5% of their consultations and the median for all practice registrars is 58.3%.

Please note that 19.5% of your practice registrars consultations were telehealth compared to the median of 16.7% for all practice registrars. This may affect other parameters in this report, such as the average duration of consultation and the proportion of problems for which your practice registrars performed an observation or examination. Take this into account while reflecting upon your expectation for the proportions of your practice registrars consultations entailing observations/examinations.

Figure 4 refers to the types of problems your registrars managed compared to all registrars and established GPs.

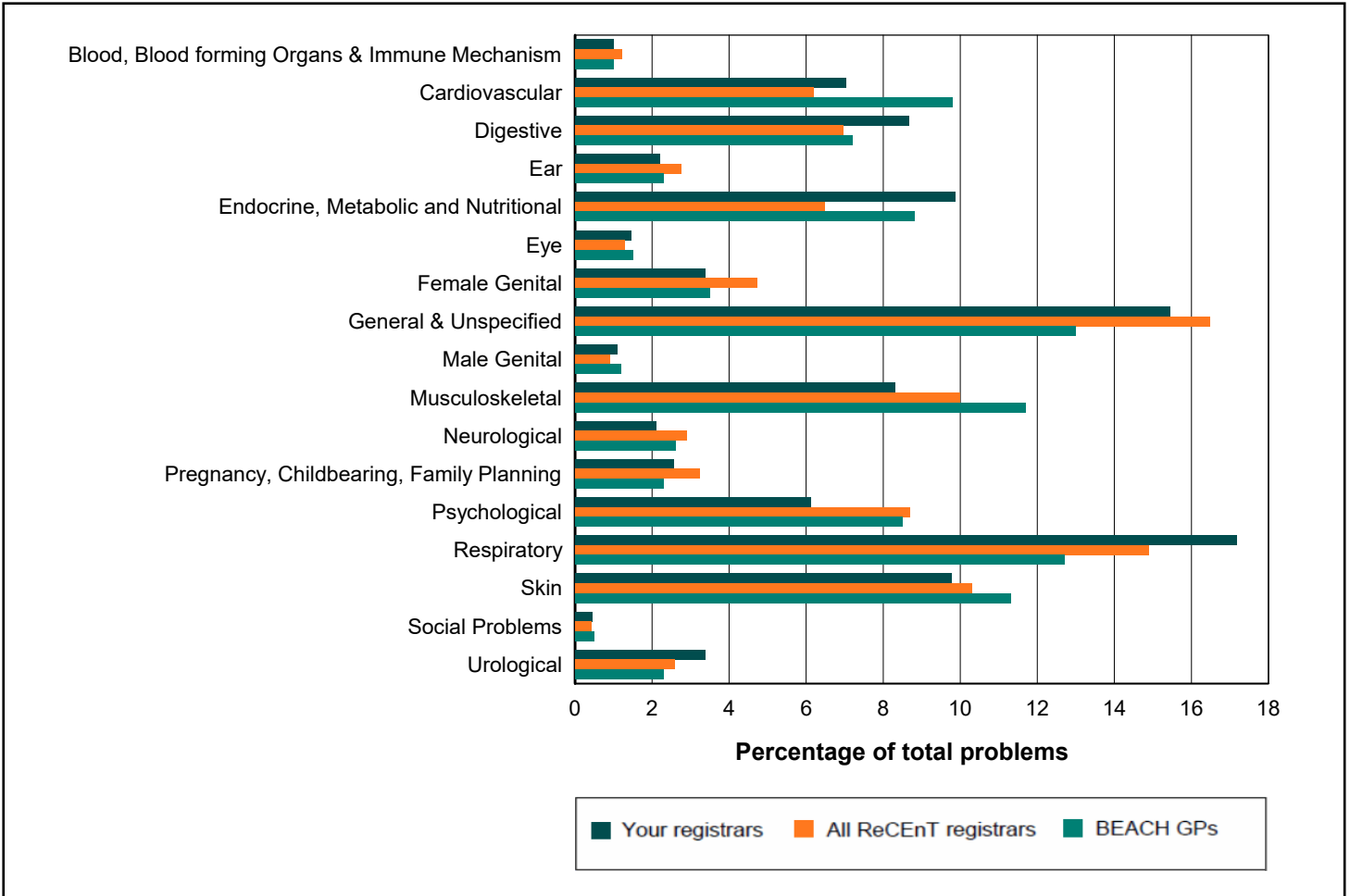


Figure 4. Frequency of problems managed by disease chapter heading

**Reflective questions**

Are there any obvious differences in types of problems seen?  
If so, do you think this would affect registrars' learning opportunities in your practice?

