Registrar feedback report

Registrar name:
Registrar term:
Consultation period:

Introduction

Thank you for your participation in the ReCEnT project. This feedback report gives you information on your individual clinical consultations in comparison to

- aggregated registrar data,
- national GP clinical activity data, and your previous terms (as applicable).

Data collected from previous rounds of the ReCEnT project (2016.1 - 2025.2) have been aggregated as a comparison group, comprising approximately 882,000 unique consultations. National GP clinical activity data is derived from the department of Health, Disability and Ageing GP workforce data and the BEACH (Bettering the Evaluation and Care of Health) program from their final report (2015-16). The BEACH program was co-ordinated by the Family Medicine Research Centre at the University of Sydney.

Using ReCEnT to inform learning

The clinical consultations of a general practitioner are a great catalyst for learning. The information contained within this report allows for reflection to aid continuous improvement of your clinical practice. There are a number of ways that you can use this information.

Self-reflection

The report gives you a current snapshot of your general practice consultation and management profile.
Is your feedback consistent with what you expected? If not, *why might this be?*

Comparisons throughout your report allow you to compare your results with other similar registrars, Australian GPs, and your previous training terms (where relevant).

What can you learn from these comparisons? ReCEnT is a reflective exercise, prompting self-reflection on your practice. It is not a benchmarking exercise. There is no 'correct' level of any variable in this report.
There are further questions throughout the report to prompt your reflection.

Discussion with your supervisor

We strongly recommend that you discuss this report with your supervisor at a teaching session. For example, are your results similar or different from their own practice? Why might this be the case?

Critical appraisal

Interpretation of this report requires consideration of a number of factors which may impact upon the results. For example, were these 60 consultations typical of your usual practice? If not, in what way? How might this affect your results? If your results are different to those of your peers, how much might be due to the 60 cases being unrepresentative? How much might be due to your practice demographics? How much might be due to your personal style or methods of practice? Thus, you need to critically appraise your results.

Actions

After self-reflection on these results, and discussion with your supervisor, you may have identified gaps in clinical experience or a need to refine some aspects of your practice. These should be documented on your learning plan.

Results

1. Registrars

In comparison to the national GP population, the registrar participants involved in ReCEnT have very different demographics - 57.3% were female, compared to 50.2% of established GPs. The mean age of registrars was 33.1 years compared to 51.3 years for the GP population.

2. Patients

Overall, about 59.1% of patients seen by all registrars were female, compared to 56.6% in the national GP dataset. However, registrars saw a younger patient population - 27.5% of patients were under 25 (compared to BEACH 19.3%) and only 21.7% of patients were 65 and over (compared to BEACH 30.7%).

The mean age of your patients was 38.1 years and 56.7% of your patients were female.

For all registrars who identified as a woman, the mean patient age was 40.6 years and 66% of patients were female.

Figure 1 refers to the age-gender distribution of your patients in your current term, compared to the distribution of patients for registrars of your gender in previous cohorts. The lines represent the age and gender distribution of patients for the registrar group (red is female and blue is male) and your patients are represented by the bars.

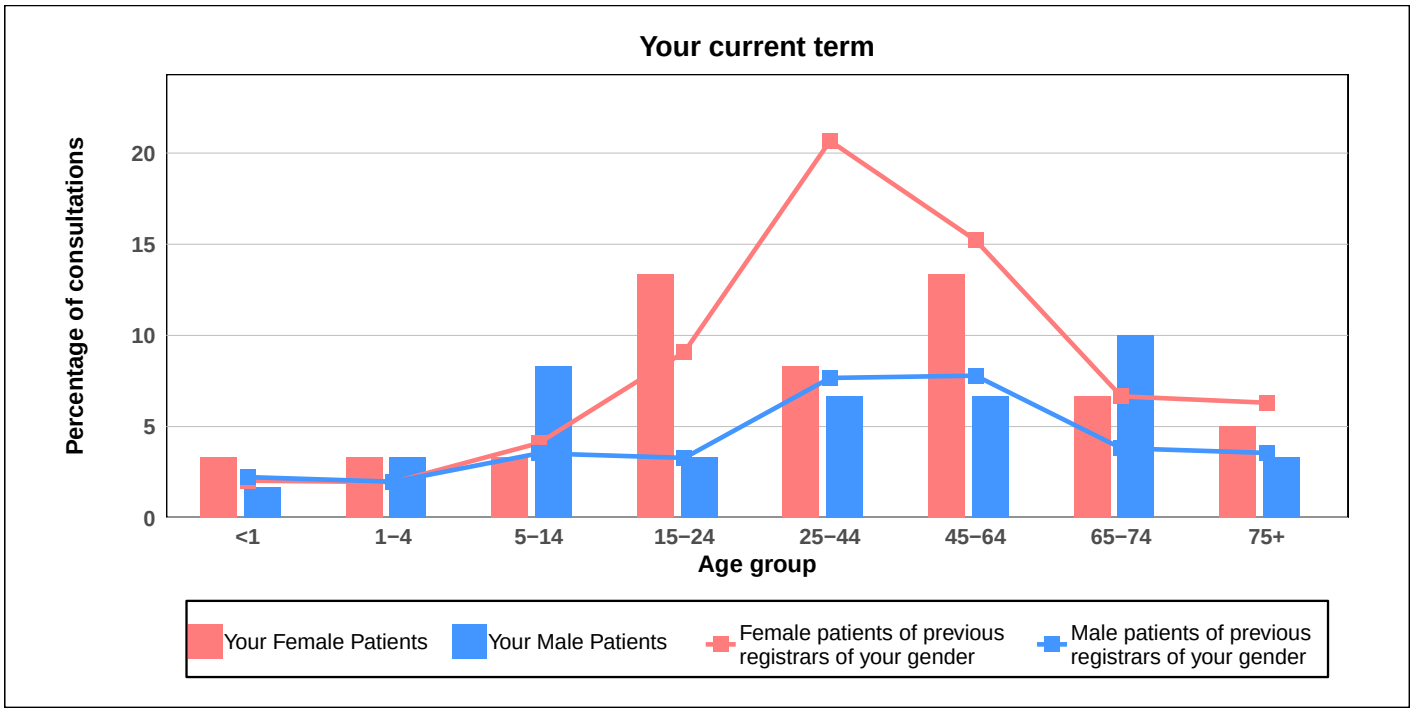

Figure 1. Demographics of patients for current training term

Reflective questions

Did your patient demographics differ from your peers?

