

ReCEnT FAQs – Registrars

The following relates to the most common questions asked by registrars about ReCEnT.

For questions specific to completing the ReCEnT encounter form, please see the resources available under the “How to complete the ReCEnT encounter form” tab on the ReCEnT Resources webpage, <https://www.racgp.org.au/education/gp-training/gp-training/recent/resources>

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1. What is ReCEnT?

Clinical encounters are the core learning activity of general practice training in Australia. However, exposure to different patient demographics and presentations is highly variable between registrars and practices. This has a clear impact on the nature and quality of training.

The Registrar Clinical Encounters in Training (ReCEnT) project aims to document and analyse the nature of the clinical and educational content of general practice registrar consultations. You will record details of sixty consecutive consultations on three occasions during your training time. Educational factors related to the encounter will be recorded along with clinical consultation details.

The project documents the content and nature of Australian GP registrars' clinical consultations over time. This information is of great value in supporting both your individual learning, as well as informing your education and training program overall. The study also provides a platform for further research and audit activity, including by GP registrars.

2. What is the historical background of ReCEnT? What is the timeline for regional participation?

In the second term of 2009 (the now former) General Practice Training – Valley to Coast (in the Central Coast, Hunter Valley and Manning River areas of NSW) undertook the 'pilot round' of ReCEnT. Full-scale operation of the project commenced in 2010 and other Regional Training Providers (General Practice Training Tasmania, Victorian Metropolitan Alliance, Adelaide to Outback General Practice Training, and Tropical Medical Training) commenced participation between 2011 and 2014. With the change in GP vocational training in 2016, ReCEnT was conducted in the Regional Training Organisations GP Synergy (NSW and ACT), General Practice Training Tasmania (GPTT) and Eastern Victoria General Practice Training (EVGPT). With the move to profession-led training in 2023, ReCEnT is now conducted by RACGP GP Training.

In 2023, ReCEnT continued to be conducted at RACGP GP Training in the same geographical footprints covered by GP Synergy, GPTT and EVGPT. In 2024, ReCEnT has been rolled out across all of Victoria, and the regions of South Eastern Queensland and South Australia (starting with GPT1 registrars in 2024.1). It is anticipated that ReCEnT will continue to be rolled out to the remaining training regions across Australia in the future.

3. What feedback have past registrars given about ReCEnT?

Previous evaluations and research have shown that most registrars find these reports useful for reflecting on their practice and just over half report changing their clinical practice as a result of the reflective process. This is a notable finding, given how difficult it has been found to change clinical practice with educational interventions.

4. What is the point of completing ReCEnT? How will it help my training? How will it promote better patient care? How will it make us better doctors?

The educational point of ReCEnT is to give you insight into your own practice via a process of reflection. It can allow you to identify areas where you are not getting enough experience or where your practice varies from your peers. This, in turn, allows you to adapt your own learning to fill knowledge gaps or make up for areas you have little exposure to, and to modify aspects of your practice or clinical approach (if deemed appropriate). That makes you a better doctor right now, as well as placing you in a better position to attempt the RACGP fellowship exams.

The ability to reflect on practice is an attribute of the competent GP. Reflection on your ReCEnT report, especially when facilitated by your supervisor and Medical Educator, is an opportunity to develop and refine this skill.

Reflection on your ReCEnT feedback report is also a chance to practice your critical evaluation skills – was this a typical week? If not, how will that have affected your results? Are your results on any parameter different to your peers? If so, why is that? Is it due to the patient profile at your practice? Or due to structural issues at your practice (high workload, etc.)? Or due to practice styles of your supervisors that you have adopted? Or is it due your personal practice approaches and style? If so, do you need to address them or is it OK as is?

Remember, the report is intended to prompt a reflective process. *It is not a benchmarking exercise or an assessment.* It may well be, after reflection, quite OK to be different to your peers on any particular parameter.

5. How does ReCEnT contribute to assessment, and prepare you for independent general practice?

Assessment is a broad concept and doesn't necessarily entail grading or classification – or implications for progression in training. In the broadest sense, ReCEnT may be considered to be a component of 'programmatic assessment' But it is not a formal assessment and there is no 'mark' or 'score'.

ReCEnT is a quality improvement process which helps registrars to identify demographics, presentations, and other key general practice activities in comparison to themselves, peers and established GPs. This information may, when considered in context, help identify gaps, competencies or learning needs that will be required at fellowship. This enables registrars to make an informed choice about future placements or discuss other ways of improving with their supervisor and medical educator. There is no 'pass mark' attached to ReCEnT. ***It is a 'reflective' not a 'benchmarking' exercise.*** Although comparisons to other registrars' data is provided, there is no measure of 'good' or 'bad' practice in the ReCEnT results – just information on your practice on which you should reflect, taking into account the particular context and circumstances of your patients and your practice. Although there is no grading or pass/fail in ReCEnT, each round is a core component of your training.

