ReCEnT
Registrar Clinical Encounters in Training

RACGP
Royal Australian College of General Practitioners

Registrar feedback report

Registrar name: ??
Registrar term: Term 3
Encounter period: ??

Introduction

Thank you for your participation in the ReCEnT project. This feedback report gives you information on your individual clinical encounters 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 (2010 - 2023.2) have been aggregated as a comparison group, comprised of approximately 772,000 unique clinical encounters. National GP clinical activity data is derived from the BEACH (Bettering the Evaluation and Care of Health) program from their 2015-16 report. The BEACH program was co-ordinated by the Family Medicine Research Centre at the University of Sydney.

Using ReCEnT to inform learning

The clinical encounters 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, other rural registrars, Australian GPs and your previous training terms (where relevant). Do not be concerned if there is little, if any, difference between 'rural registrar' comparisons and 'all registrar' comparisons. This is still worthwhile knowing.

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 encounters 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. The registrars

In comparison to the national GP population, the registrar participants in ReCEnT have very different demographics - 59.1% were female, compared to 48.8% of established GPs. The mean age of registrars was 33 years compared to 46.5 years for the GP population.

2. The patients

Overall, about 59.6% of patients seen by all registrars were female, compared to 56.6% in the national GP dataset. However, registrars saw a younger patient population - 29.6% of patients were under 25 (compared to BEACH 19.3%) and only 19% of patients were 65 and over (compared to BEACH 30.7%).

The mean age of your patients was 51.6 years and 50% of your patients were female.

For all female registrars, the mean patient age was 40 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 (green is female and navy is male) and your patients are represented by the bars.

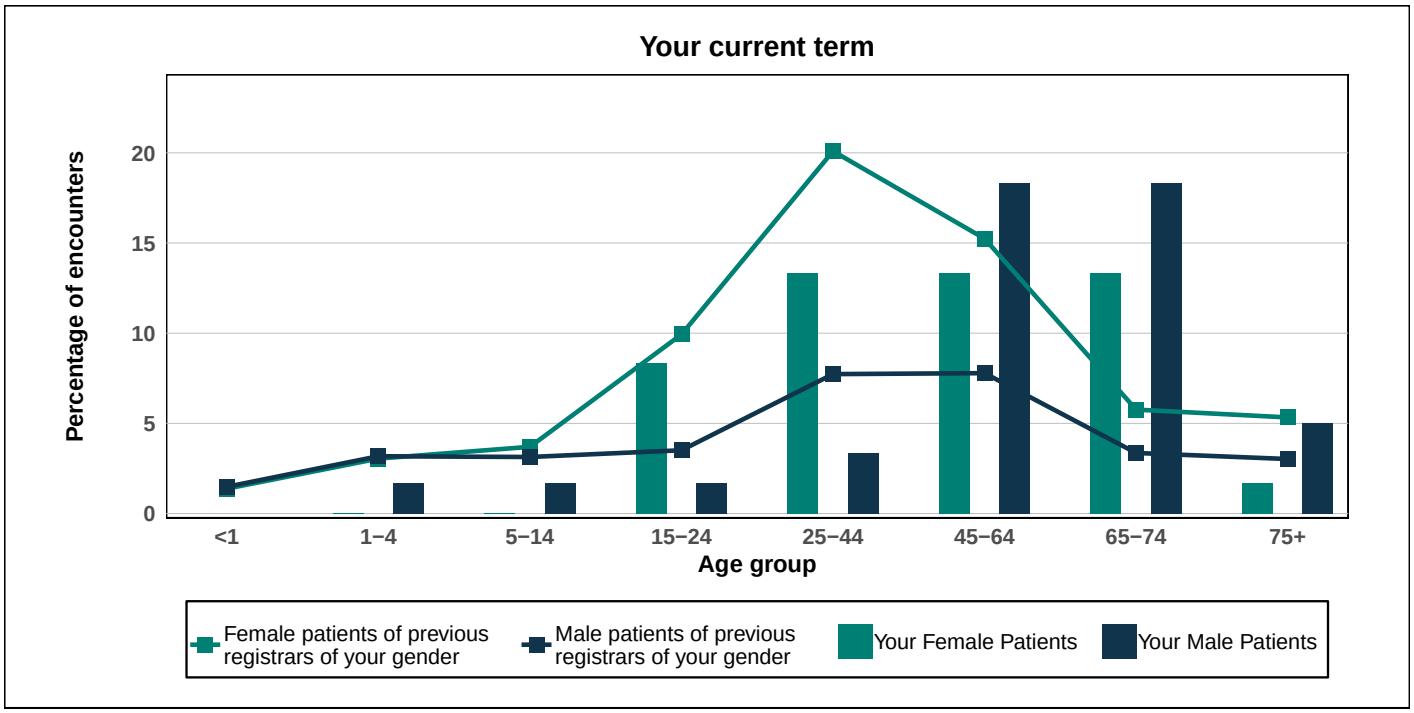

Figure 1. Demographics of patients for current training term

Click here to see rural patients section

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 4 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? Did the patient's Aboriginal and/or Torres Strait Islander status influence your management?

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 so, did the patient's NESB status affect your clinical management, or your learning from the consultation?

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.