If so, why might this be? How might this affect your clinical exposure?

Aboriginal and/or Torres Strait Islander patients

You saw 0 patients who identified as Aboriginal and/or Torres Strait Islander.

Reflective questions

If you saw a patient who identified as Aboriginal and/or Torres Strait Islander:

Do you recall the patient and the presentation? If the patient's Aboriginal and/or Torres Strait Islander status influenced your management, in what way did it influence it?

Patients from a non-English speaking background (NESB)

You saw 0 patients from a non-English speaking background.

Reflective questions

If you saw patients from a NESB, can you recall any of the circumstances? If the patient's NESB influenced your clinical management, or your learning from the consultation, in what way did it do so?

Consultations conducted in another language

You saw 0 patients where you consulted in another language.

Reflective questions

If you consulted in another language, can you recall the circumstances? If so, did the consultation being conducted in a language other than English influence the dynamics of the consultation, your clinical management, or your learning from the consultation?

Figure 2 refers to the age-gender distribution of your patients in all terms for which you have completed ReCEnT, compared to the distribution of patients for registrars of your gender in previous cohorts.

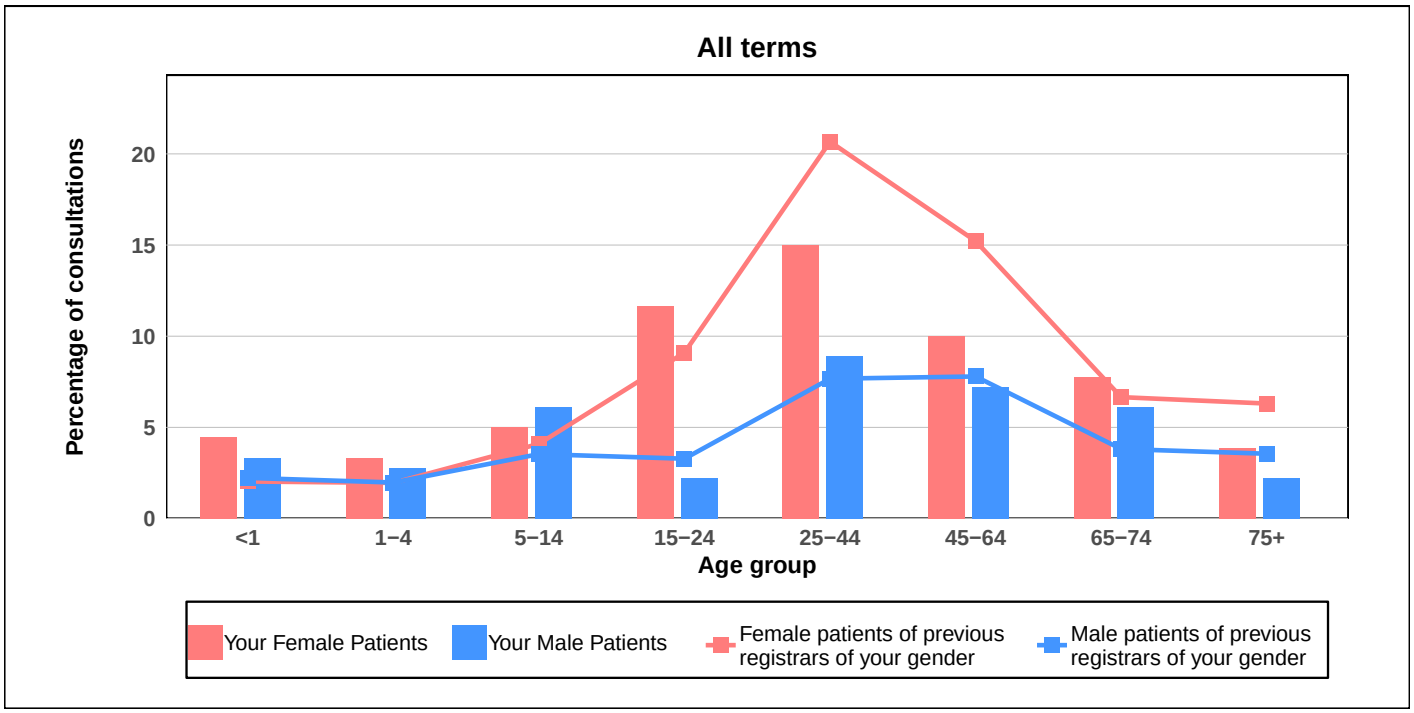

Figure 2 . Demographics of patients for all training terms

3. Consultations

Telehealth

Please note that 0% of your consultations were via telehealth compared to the median of 13.3% for all registrars. This may affect other parameters in this report and is important to take into account as part of your critical appraisal of your report.

Previous research demonstrates that telehealth consultations amongst Australian GP registrars, compared to face-to-face, are shorter in duration, address fewer problems per consultation, and are more likely to result in a follow-up consultation.

Telehealth is also associated with a registrar being less likely to generate learning goals and being less likely to seek supervisor assistance. Therefore, a higher proportion of telehealth consultations may have educational implications for registrar learning.

3.1. Duration of consultation

The mean duration for your consultations was 19.1 minutes. The mean duration for all GPT3/PRR3 registrars was 17 minutes, and the mean duration for Australian GPs (BEACH) was 14.9 minutes.

Figure 3 refers to the duration of your consultations compared to the duration of consultations of all registrars in the same term as you in previous cohorts. The background shading represents the frequency of different consultation durations for the registrar group. Your consultations are represented by the bars.