ReCEnT also prepares you for practice post-GP Fellowship, when reflective practice, such as mini-audits, will be required as part of ongoing annual CPD requirements (Measuring Outcomes).

6. Am I able to excuse myself from doing the ReCEnT project?

The educational aspect of ReCEnT is a core training activity. The collection and reflection processes are designed for you to reflect on your clinical practice and educational approach. Quality improvement is a feature of the RACGP's (Domain 4: professional and ethical role) curricula and are important skills to acquire and practice.

Reflection on practice is also an essential attribute of the competent clinician. Like all clinical skills, it requires training and practice. Learning how to reflect on practice, including reflection aided by ReCEnT data, involves learning how to interpret and understand personal practice data, and acting upon it if appropriate. This will be aided by guidance from your supervisor and ME, and we urge you to involve them.

ReCEnT is also a research project and the data that is collected has been, and continues to be, used in a number of ways to inform general practice education and training.

You may opt out of the research aspect of ReCEnT at any time (that is, not provide consent for your data to be used for research purposes). If you wish to opt out of the research aspect of ReCEnT, contact the ReCEnT team on

recentonline@racgp.org.au. Please note, opting out of the research component will not change the educational requirements.

We understand that sometimes registrars may have difficulty completing their ReCEnT collection when unforeseen or exceptional circumstances arise. If this is the case, the ReCEnT team are happy to discuss arranging the collection at a different time. If you require an exemption from doing ReCEnT for a round due to your personal circumstances, please discuss this with your medical educator.

7. When do I receive feedback on my ReCEnT entries? What do I do with the report I receive?

The aim is to have a reflective report sent to you two to three weeks after submitting the 60 consultations. The prompt turn-around is important in facilitating reflection on practice and the sooner you complete your data collection, the more time you will have to put it to use in that term.

When you are emailed your reflective report, copies of the report are also sent to your supervisor and medical educator. In this email you will also be prompted to discuss your report with both your supervisor and medical educator, and it's strongly recommended that you do this.

8. When do I complete ReCEnT in my training program?

ReCEnT is completed once per term, for the three general practice training terms (GPT1, GPT2 and GPT3). It is only completed in an extended skills term if there are circumstances where your medical educator feels it would be of benefit educationally - and is requested by your medical educator.

9. Why do I have to do it more than once?

You grow and change throughout your training and this is one way for you to monitor how effective you have been in areas you wanted to progress. You also change locations while training and so your patient group and the clinical experiences you have vary as well. ReCEnT characterises these things very clearly and being able to compare your data from different practices can inform your choice for the next practice.

10. How do I know how and when I need to complete ReCEnT?

Approximately 3 weeks prior to each round, participating registrars, their supervisors, and practice managers will be sent an email advising them of the expected commencement dates. Information on how to prepare for the coming round, due dates, and links to supporting documents, are provided in these emails. Registrar will then receive an email at the start of the round with instruction on how to log in and start their data collection.

Comprehensive information regarding all aspects of ReCEnT will also be available on the ReCEnT webpage, and a link will be provided in the emails.

Registrars will also receive a dedicated orientation session as part of their educational program.

11. Why are we collecting at this time in the term?

We choose the approximate mid-point of the term (or as close as we can get, logistics considered) to allow time for you to settle into your new practice and for your patient load to have stabilised. This gives the best chance to achieve a representative sample of your practice. Also, for registrars who are studying for exams it is timed to try and pick a lower point (relatively speaking!) in the cycle of exam stress, after the AKT and KFP and before the OSCE.

It's also important that the report is received with time to implement any changes that you and your supervisor/practice feel are indicated by reflection on the report. This is facilitated by you completing your data collection as soon after you are given access to ReCEnT online as in reasonably practicable.

12. How do I access ReCEnT Online?

The ReCEnT patient encounter forms and questionnaires are only accessible via our online platform ReCEnT Online (ROL).

Access to ROL is via the RACGP's webpage, using a single sign on. Instructions on how to log into ROL will be included in your introductory email.

A copy of our current patient encounter form is available on the ReCEnT webpage.

13. How long does it take to complete ReCEnT? How do I complete ReCEnT efficiently in everyday practice?

Once you are familiar with the format (this takes a few consultations in your Term 1 round of data collection) you can complete a typical consultation in less than 2 minutes. On average, it should take you about 2 minutes per consultation. Occasional, consultations may be more complex and require more information to be recorded and may take longer (for most consults only a fairly limited amount of the ReCEnT form is applicable and needs information to be recorded). But it is important to take this extra time in longer consults as this is important information, capturing the complexity of these occasional challenging consults. The demonstration of completing the ReCEnT data collection by Andrew Davey in the short video demonstrates how long a couple of consultations (simple and very complex examples) should take to record.