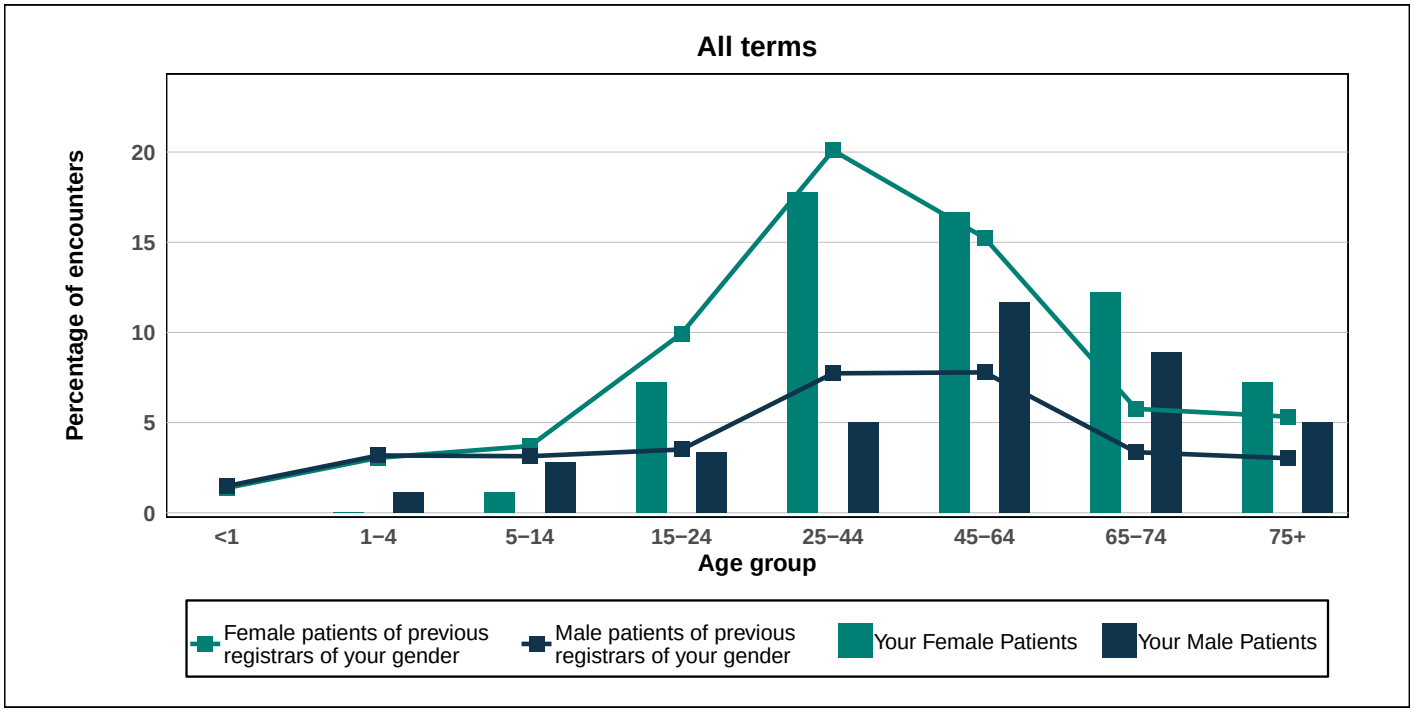

Figure 2. Demographics of patients for all training terms

3. The encounters

Telehealth

Please note that 10% of your consultations were via telehealth compared to the median of 16.7% 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 17.1 minutes. The mean duration for all GPT3/PRR3 registrars was 16.8 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.

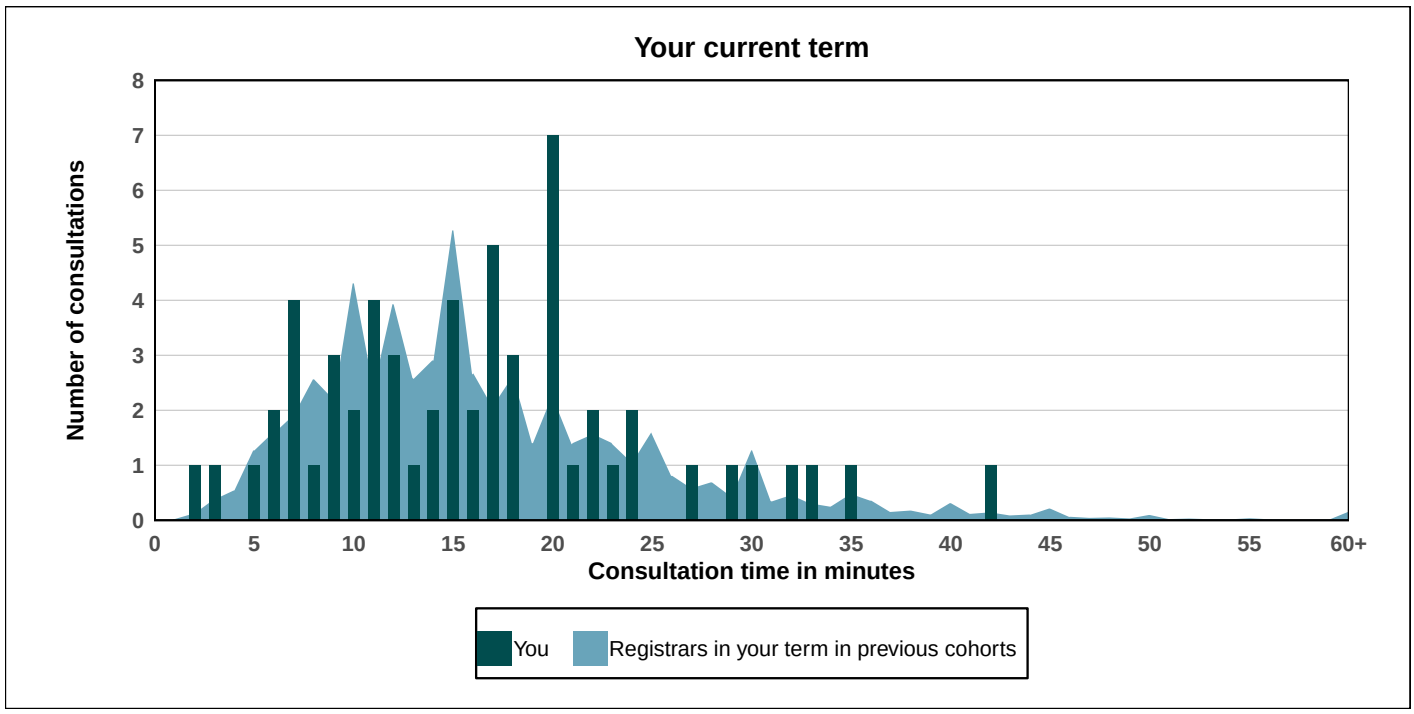

Figure 3. Consultation duration for your current training term

Click here to see rural encounters section

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.