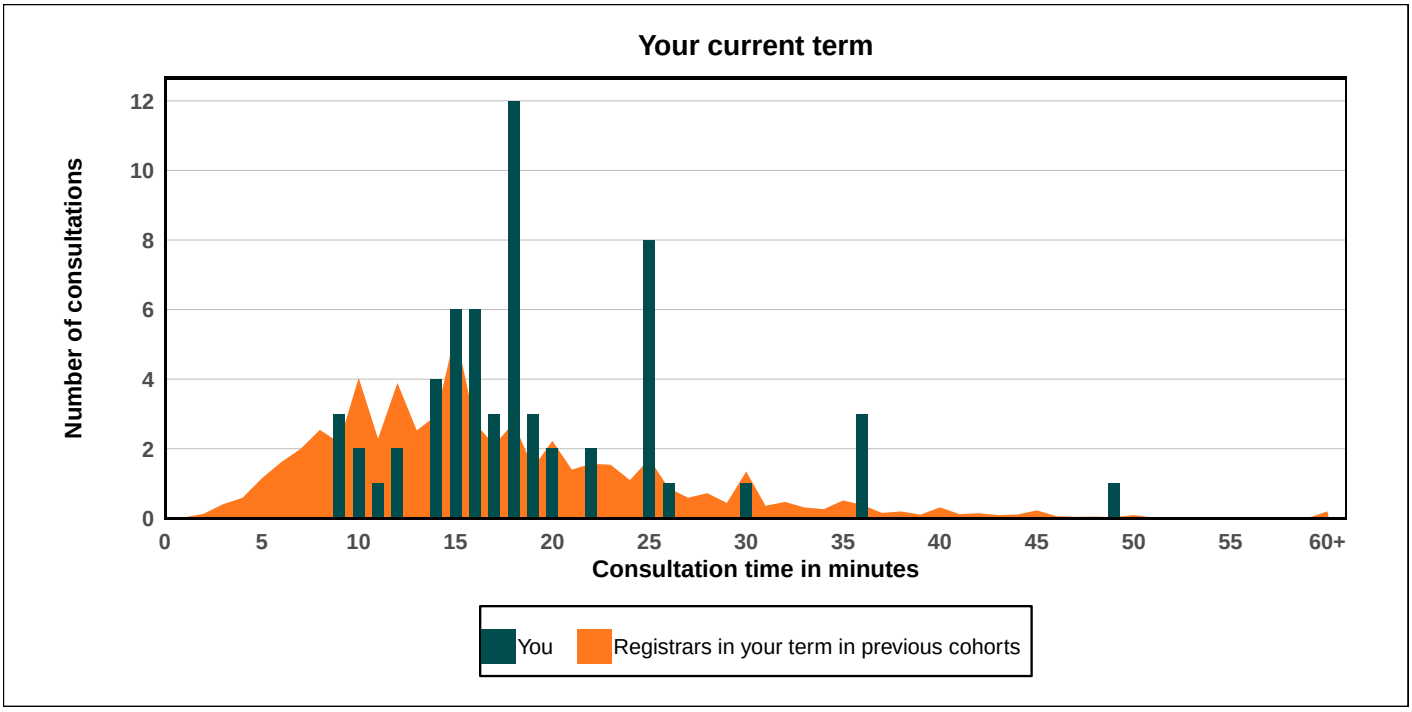

Figure 3. Consultation duration for your current training term

Figure 4 below compares your mean duration of consultation with the mean duration of consultation for GP registrars by stage of training, and for GPs in the BEACH study.

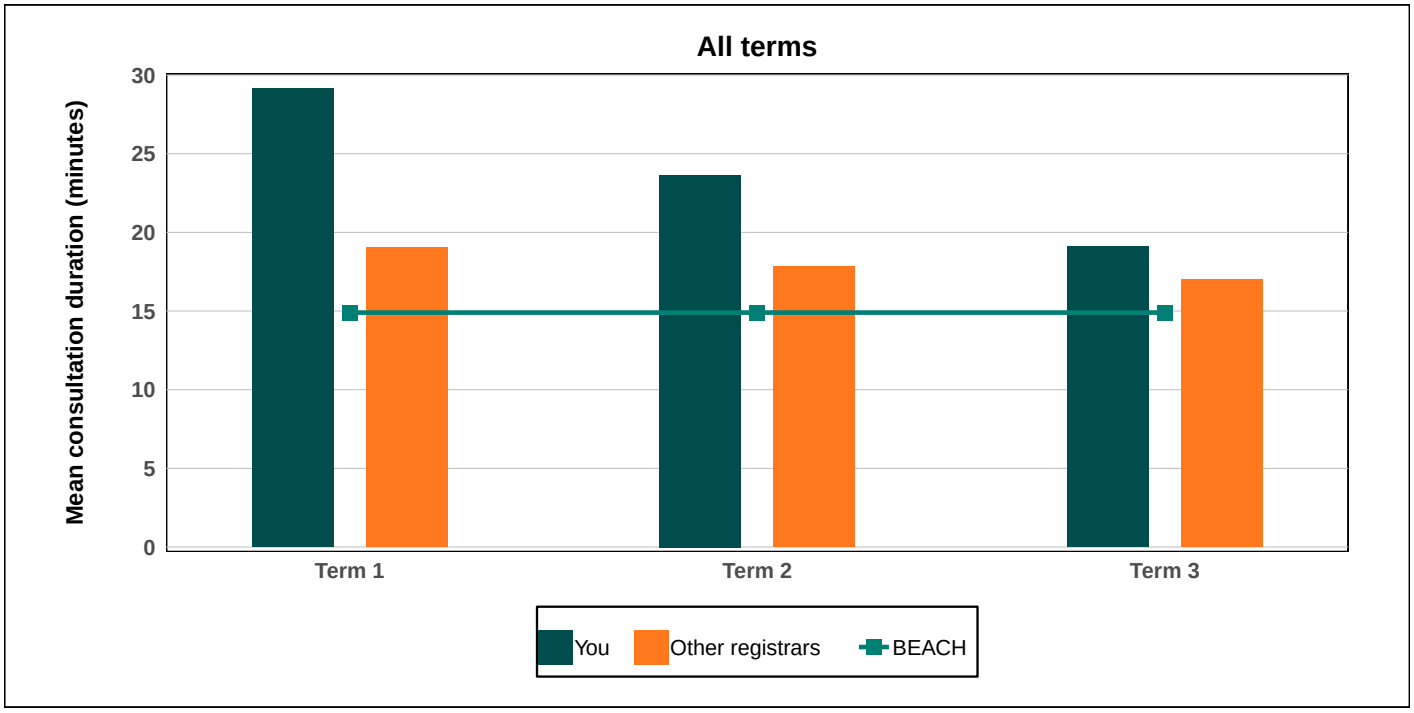

Figure 4 . Average duration of consultation for all training terms

Reflective questions

Does your mean consultation duration, and spread of individual durations differ from your peers?