**Specific problems managed**

Overall, the top ten problems managed by all registrars are listed below.

Problems managed	
1.	Upper respiratory tract infection
2.	Hypertension
3.	Influenza immunisation
4.	Depression
5.	Anxiety
6.	Prescription(s)
7.	Urinary tract infection
8.	Immunisation
9.	Asthma
10.	Test result(s)



### 3.4. Investigations

At least one pathology test / battery of tests was ordered in 23.3% of your registrars' consultations, and at least one imaging test in 10.8%. This compared to 22.3% and 11.9% for all registrars, and 18.4% and 9.4% in the BEACH data, respectively.

Figures 5 and 6 refer to the frequency of investigations (pathology and imaging) ordered by your registrars compared to all registrars and to BEACH GPs.

Please note that these graphs refer to rates per 100 encounters, not percentages i.e. the number of tests ordered per 100 encounters, not the number of encounters where a test is ordered.

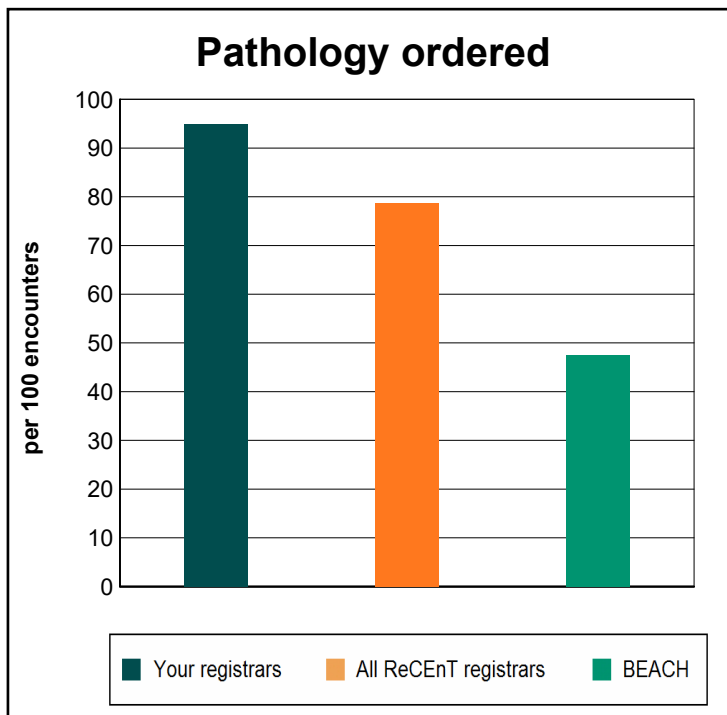


Figure 5. Pathology ordered (rate per 100 encounters)



Figure 6. Imaging ordered (rate per 100 encounters)

The top ten pathology and imaging requests by all registrars are listed below.

Pathology requests	
1.	Full blood count
2.	EUC test
3.	Liver function test
4.	Lipids profile test
5.	Urine MC&S test
6.	Iron studies test
7.	C reactive protein test
8.	TSH test
9.	Thyroid function test
10.	Fasting glucose test

Imaging requests	
1.	Chest X-ray
2.	Ultrasound of the pelvis
3.	Ultrasound of the abdomen
4.	Electrocardiogram
5.	Obstetric ultrasound
6.	X-ray of the knee
7.	Ultrasound of the breast
8.	X-ray of the foot or feet
9.	Ultrasound of the shoulder
10.	Mammography

### 3.5 Management

For the purposes of this report, the only aspects of management reported on are new medications prescribed and specialist referrals made. Overall, GP registrars newly prescribed or recommended medications at a rate of 45.5 per 100 encounters (and at least once in 36.1% of consultations). GP registrars made 12.0 specialist referrals per 100 encounters.

Figures 7 and 8 refer to your registrars' rate of prescribing and referral (specialist) per 100 encounters compared to all registrars and BEACH GPs.

Please note that these graphs refer to rates per 100 encounters, not percentages.