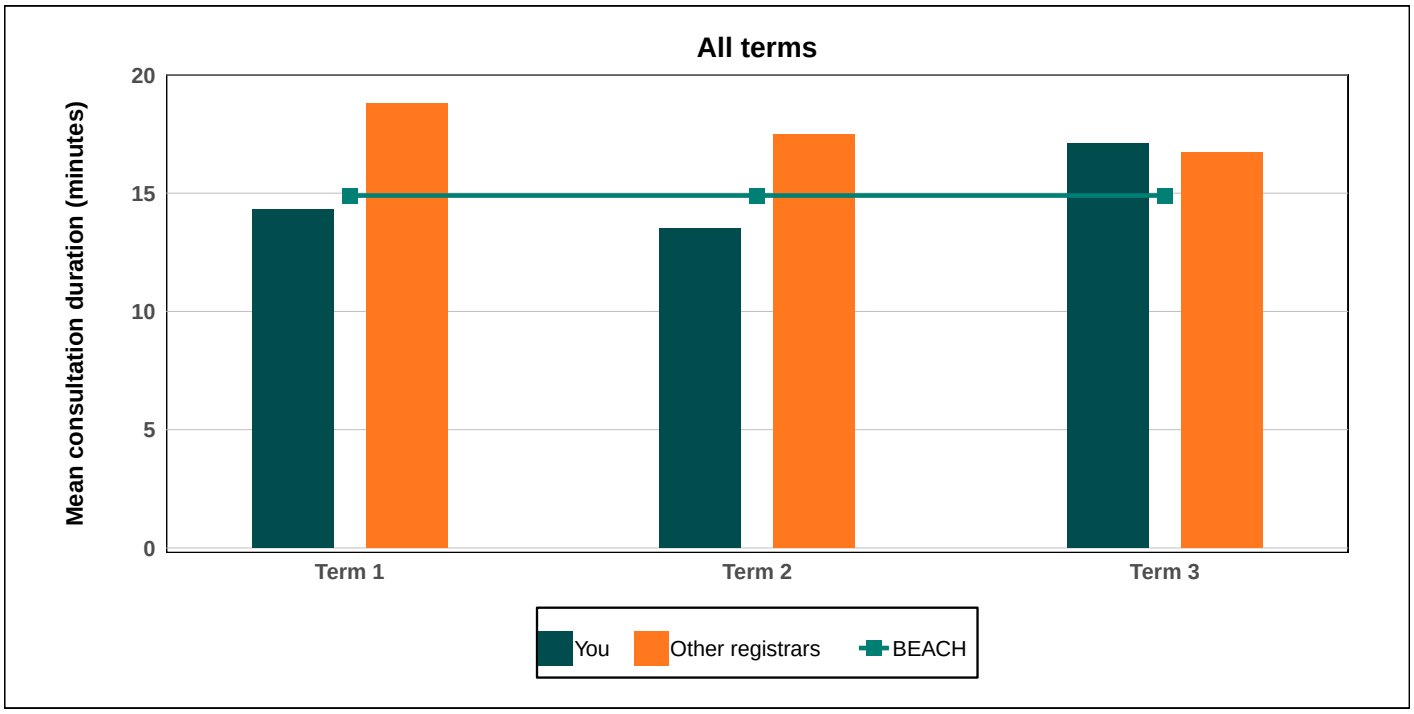

Figure 4. Average duration of consultation for all training terms

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 encounters where follow-up was scheduled.

The proportion of patients that were new to you was 8.3%, compared to 56.7% for all registrars.

You scheduled patient follow-up with yourself in 15% of your encounters. The mean percentage of encounters for which all registrars scheduled patient follow-up with themselves was 43.6%.

Click here to see rural continuity of care section

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 149 problems per 100 encounters, or about 1.5 problems per consultation on average. This is almost exactly the same as BEACH data (154.3 problems per 100 encounters).

You managed 186.7 problems per 100 encounters.

Of all your problems managed, 48.2% were chronic disease. The mean for all registrars was 21.9%. This compares to 34.6% for established GPs.

Clinical type

The top 5 most common specific ICPC-2 disease chapters managed by all registrars, by percent of total problems managed, were: General & Unspecified (16.5%), Respiratory (14.9%), Skin (10.3%), Musculoskeletal (10%), Psychological (8.7%).

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

Click here to see rural problems managed section

Observations and examinations

You performed an observation in 31.7% of your consultations. The median for all registrars was 46.7%.

You performed an examination in 11.7% of your consultations and the median for all registrars was 58.3%.

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

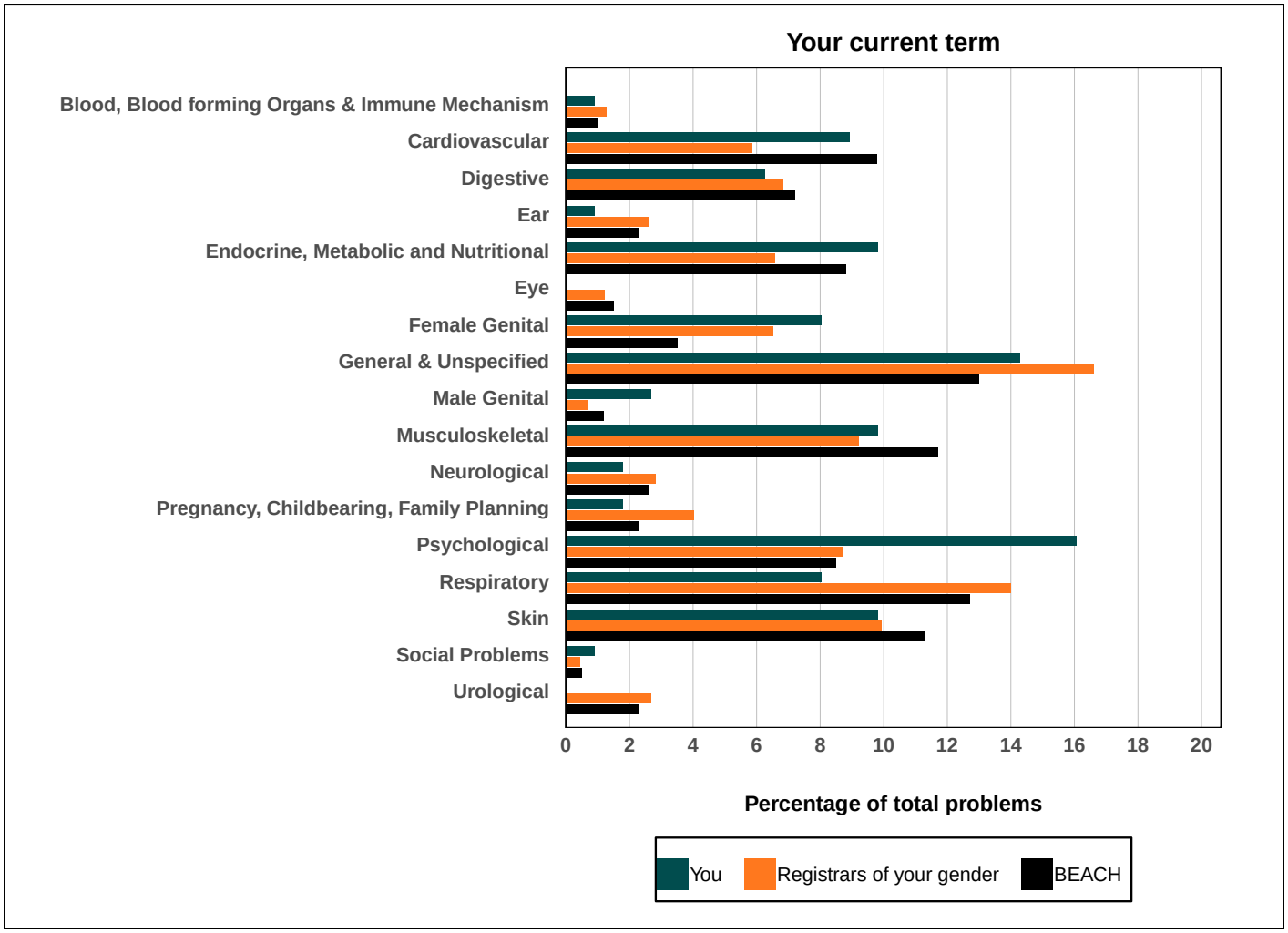

Figure 5. Frequency of problems managed by disease chapter heading for current term

Click here to see rural disease chapters section

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.