Has your mean duration of consultation changed with increased experience?

3.2. Continuity of care

Continuity of care has been found to be closely related to patient and doctor satisfaction. Two aspects of continuity of care that the ReCEnT study captures are the proportion of new patients, and the percentage of consultations where follow-up was scheduled.

The proportion of patients that were new to you was 31.7%, compared to 55.8% for all registrars.

You scheduled patient follow-up with yourself in 91.7% of your consultations. The mean percentage of consultations for which all registrars scheduled patient follow-up with themselves was 43.3%.

Please note that you have indicated that formal follow-up was organised for 91.7% of your 60 patients. Does this reflect the actual proportion of patients you organised follow-up appointments for?

Reflective questions

What may be the implications of your continuity of care figures for your education and training?

3.3. Problems managed

Number of problems

Overall, registrars managed 145 problems per 100 consultations, or about 1.4 problems per consultation on average. This is almost exactly the same as BEACH data (154.3 problems per 100 consultations).

You managed 140 problems per 100 consultations.

Of all your problems managed, 28.6% were chronic disease. The mean for all registrars was 21.3%. This compares to 34.6% for established GPs.

Specific problems managed

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

Problems managed (all registrars)

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

Clinical type

The top 5 most common specific ICPC-2 PLUS disease chapters managed by all registrars, by percent of total problems managed, were:
General & Unspecified (17.6%), Respiratory (14.2%), Skin (10.3%), Musculoskeletal (10%), Psychological (8.6%).

This compares to BEACH data (2015-16):
General & Unspecified (13%), Respiratory (12.7%), Musculoskeletal (11.7%), Skin (11.3%), Circulatory (9.8%).

Figure 5 refers to the types of problems you managed in your current term, compared to registrars of your gender in previous cohorts.

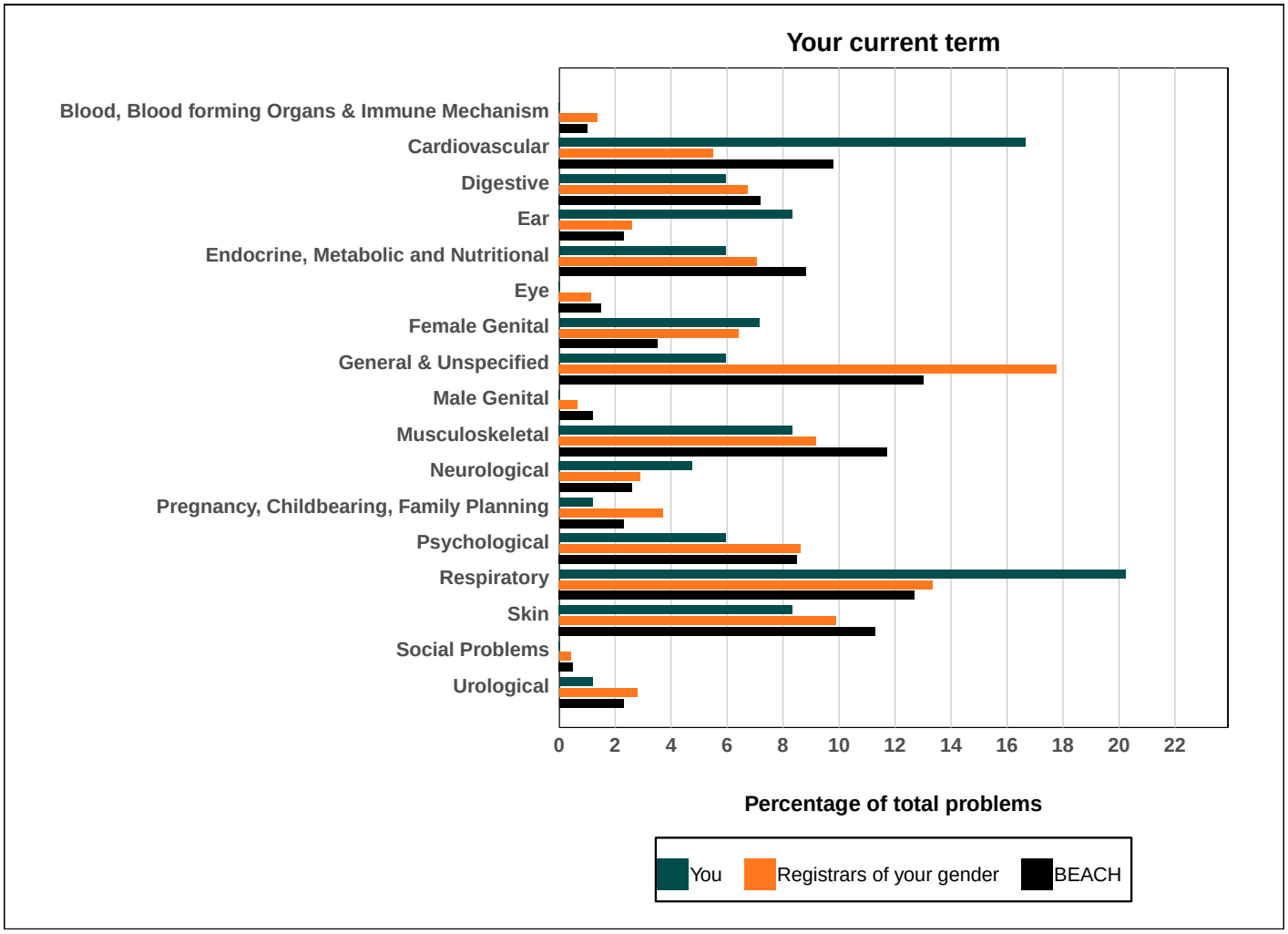

Figure 5. Frequency of problems managed by disease chapter heading for current term

Figure 6 refers to the types of problems you managed in all terms for which you have completed ReCEnT, compared to registrars of your gender in previous cohorts.