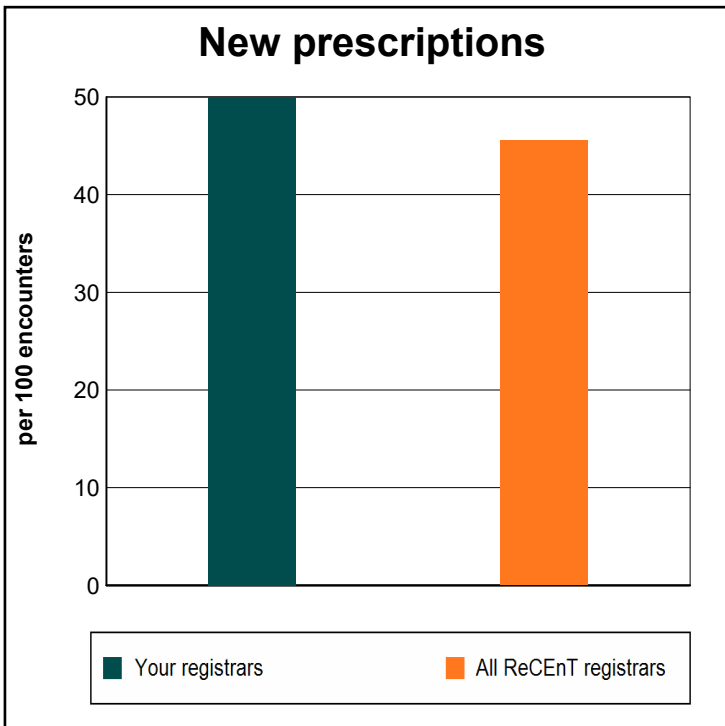


Figure 7. New medications (rate per 100 encounters)

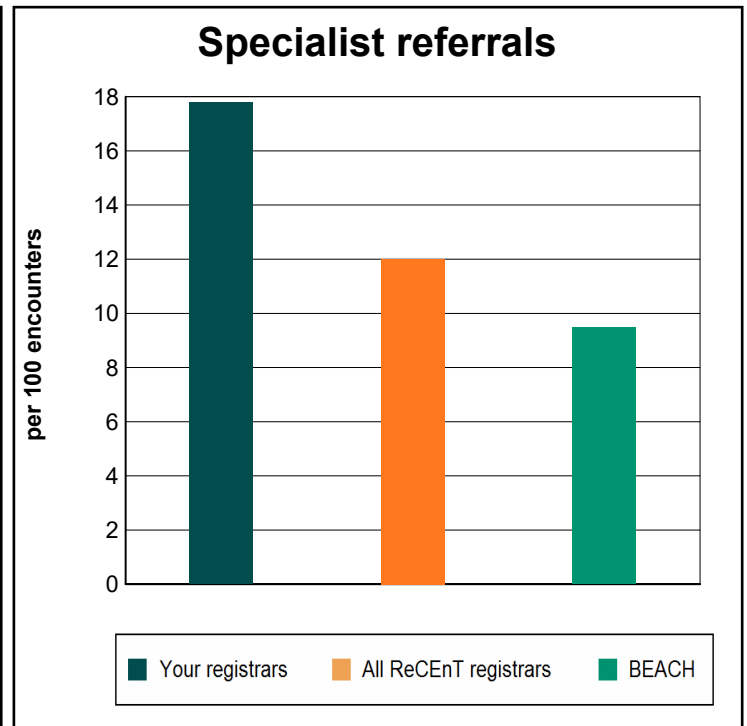


Figure 8. Specialist referrals (rate per 100 encounters)

The top ten medications newly prescribed by all registrars are listed below.

Medications newly prescribed	
1.	Paracetamol
2.	Influenza, inactivated, split virus or surface antigen
3.	Amoxicillin
4.	Cefalexin
5.	Ibuprofen
6.	Prednisolone
7.	Flucloxacillin
8.	Hydrocortisone
9.	Phenoxymethylpenicillin
10.	Doxycycline

**Rational De-prescribing**

Since 2016, registrars in your practice have de-prescribed medications, used by patients for 3 months or more, at a rate of 1.5 per 100 consultations - compared to 1.2 per 100 consultations in all practices.

The top long term (greater than 3 month duration) medications de-prescribed by registrars in your practice and in all practices are listed below.

Your Registrars' Medications De-prescribed
Atropine
Celecoxib
Dapagliflozin
Dexamethasone and antiinfectives
Diphenoxylate
Doxycycline
Esomeprazole
Formoterol and budesonide
Nizatidine
Olmesartan medoxomil and diuretics
Omeprazole
Sertraline
Sitagliptin

All Registrars' Medications De-prescribed	
1.	Levonorgestrel and ethinylestradiol
2.	Perindopril
3.	Esomeprazole
4.	Escitalopram
5.	Amlodipine
6.	Sertraline
7.	Atorvastatin
8.	Meloxicam
9.	Metformin
10.	Pregabalin

### 3.6. Sources of Information

Registrars sought some kind of assistance with patient care in 22.6% of consultations across all ReCEnT practices. This comprised consulting with supervisors 8.8%, specialists 1.2%, other health professionals 0.8%, electronic resources 13.1% and hardcopy resources 0.8%. Supervisors were consulted in 13.6%, 7.6%, and 4.1% of term 1, 2, and 3 consultations respectively.