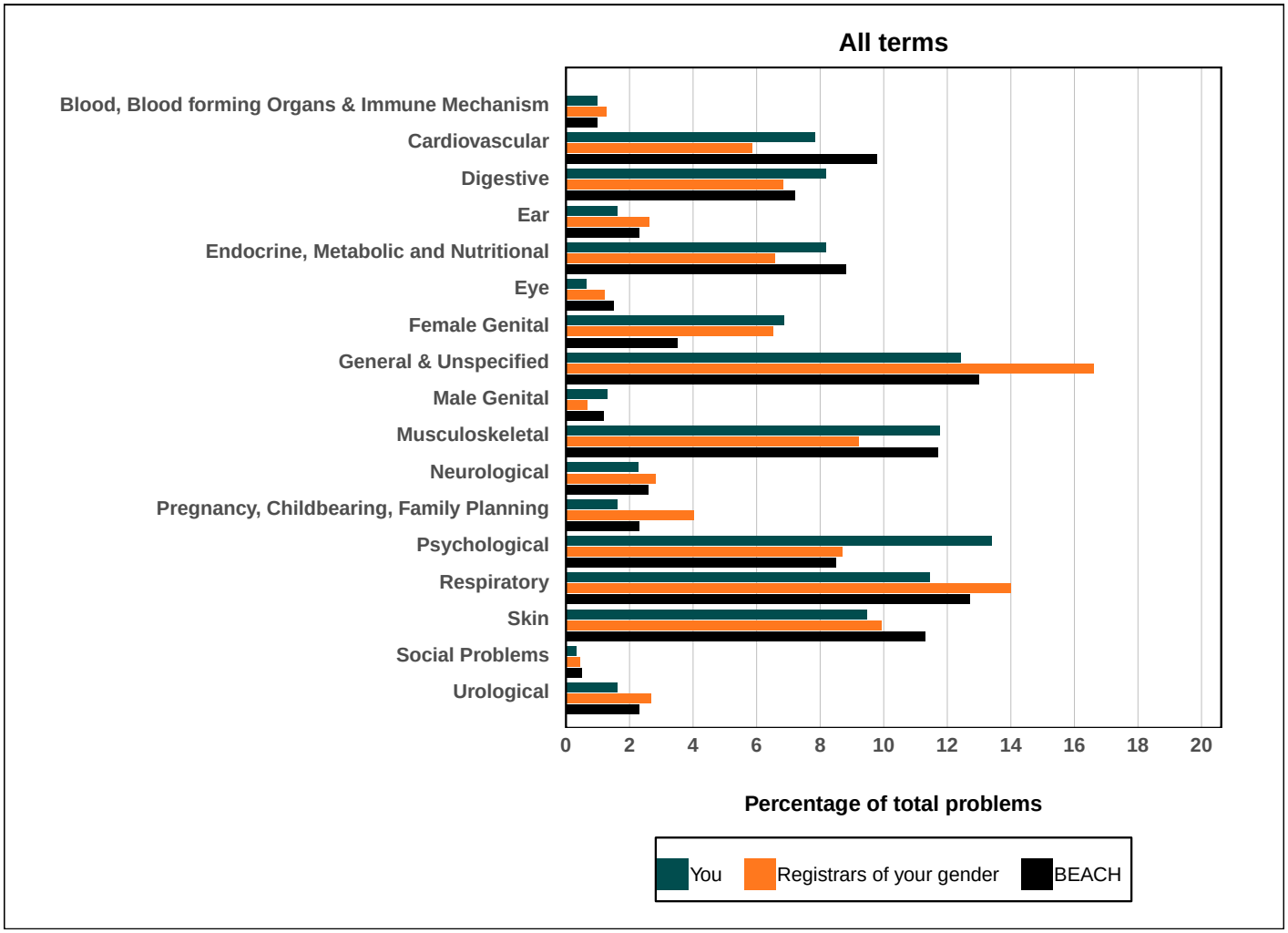

Figure 6. Frequency of problems managed by disease chapter heading for all training terms

Specific problems managed

Overall, the top ten problems managed by all registrars are 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 30% of your consultations, and at least one imaging test in 5%. This compares to 22.3% and 11.9% for all registrars and 18.4% and 9.4% in the BEACH data respectively.

Figures 7 and 8 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 encounters, not percentages i.e. the number of tests ordered per 100 encounters, not the number of encounters where a test is ordered.

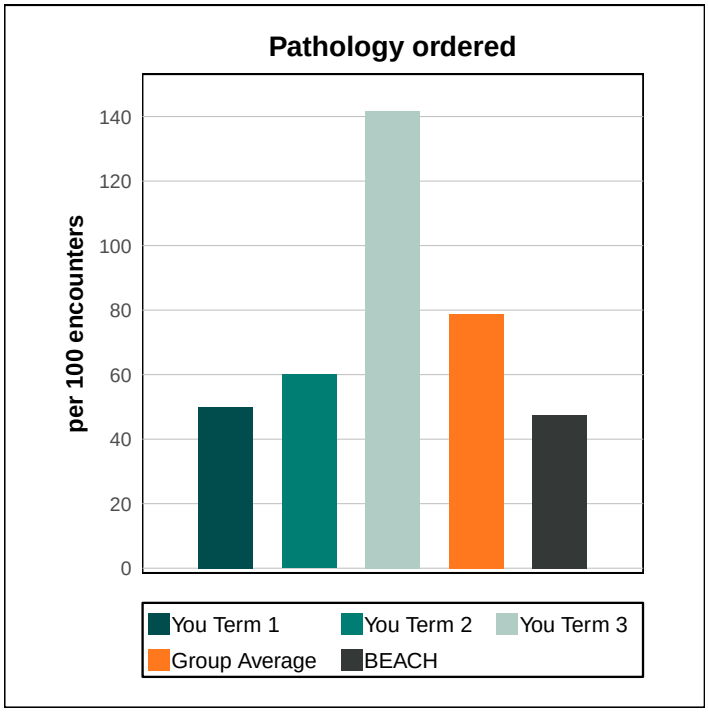

Figure 7. Pathology ordered (per 100 encounters)

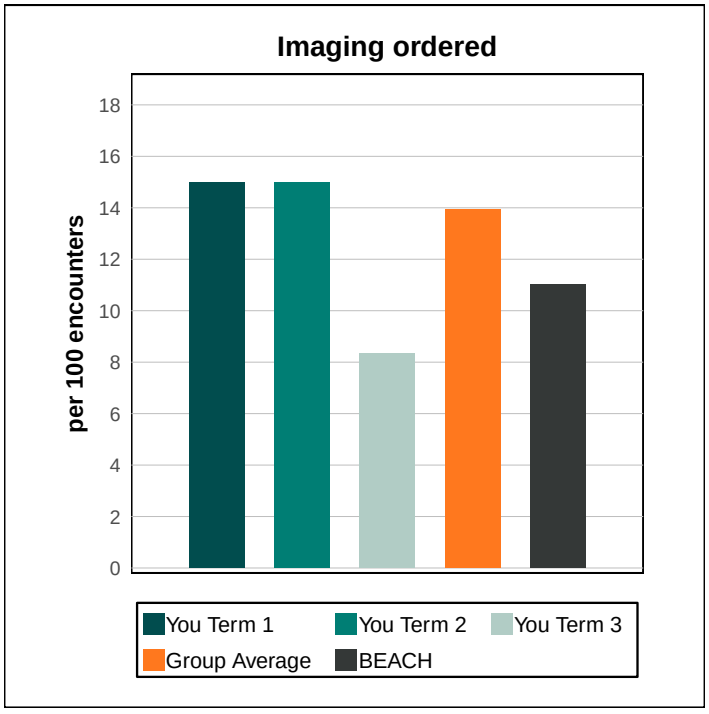

Figure 8. Imaging ordered (per 100 encounters)

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

GP registrars overall prescribed or recommended new medications at a rate of 45.6 per 100 encounters (and at least once in 36.1% of consultations). GP registrars made 12 specialist referrals per 100 encounters.

Figure 9 refers to your rate of prescribing new medications per 100 encounters compared to all registrars.