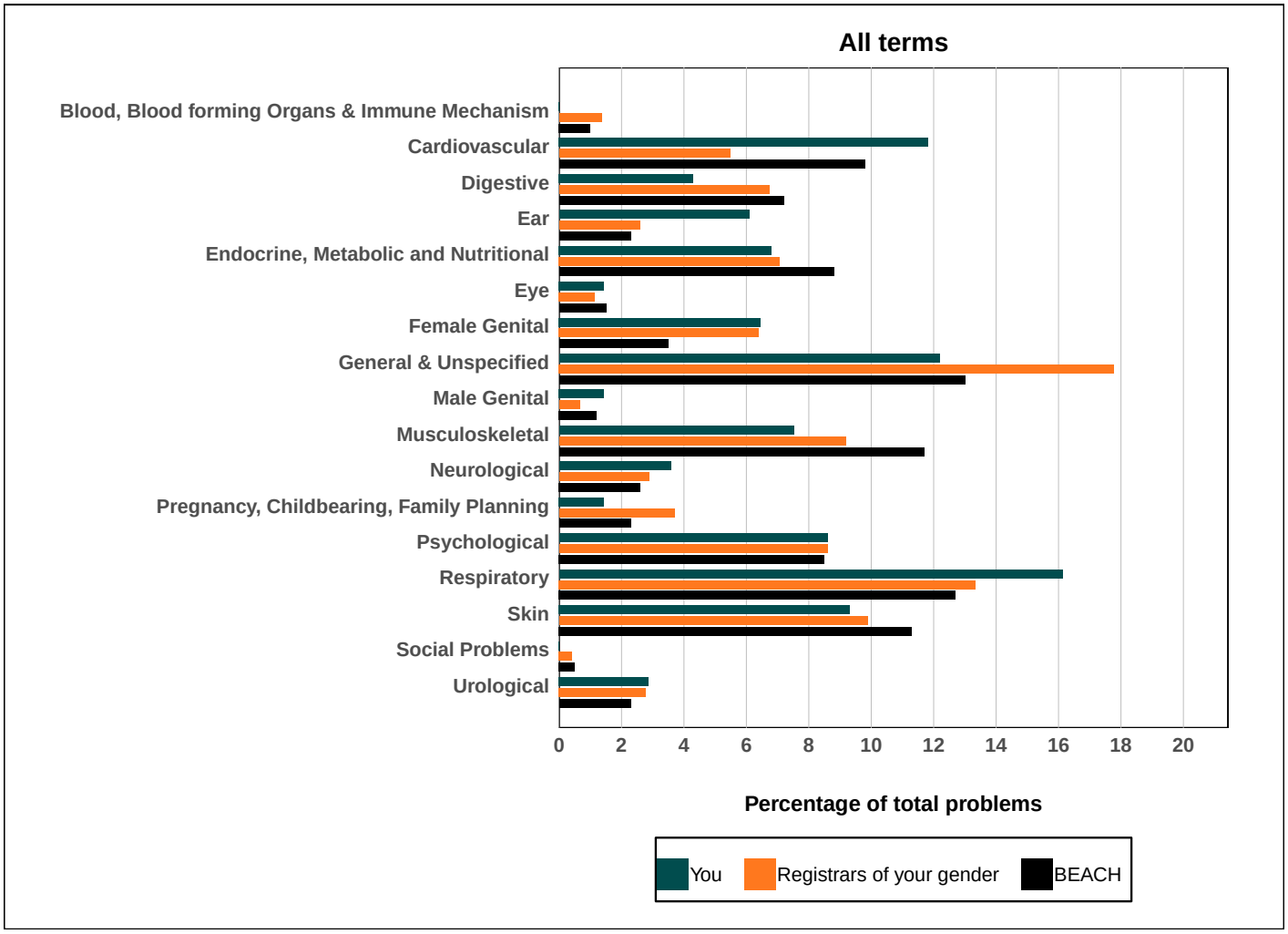

Figure 6. Frequency of problems managed by disease chapter heading for all training terms

Observations and examinations

You performed an observation in 78.3% of your consultations. The median for all registrars was 48.3%.

You performed an examination in 85% of your consultations and the median for all registrars was 58.3%.

Figure 7 refers to the frequency you performed examinations for problems, compared to all registrars.

Your other examinations included: Mental state, Neurological, Urological, Eye, Genital, Developmental assessment, Baby check, Thyroid, Pregnancy related and Breast. For all registrars, other examinations included Neurological, Mental state, Eye, Genital, Urological, Developmental assessment, Baby check, Thyroid, Pregnancy related, Haematological, and Breast.