As it may take a few consultations to become familiar with the form (and more efficient, time-wise), we suggest orienting yourself to the form by looking through it prior to commencing data collection (that is, when you won't have patients in the waiting room).

It is essential that you record your information contemporaneously (for accuracy). It is also faster to record the data at the end of each consultation (after the patient has left) while you still have their file open, rather than to leave it to the end of a session when you will have to go back and access each patient's file again.

Many registrars found that blocking off one appointment per session provides enough time to make up for recording data without adding extra stress to your day. If you elect to do this, it must be with the approval of your supervisor and practice manager. Your practice manager should be familiar with this strategy as we advise them when ReCEnT will be operating in their practice and suggest that blocking off an appointment per session is a common approach.

14. Why do I have to do 60 encounters? Do the 60 encounters need to be consecutive?

Based on other studies (BEACH, NAMCS), one week of registrar consultations was considered to be an appropriate sample for each registrar. Full time registrars see, on average, a few more than 60 consultations per week. Thus, the sample was set at 60 consecutive consultations. GPs undertaking BEACH recorded details of 100 consultations (noting that established GPs typically undertake more consultations in a week than do registrars).

The 60 encounters need to be consecutive even if you work part-time – it's not consecutive days but consecutive consultations. These consecutive encounters may also be interrupted by, for example, an excluded encounter (such as an immunisation clinic; see Q.15 above).

15. I work at more than one practice, what do I do?

Record data for ReCEnT from the practice where you do most of your sessions. If your sessions are evenly split across practices, you will be advised which practice to record your consultations from.

If you work for the Australian Defence Force, do not record data from your ADF consultations because they do not represent community general practice which is what your ReCEnT data is compared against.

16. Why is the form so 'busy'?

While there are a large number of sections on the form, in most consultations most of these will not need to be completed as they don't apply to that consultation. Complete only the sections relevant to each consultation.

Most of the information categories on the form are used in your personalised report.

17. Why don't you include other forms of management on the forms (guidance, reassurance, advice, exercise, diet)?

While these are undoubtedly important forms of management, they are not easy to characterise as data that can be classified and analysed in a meaningful way. For example, one practitioner may briefly mention improving diet in wrapping up a consultation (e.g., 'you need to watch your diet') while another may have spent 15 minutes discussing diet in detail with their patient. These clearly are not the same thing but could feasibly be recorded as 'dietary advice' thus implying the two consultations were similar when they weren't. To characterise the data more accurately would be too great a burden on you. Consequently, these sorts of management actions, that are not simple to define and record, are not included in ReCEnT.

18. What encounters should I exclude from recording?

The data you record is used by you to reflect on your practice, so it is intended to capture the variety of presentations that you see. However, we do not collect data from:

- Single-purpose clinics or sessions or designated portions of sessions where you do the same thing for each patient – e.g., Immunisation clinics or Cervical screening clinics or INR clinics.
- Consultations where the patient was not in attendance (e.g., case conferences when the patient did not attend).

Also, it is about what you see in your practice office, so don't include:

- home visits,
- nursing home visits or
- patients you see in the hospital or emergency department.

While this means that we don't capture all the richness of some registrars' practice experience, the practicalities of recording data in these settings can be difficult and to ensure consistent data collection we have elected not to include them. This also means your data will be from a comparable context to that of your peers (and the one where you do the most work!) and so you will be able to make better comparisons when reviewing your data.

If you were, for example, to include in your 60 ReCEnT consultations a large number of consults from a flu immunization clinic, this data would be of considerable value for research purposes – but would severely impair the value of your report for educational reflective purposes.

19. Are telehealth consultations included?

Yes, telehealth consultations are included in the data collection. We use the item numbers you record to categorize consultations as telehealth or face-to-face.

The ReCEnT data has been extremely important in understanding the magnitude and nature of telehealth use by registrars. With telehealth now being a permanent part of the Australian general practice (and GP training) landscape, we are continuing to use this information to guide educational approaches to telehealth consultations.

20. Where is the room for non-binary patients and registrars in the gender demographics of both?

For both cases, registrars record non-binary when appropriate when they are completing their forms. At this stage we do not have this in our feedback reports as low numbers make it impractical. Because gender is a significant influence on the registrar training experience, comparisons are drawn between the registrar and other registrars of their gender in the report. In the case of registrars who identify as non-binary or opt not to provide a response to the question, the comparison is drawn against all registrars.