Figure 10 refers to your rate of specialist referrals per 100 encounters compared to all registrars and established GPs.

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

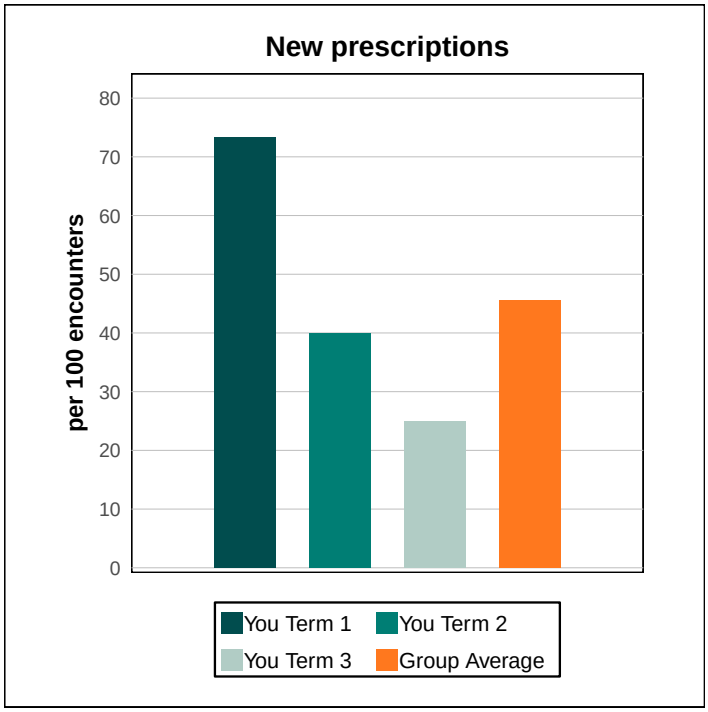

Figure 9. New medications prescribed (per 100 encounters)

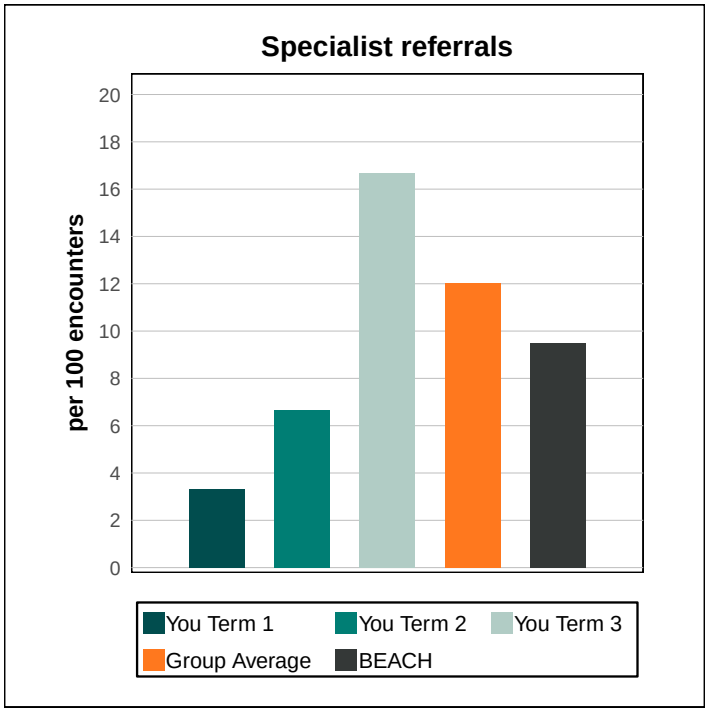

Figure 10. Specialist referrals (per 100 encounters)

Reflective questions

Are your clinical exposure, investigation rate, and management different to your peers?

If so, what personal, practice and training factors might contribute to this?

How could this information inform your future training plans?

Has your pattern of prescribing and of referral changed with experience during training?

If so, how?

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

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

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:

- Levonorgestrel and ethinylestradiol

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

Medications deprescribed

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

3.6. Sources of information

Registrars sought some kind of assistance with patient care in 22.6% of consultations overall. This comprised consulting with supervisors 8.8%, other specialists 1.2%, other health professionals 0.8%, electronic resources 13.1%, hardcopy resources 0.8% and other resources 1.1%. Supervisors were consulted in 13.6%, 7.6% and 4.1% of term 1, 2 and 3 consultations respectively.

Figure 11 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.

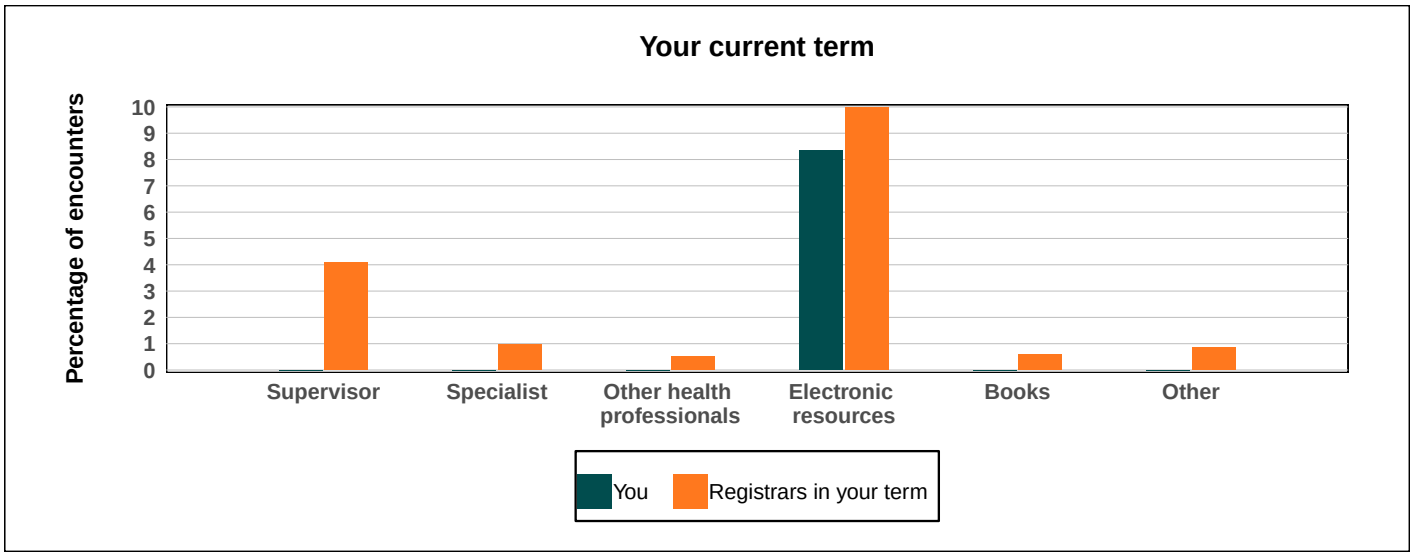

Figure 11. Sources of information accessed for current training term

Click here to see rural sources of information section

Figure 12 refers to the frequency you sought information in all terms in which you have completed ReCEnT compared to all registrars in previous cohorts.