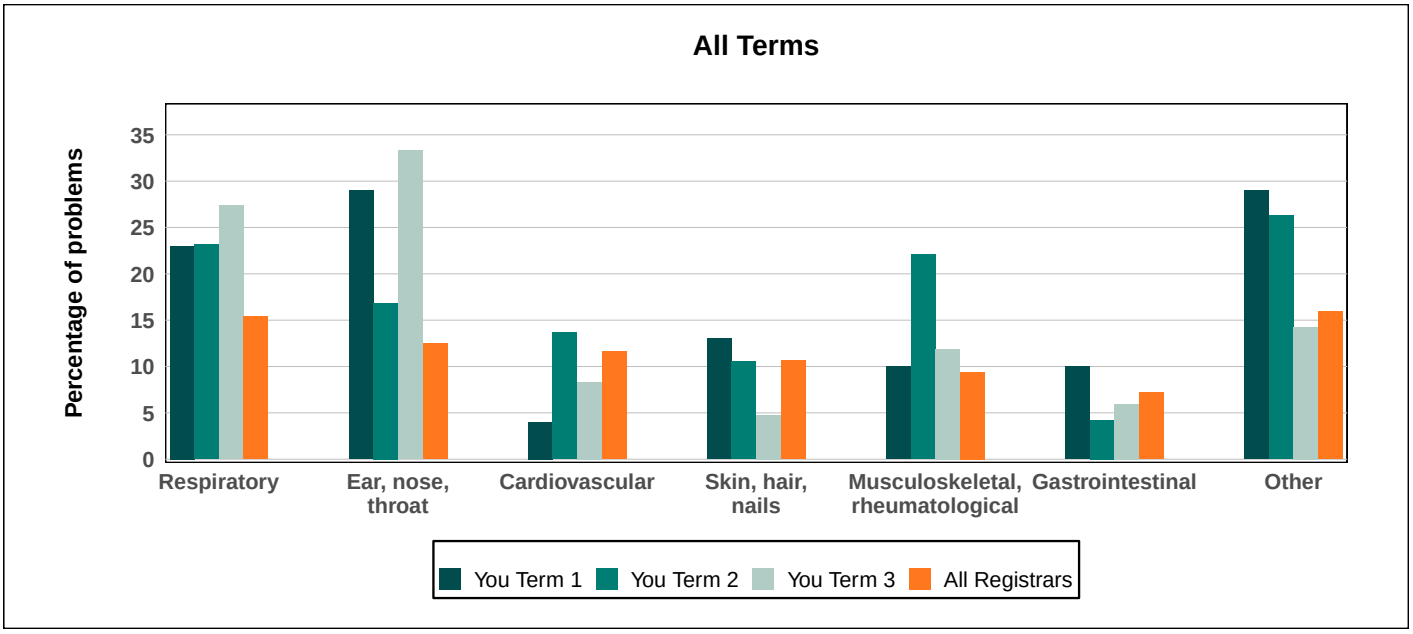

Figure 7. Frequency of examinations

3.4. Investigations

At least one pathology test / battery of tests was ordered in 26.7% of your consultations, and at least one imaging test in 16.7%. This compares to 23.4% and 12.6% for all registrars and 18.4% and 9.4% in the BEACH data respectively.

Figures 8 and 9 refer to the frequency of investigations (pathology and imaging) you ordered compared to all registrars and established GPs. There is no significant change in test ordering across training terms, so only the group average has been reported.

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

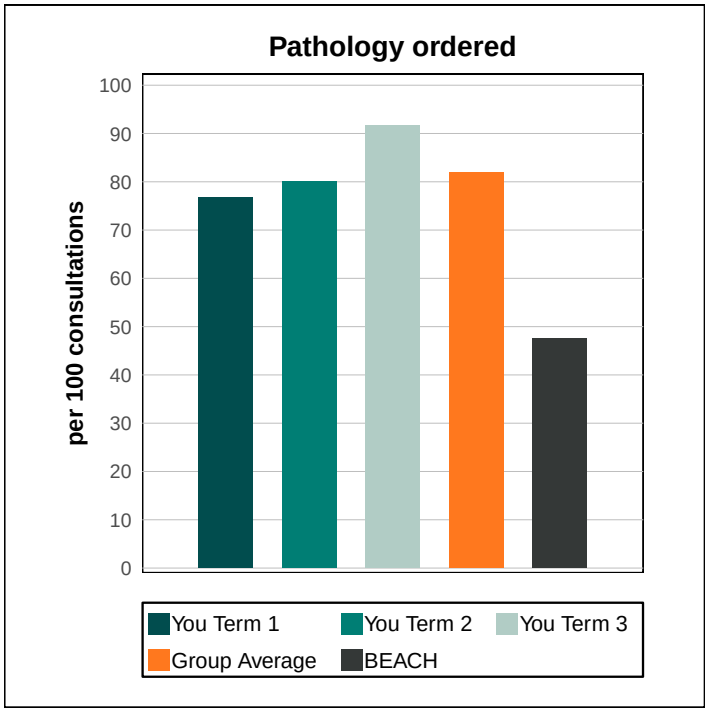

Figure 8. Pathology ordered (per 100 consultations)

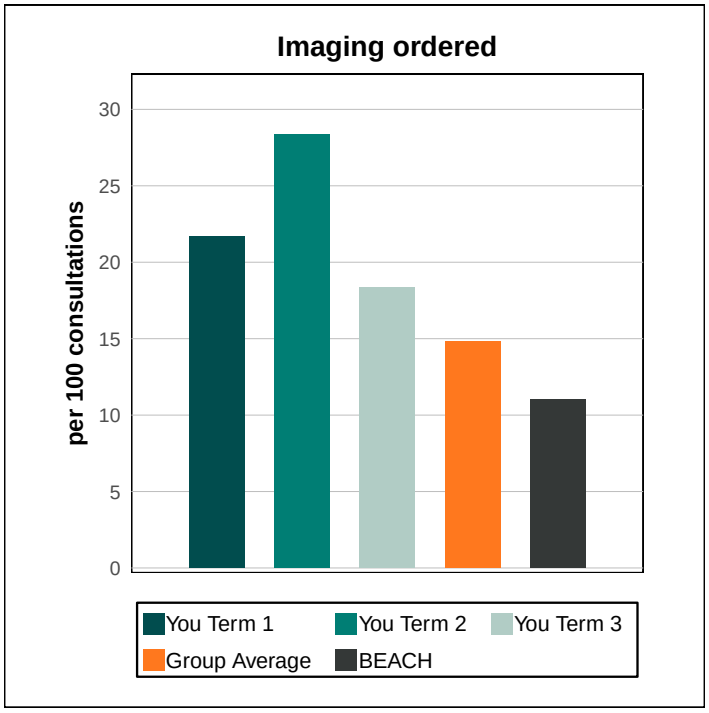

Figure 9. Imaging ordered (per 100 consultations)

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

Pathology requests (all registrars)

1. Full blood count
2. EUC test
3. Liver function test
4. Iron studies test
5. Lipids profile test
6. Urine MC&S test
7. C reactive protein test
8. HbA1c test
9. Thyroid function test
10. TSH test

Imaging requests (all registrars)

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. X−ray of the foot or feet
8. Ultrasound of the breast
9. Ultrasound of the shoulder
10. X−ray of the ankle

3.5. Management

GP registrars overall prescribed or recommended new medications at a rate of 44.8 per 100 consultations (and at least once in 35.6% of consultations). GP registrars made 12.6 specialist referrals per 100 consultations.

Figure 10 refers to your rate of prescribing new medications per 100 consultations compared to all registrars.
Figure 11 refers to your rate of specialist referrals per 100 consultations compared to all registrars and established GPs.

