Clinical encounters of Aboriginal and Torres Strait Islander patients with general practice registrars

Simon Morgan
Parker Magin
Kim Henderson
Amanda Tapley
John Scott
Peter O’Mara
Allison Thomson
Neil Spike
Mieke van Driel
Lawrie McArthur
Background

• Aboriginal and Torres Strait Islander people have the worst health of any identifiable group in Australia

• Key objective of the COAG National Partnership agreement is ‘to ensure access by Aboriginal and Torres Strait Islander people to comprehensive and co-ordinated health care, provided by a culturally competent health workforce…’
Background

• 50-60% of Aboriginal and Torres Strait Islander patients access health care outside ACCHOs
• Aboriginal and Torres Strait Islander patients account for 1.6% of GP encounters
• General practice has a vital role in provision of primary health care for Aboriginal and Torres Strait Islander people
Background

• Clinical exposure is the core element of vocational general practice training
• No previous studies documenting the Aboriginal and Torres Strait Islander encounters with registrars
Aims

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

• Registrar Clinical Encounters in Training (ReCEnT) study

• Longitudinal, ongoing, multi-site cohort study

• Five RTPs across four states involved

• Registrars collect data from 60 consecutive consultations in clinical practice
Methods

• Data collected on
  – Registrar factors
  – Patient factors
  – Practice factors
  – Consultation factors
  – Educational factors
Outcome Factor

• Encounter with an Aboriginal or Torres Strait Islander patient

• To identify Indigenous status, registrars were asked to use the clinical record or, if this was incomplete, to ask the patient “Do you identify as Aboriginal or Torres Strait Islander?”
Data Analysis

• Eight rounds of data collection (2010-13)
• Cross sectional analyses
• Associations of patient and practice characteristics with rates of documentation
• Univariate analysis using chi-square and Mann-Whitney as appropriate then progressed to logistic regression within a Generalised Estimating Equations framework
Data Analysis

• Three analyses
  – associations of a registrar’s consultation involving Aboriginal or Torres Strait Islander patient, patient, practice and registrar independent variables were entered in the regression model
  – in which ways the content of consultations differs from other consultations, add: consultation duration, sources of clinical assistance, whether a practice nurse was involved, number of problems
  – whether actions arising from consultations differ from those arising from other consultations, add: learning goals, referrals made, number of pathology tests ordered
Results

• 592 individual registrars (response rate 93.4%)
  – 65.9% female
  – mean age 32.8 years
  – AMG 74.8%

• 1167 registrar-terms, 69188 consultations
Results

- 0.9% encounters with Aboriginal and Torres Strait Islander patients
  - 63.5% female
  - Mean age 31.4 years
Results

• Encounters were positively associated with:
  – Registrar in later term
  – Younger patient age
  – Existing patient to registrar
  – Lower SES of practice
  – More remote practice location
Results

• Encounters were positively associated with:
  – Increased number of problems
  – More follow up arranged

• But not
  – More chronic disease
  – Longer consultations
Discussion

• Lower rate of encounters compared to established GPs
• Younger patients than
  – Other ReCEnT patients
  – Established GPs
• Regional variation
• Chronic disease and continuity
Implications

• Need for monitoring and increase in exposure to Aboriginal and Torres Strait Islander patients

• Education and training opportunities