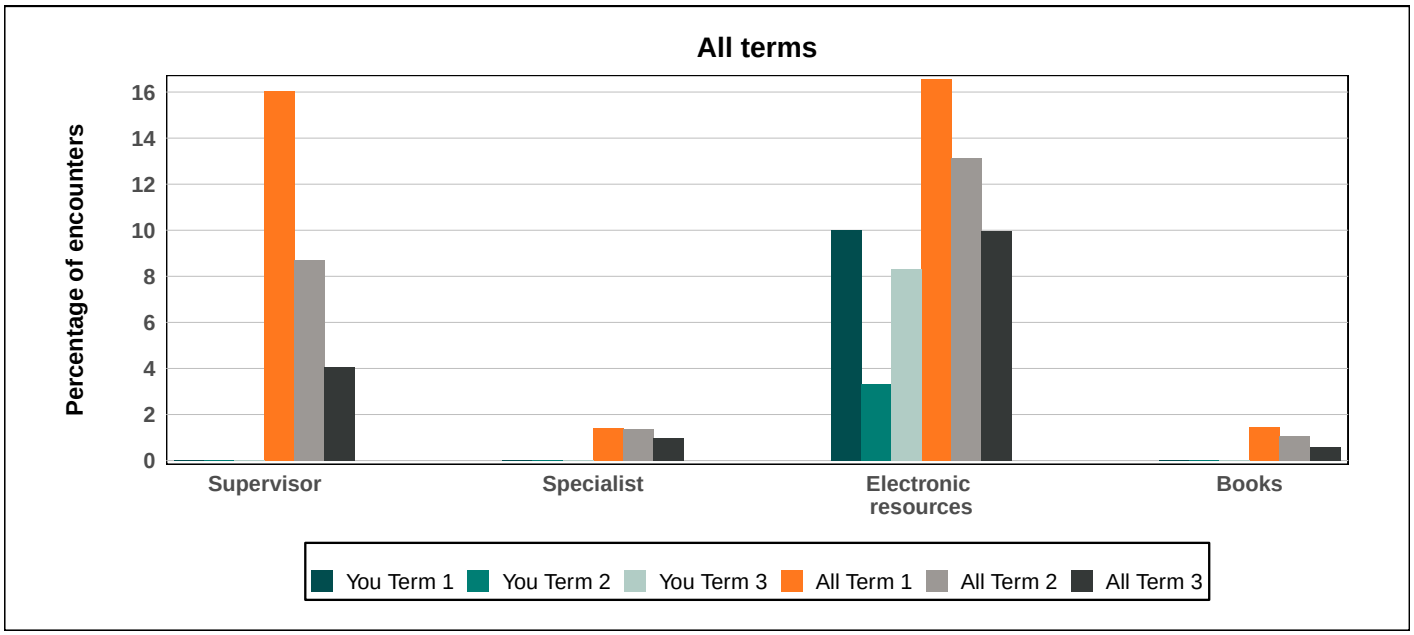

Figure 12. Sources of information accessed for current and all previous training terms

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
1. Therapeutic Guidelines
2. AMH
3. Health Pathways
4. RCH
5. UpToDate
6. Murtagh's
7. DermNet
8. RACGP Guidelines
9. Immunisation Handbook
10. MIMS

3.7. Procedures

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

Procedures performed
1. Intramuscular injection
2. Pap smear
3. Cryotherapy
4. Application of wound dressings
5. Syringe external auditory canal
6. Set up and record 12 lead ECG
7. Excision of superficial skin lesions
8. Punch biopsy of skin lesion
9. Venepuncture
10. Subcutaneous injection

3.8. Learning goals

You generated learning goals for 0.9% of your problems. This compares to 10% 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?

Click here to see rural learning goals section

Your learning goals

- Atopic dermatitis

All registrar 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

Appendix

Please note, comparators classified as 'rural' are aggregates of data provided by registrars working in practices in areas classified as Modified Monash Model (MMM) 3-7.

1. Rural registrars

In comparison to the national GP population, the rural registrar participants in ReCEnT have very different demographics - 58% were female, compared to 48.8% of established GPs. The mean age of rural registrars was 34.9 years compared to 46.5 years for the GP population.

A2. Rural patients

Overall, about 59.3% of patients seen by all rural registrars were female, compared to 56.6% in the national GP dataset. However, registrars saw a younger patient population - 24.8% of rural patients were under 25 (compared to BEACH 19.3%) and 26.2% of rural patients were 65 and over (compared to BEACH 30.7%).

The mean age of your patients was 51.6 years and 50 % of your patients were female.

For all female registrars, the mean rural patient age was 44 years and 66.4 % of rural patients were female.

Figure A1.b. refers to the age-gender distribution of your patients in your current term, compared to the distribution of patients for rural registrars of your gender in previous cohorts. The lines represent the age and gender distribution of patients for the registrar group (orange is female and brown is male) and your patients are represented by the bars.

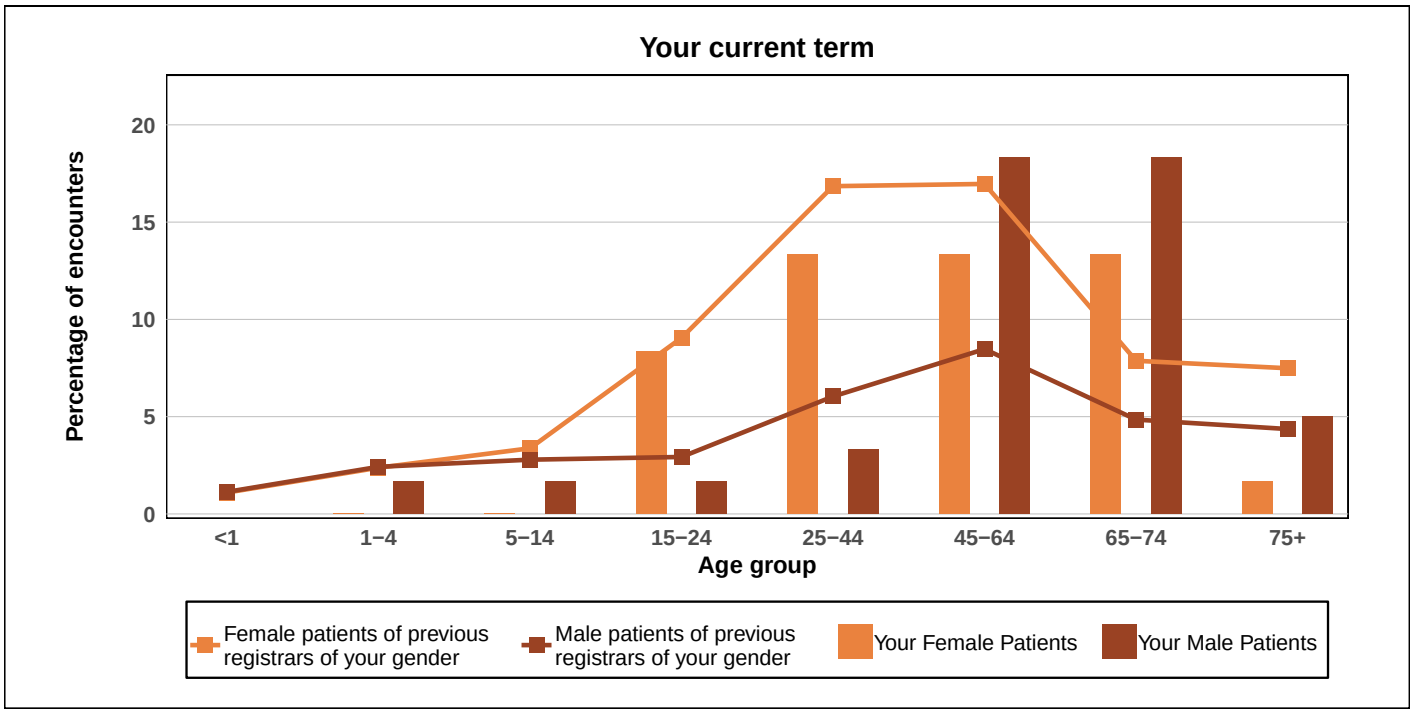

Figure A1.b. Demographics of patients for current training term compared to demographics of all rural registrras' patients