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

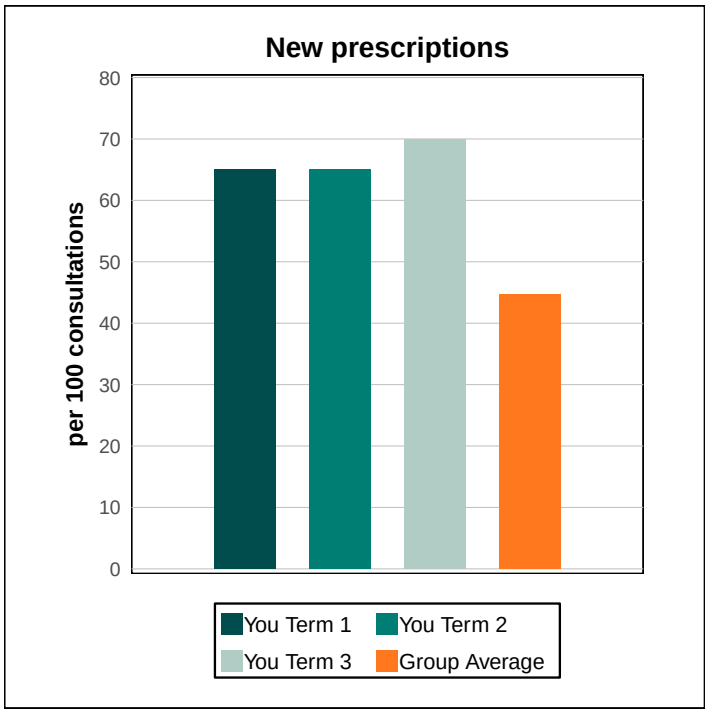

Figure 10. New medications prescribed (per 100 consultations)

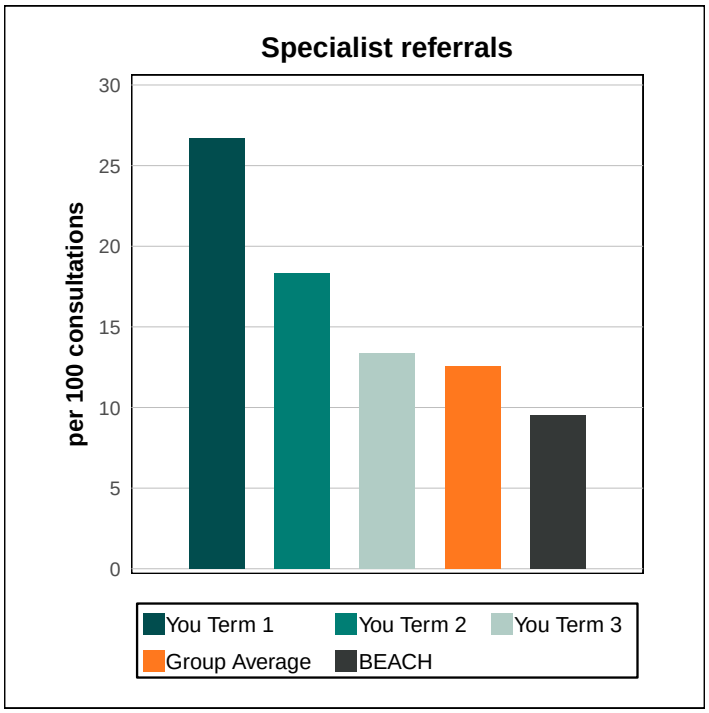

Figure 11. Specialist referrals (per 100 consultations)

Reflective questions

Are your clinical exposure, performance of physical examination, investigation rate, and management different to your peers?
If so, what personal, practice and training factors might contribute to this?
Has your pattern of prescribing and of referral changed with experience during training?
If so, how? How could this information inform your clinical practice or your future training plans?

Hospital referrals

You sent 0 patients to hospital during the data collection period.

Reflective questions

If you referred a patient/s to hospital:
Do you recall the presentation/s?
Did you follow up on the outcome/s?

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

Medications newly prescribed (all registrars)

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

Rational deprescribing

Like rational prescribing, rational deprescribing of medicines no longer appropriate for a particular patient is an important task of the general practitioner.

In this period *you deprescribed 1 medication* that the patient had been using for 3 months or more.

This was:

- Perindopril

The top ten long term (greater than 3 months duration) medications deprescribed by all GP registrars are listed below.

Medications deprescribed (all registrars)

1. Levonorgestrel and ethinylestradiol
2. Perindopril
3. Amlodipine
4. Escitalopram
5. Esomeprazole
6. Sertraline
7. Metformin
8. Meloxicam
9. Atorvastatin
10. Pregabalin

3.6. Sources of information

Registrars sought some kind of assistance with patient care in 23.8% of consultations overall. This comprised consulting with supervisors 8.5%, other specialists 1.1%, other health professionals 0.8%, electronic resources 15.2%, hardcopy resources 0.5% and other resources 1.3%. Supervisors were consulted in 13.2%, 7.2% and 3.8% of term 1, 2 and 3 consultations respectively.

Figure 12 refers to the frequency you sought information in your current term, compared to all registrars in the same term as you in previous cohorts. Please note, an absence of any bars reflects that no corresponding data was recorded during the term.

