CLINICAL ENCOUNTERS OF ABORIGINAL AND TORRES STRAIT ISLANDER PATIENTS WITH GENERAL PRACTICE REGISTRARS

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Background

Aboriginal and Torres Strait Islander people have the worst health of any identifiable group in Australia. General practice is well placed to improve the health of Aboriginal and Torres Strait Islander people. As a result, training in Aboriginal and Torres Strait Islander health is a core part of the AGPT program.

In Aboriginal and Torres Strait Islander health, as with other aspects of GP training, consulting with patients provides registrars with the opportunity to apply knowledge and skills learnt in the classroom. However, to date, there is no research looking specifically at encounters of Aboriginal and Torres Strait Islander patients with GP registrars.

Aims/objective

To determine the rate of Aboriginal and Torres Strait Islander patient encounters with GP registrars in the mainstream general practice setting, and to describe the nature and associations of these encounters.

Methods/approach

This was a cross-sectional analysis of data from an ongoing Registrar Clinical Encounters in Training (ReCEnT) cohort study. In ReCEnT, registrars record demographic, clinical and educational details of 60 consecutive consultations in each GP term of their training. We aimed to establish rate of encounters with Aboriginal and Torres Strait Islander patients, and the associations (patient, registrar, practice, consultation and educational factors) of these encounters. Multivariable associations were tested with logistic regression within a Generalised Estimating Equations framework.

Results/findings

Five hundred and ninety-two individual registrars contributed data from 69,188 total encounters. Encounters with Aboriginal and Torres Strait Islander patients occurred in 1.0% of consultations. Significant positive associations with encounters with Aboriginal and Torres Strait Islander patients were younger patient age; new patient to the practice; lower SES of practice; non-urban practice setting; greater number of problems managed; and follow up arranged.

Discussion

GP registrars see Aboriginal and Torres Strait Islander patients at a rate less than that of established GPs. Our findings strongly suggest the need for innovative strategies to enhance registrar exposure to Aboriginal and Torres Strait Islander patients to support high quality training.