Click to return to the patients section

A3. Rural encounters

Telehealth

Please note that 10% of your consultations were via telehealth compared to the median of 11.7% for all rural 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.

A3.1. Rural duration of consultation

The mean duration for your consultations was 17.1 minutesThe mean duration for all rural GPT3/PRR3 registrars was 17.2 minutes, and the mean duration for Australian GPs (BEACH) was 14.9 minutes.

Figure A3.b. refers to the duration of your consultations compared to the duration of consultations of all rural registrars in the same term as you in previous cohorts. The background shading represents the frequency of different consultation durations for the rural registrar group. Your consultations are represented by the bars.

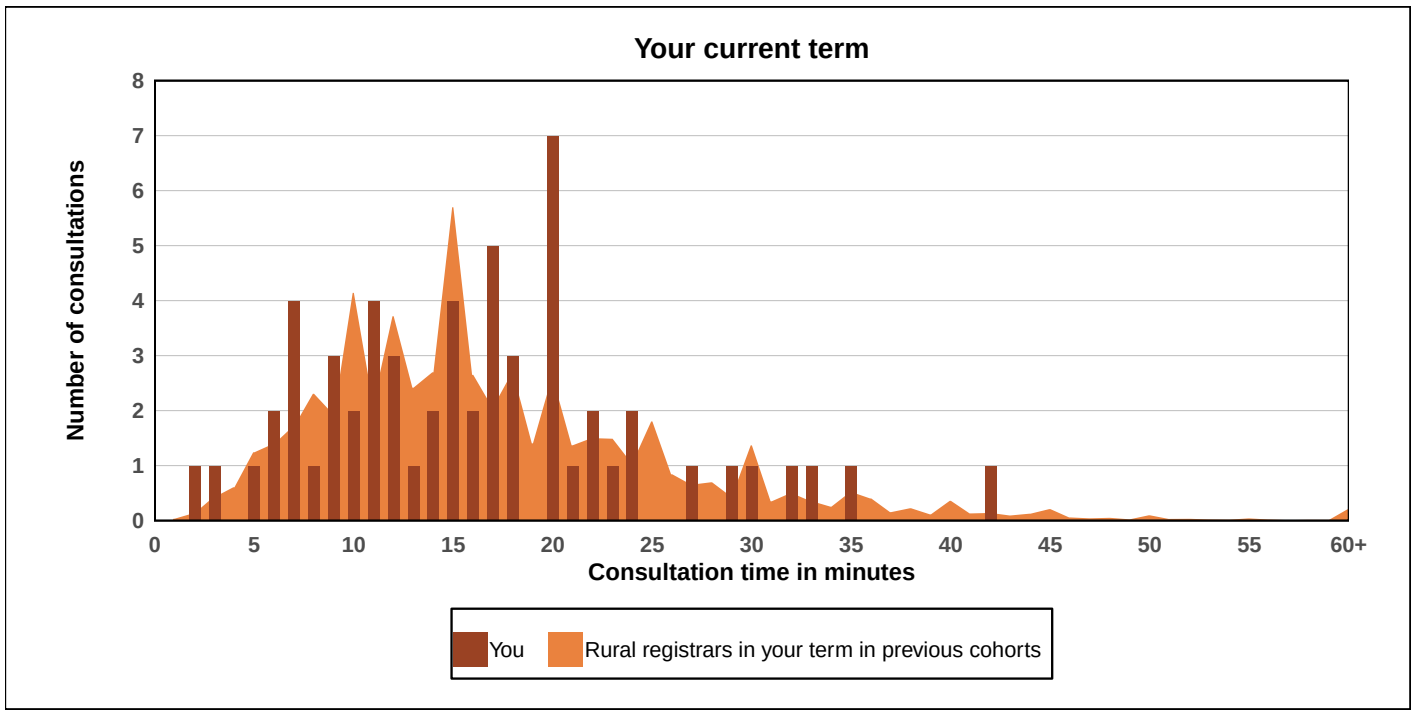

Figure A3.b. Consultation duration for your current training term

Click to return to the encounters section

A3.2. Rural 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 encounters where follow-up was scheduled.

The proportion of patients that were new to you was 8.3%, compared to 51.8% for all rural registrars.

You scheduled patient follow-up with yourself in 15% of your encounters. The mean percentage of encounters for which all rural registrars scheduled patient follow-up with themselves was 45.6%.

Click to return to the continuity of care section

A3.3. Rural problems managed

Number of problems

Overall, rural registrars managed 150 problems per 100 encounters, or about 1.5 problems per consultation on average. This is almost exactly the same as BEACH data (154.3 problems per 100 encounters).

You managed 186.7 problems per 100 encounters.

Of all your problems managed, 48.2% were chronic disease. The mean for all rural registrars was 25.2%. This compares to 34.6% for established GPs.

Clinical type

The top 5 most common specific ICPC-2 disease chapters managed by all rural registrars, by percent of total problems managed, were:

General & Unspecified (17%). Respiratory (12.2%). Musculoskeletal (11%). Skin (10.3%). Psychological (9.2%).

This compares to BEACH data (2015-16):

General & Unspecified (13%). Respiratory (12.7%). Musculoskeletal (11.7%). Skin (11.3%). Circulatory (9.8%).

Specific problems managed

Overall, the top ten problems managed by all registrars (left) and all rural registrars (right) are 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)

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

Click to return to the problems managed section

A3.3.1. Rural disease chapters for current term

Figure A5.b. refers to the types of problems you managed in your current term, compared to registrars of your gender in previous cohorts.