Figure 9 refers to the frequency that your registrars sought assistance compared to all registrars.

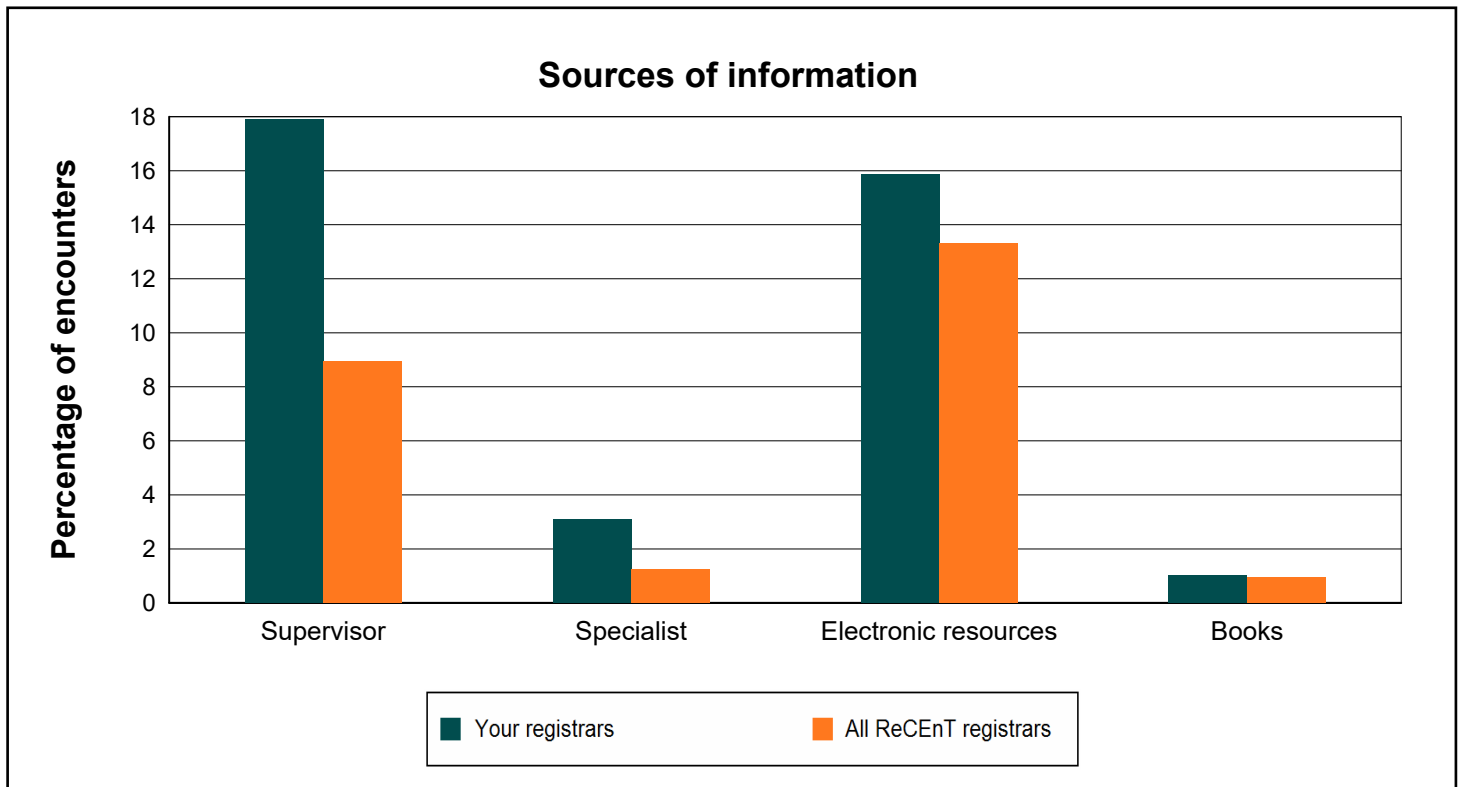


Figure 9. Sources of information accessed by your registrars compared to all registrars.

Figure 10 refers to the frequency your registrars sought information by training term compared to all registrars in the same term as them in previous cohorts.