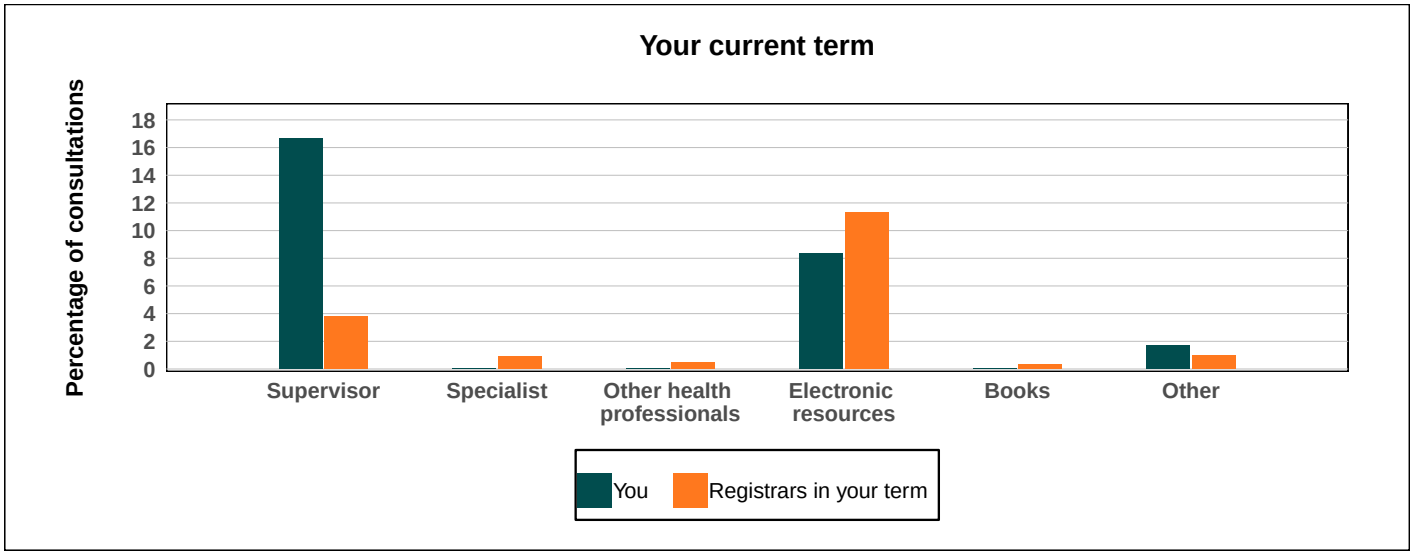

Figure 12. Sources of information accessed for current training term

Figure 13 refers to the frequency you sought information in all terms in which you have completed ReCEnT compared to all registrars in previous cohorts.

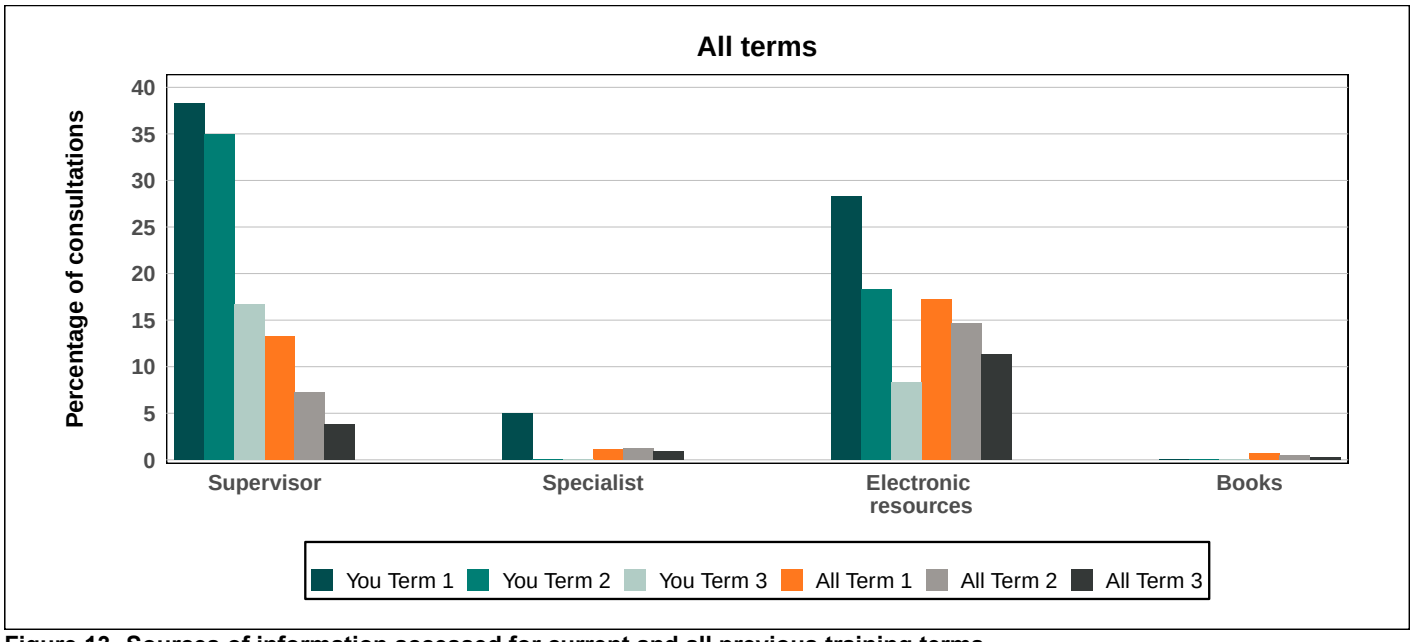

Figure 13. Sources of information accessed for current and all previous training terms

Reflective questions

Did your rate of seeking information and sources differ from your peers? If so, why might this be?

The top ten sources of information sought by all registrars are listed below.

Sources of information (all registrars)
1. Therapeutic Guidelines
2. Health Pathways
3. AMH
4. RCH
5. RACGP Guidelines
6. DermNet
7. UpToDate
8. Immunisation Handbook
9. Murtagh's
10. Nurse

3.7. Procedures

The top ten procedures performed by all GP registrars are listed below.

Procedures performed (all registrars)
1. Intramuscular injection
2. Clinician−collected cervical screening
3. Cryotherapy
4. Application of wound dressings
5. Set up and record 12 lead ECG
6. Syringe external auditory canal
7. Punch biopsy of skin lesion
8. Excision of superficial skin lesions
9. Subcutaneous injection
10. Intravenous access

3.8. Learning goals

You generated learning goals for 7.1% of your problems. This compares to 10.3% of all problems for registrars in your term.

The learning goals you generated and the top 10 learning goals by all registrars are listed below.

Reflective questions

Did you follow-up on your learning goals?

If so, do you think the information gained will influence your future practice?

Your learning goals

- Allergic sinusitis
- Family history of malignancy
- Iron deficiency
- Mouth lesion
- Polycystic ovary syndrome
- Sinusitis

Learning goals (all registrars)

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