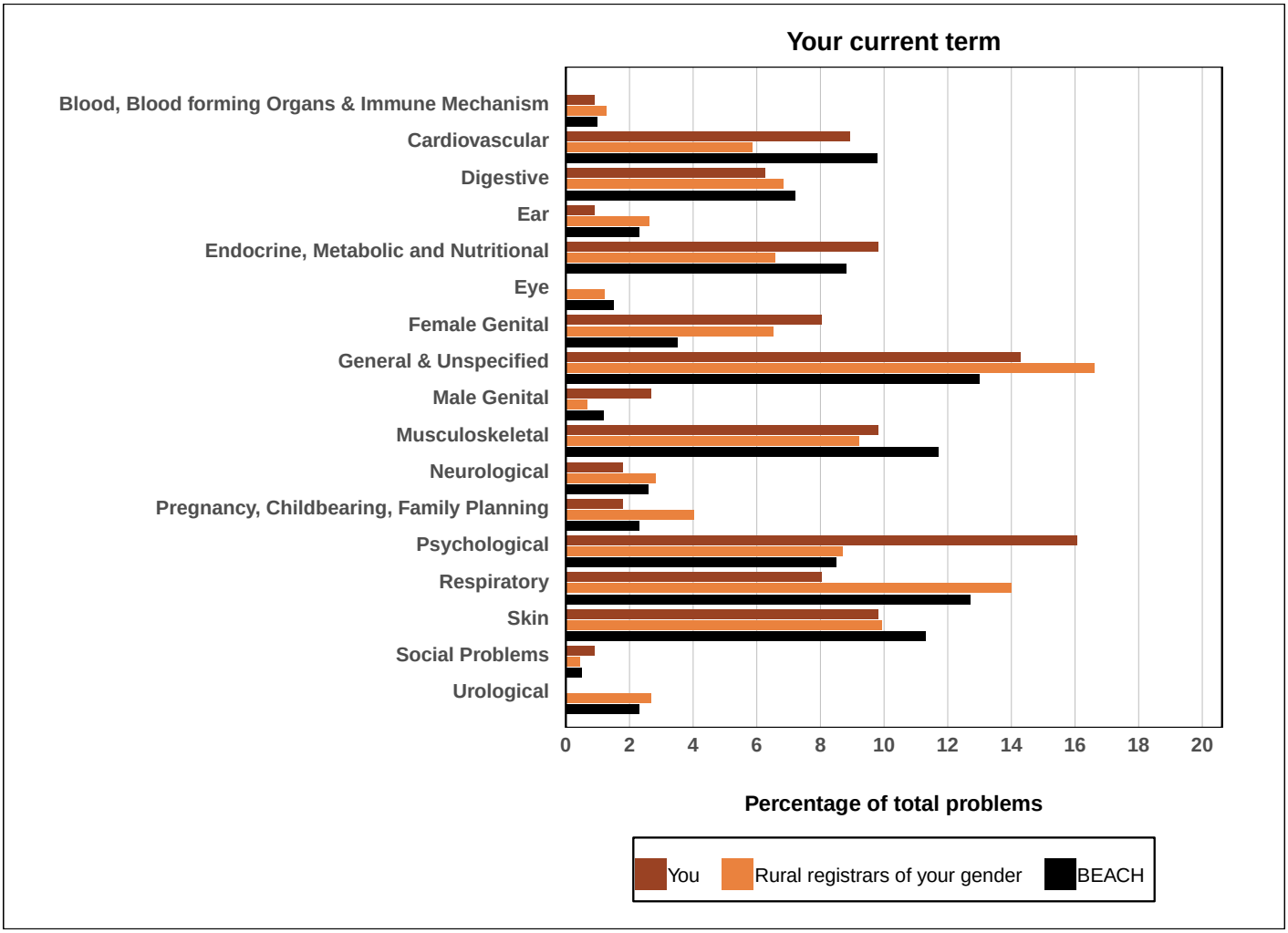

Figure A5.b. Frequency of problems managed by disease chapter heading for current term

Click here to return to the disease chapters section

A3.6. Rural sources of information

Rural registrars sought some kind of assistance with patient care in 24.2% of consultations overall. This comprised consulting with supervisors 8.5%, other specialists 1.5%, other health professionals 0.9%, electronic resources 14.4%, hardcopy resources 1.3% and other resources 1.3%. Supervisors were consulted in 12.9%, 7% and 3.9% of term 1, 2 and 3 consultations respectively.

Figure A11.b. refers to the frequency you sought information in your current term, compared to all rural 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.

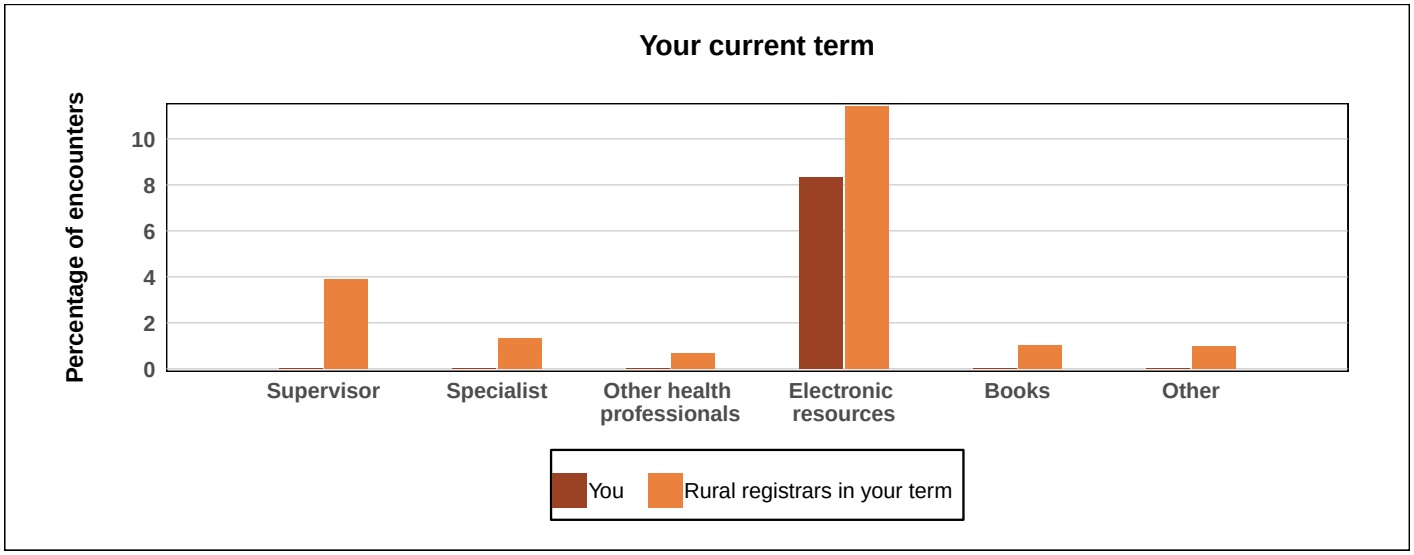

Figure A11.b. Sources of information accessed for current training term

The top ten sources of information sought by all registrars (left) and all rural registrars (right) are listed below.

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

Rural sources of information
1. Therapeutic Guidelines
2. AMH
3. Health Pathways
4. Murtagh's
5. RCH
6. RACGP Guidelines
7. UpToDate
8. DermNet
9. Immunisation Handbook
10. MIMS

Click here to return to the sources of information section

A3.8. Rural learning goals

You generated learning goals for 0.9% of your problems. This compares to 11.6% of all problems for rural registrars in your term.

The top 10 learning goals generated by all registrars (left) and all rural registrars (right) are listed below.

All registrar 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

Rural registrar learning goals − Top 10

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

Click here to return to the learning goals section