21. Are OTC (over the counter) medications included in Medications prescribed?

Yes, they are. If you recommend OTC medications, record them.

22. Why can't the ReCEnT data be extracted from the practice software?

The diverse nature of practice software makes this impractical. Also, practice software does not capture some of the important information that we elicit in ReCEnT – for example, generating learning goals, seeking advice and information, and deprescribing.

A further (incidental) consideration is that some registrars in evaluations of ReCEnT's utility report that the structured contemporaneous recording of consultation content prompts reflection on practice (in a way that routine clinical notes recording doesn't) and which they find useful. For these registrars it is a positive effect of ReCEnT.

We have tried to minimise the amount you need to type but we welcome any suggestions for improvement.

23. Do I need to obtain patient consent for ReCEnT?

You **do not** need to obtain your patient's consent to record data.

For research purposes: if **you** provide your consent, then your de-identified data is added to the research database and analysed to answer questions related to Australian GP education and training generally (rather than for your personal education).

You (and your registrar colleagues) are the participants in this study. ReCEnT is a cohort study of registrars – we follow you and your clinical experiences for three terms. As such, you may elect to provide consent for the data you collect on your consultations for educational purposes to also be used for research purposes. This is entirely voluntary. If you elect not to consent to having your data used for research, it will not influence or prejudice your relationship with RACGP. You may elect to withdraw your consent for use of your data for research purposes *at any time* (even if you have previously consented to participation). Your data will not be used in any research analyses done after you withdraw consent.

If you do consent for your data to be used for research purposes, only de-identified data will be reported in journal articles etc. You will not be identifiable in any article or report.

Your patients are not the participants in the study. As such you do not need to obtain patient consent. You do not need to discuss ReCEnT with your patients.

The study has been approved by, and is monitored by, the RACGP National Research and Evaluation Ethics Committee (reference, NREEC-23-0000000161). The original ethics approval was by the University of Newcastle Human Research Ethics committee (reference, H-2009-0323)

24. Do registrars need to request supervisor or clinic consent or permission for ReCEnT?

Supervisors and practice managers are already aware of ReCEnT as an educational tool for reflection on practice as well as the potential for research use. They are reminded of the project prior to their registrars being scheduled to commence, but because ReCEnT is a core activity of RACGP AGPT training program, you do not need to seek consent to participate.

25. The practice or registrar may see the data being collected as practice data rather than registrar data, how does this work?

The data is collected by the registrar as part of their core AGPT training activity and is educational rather than clinical. As are patient logs, procedural logs, etc. in all registrar training.

26. Can data be used for both educational and research purposes?

In the RACGP GP Training program, you collect de-identified data about your consultations for your own education and reflection and for internal education/training purposes. This is facilitated by the personalised report that analyses your data for you to reflect upon on your own, with your supervisor, and with your medical educator. Since this is for internal and personal educational use, it does not constitute human research, therefore it does not require approval from an ethics committee for you to collect the data.

However, for your ReCEnT data to be used for research purposes then you, as the participant in the study, need to provide informed consent for this. Consequently, this use of your data does constitute human research and is approved and monitored by the RACGP National Research and Evaluation Ethics Committee (NREEC-23-0000000161). If you don't consent, then your data is excluded from the research activity of the ReCEnT project (e.g., data analysis, publications in medical journals, conference presentations, etc). Also, if after your original decision you change your mind, then you can withdraw your consent at any time and your data will not be used in any subsequent research analyses.

27. How do I know the data submitted via ReCEnT Online is secure? Can data be exported or downloaded from ReCEnT Online? Is Artificial Intelligence (AI) used in the ReCEnT database?

The data entered into the ReCEnT Online system are held within the RACGP's secure system. Registrars/supervisors/practice managers/medical educators aren't able to download or export any data from the ReCEnT Online system. Artificial Intelligence (AI) is not utilised within ReCEnT.

The ReCEnT project is maintained within RACGP's data governance framework, which includes a comprehensive suite of data governance policies, including the Information Security Policy, IT Usage Policy, Password Policy, Data Breach Response Policy and Risk Management Policy. RACGP has adopted ISO/IEC 27001:2013 standard as the basis for its security best practice. This includes the commissioning of regular penetration and regression testing of IT systems and audits of compliance.

The ReCEnT program has further data security measures in place to protect the data collected in the ReCEnT program. These measures also protect the training sites. Registrars are prevented from the copying of information from another system and pasting into the ReCEnT portal. ReCEnT also limits text inputs, to encourage memory-based collection of non-identifiable clinical encounter information.

ReCEnT underwent security testing in 2023 and was deemed as secure. Since then, extra measures have been added to increase security even further, including the introduction of multifactor (Okta) authentication.