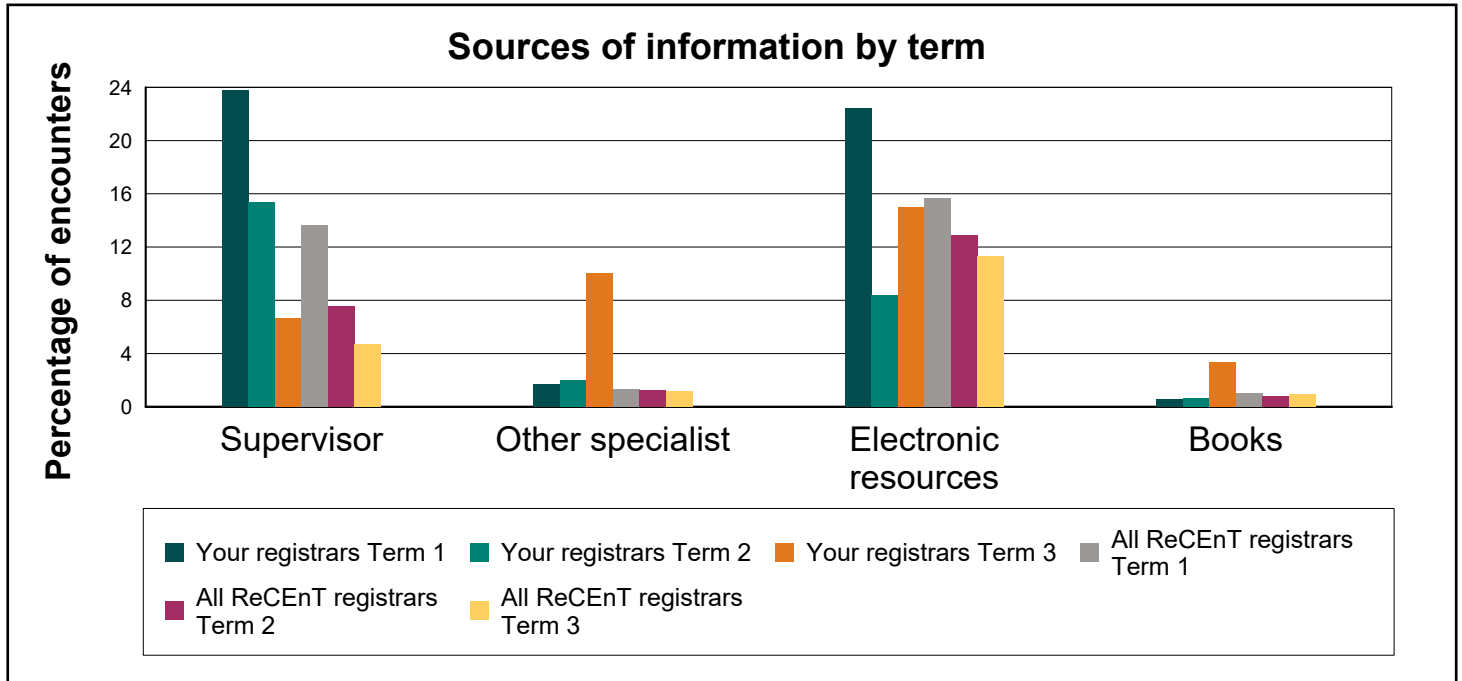


Figure 10. Sources of informaton accessed for all training terms

#### Your registrars' top 10 supervisor assisted problems

1. Hypertension
2. Iron deficiency
3. Cellulitis
4. Immunisation
5. Upper respiratory tract infection
6. Vitamin d deficiency
7. Obesity
8. Lower respiratory tract infection
9. Otitis media
10. Preconceptual counselling

#### Your registrars' top 10 books & electronic assisted problems

1. Hypertension
2. Iron deficiency
3. Immunisation
4. Health maintenance
5. Haematuria
6. Abdominal pain
7. Asthma
8. Allergic conjunctivitis
9. Atrial fibrillation
10. Gout

### 3.7. Learning Goals

Registrars in your practice generated learning goals for 26.9% of problems they encountered. This compares to learning goals generated in 14.7% of all problems for registrars in all practices.

The 10 most frequently generated learning goals by registrars in your practice and by all registrars are listed below.

#### Your registrars' learning goals - top 10

1. Hypertension
2. Abdominal pain
3. Upper respiratory tract infection
4. Anxiety
5. Asthma
6. Gastro-oesophageal reflux disease
7. Antenatal care
8. Diabetes check-up
9. Drug seeking behaviour
10. Haematuria

#### All registrars' learning goals - top 10

1. Hypertension
2. Depression
3. Anxiety
4. Asthma
5. Upper respiratory tract infection
6. Type 2 diabetes
7. Immunisation
8. Abdominal pain
9. Urinary tract infection
10. Headache