Continuity of Care in General Practice Registrar Training:
Results from the ReCEnT study

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Research Question

• What is the prevalence and effect of interpersonal continuity of care in General Practice Training?
BACKGROUND
Definitions

• Continuity of Care

  • “the degree to which a series of discrete healthcare events is experienced as coherent and connected and consistent with the patient’s medical needs and personal context\(^1\)” with continuity of care being comprised of “two core elements – care over time and the focus on individual patients\(^1\)”
Definitions

• Three types of continuity\(^2\)
  • Informational – medical records
  • Longitudinal – health care team
  • Interpersonal – personal relationship between patient and a particular doctor
Interpersonal Continuity
Doctor/patient relationship

Longitudinal Continuity
Health Care Team

Informational Continuity
Medical records

Continuity of Care
Interpersonal Continuity
Doctor/patient relationship

Continuity of Care

Longitudinal Continuity
Health Care Team

Informational Continuity
Medical records
Longitudinal Continuity
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Informational Continuity
Medical records
Interpersonal Continuity
Doctor/patient relationship

Continuity of Care

Longitudinal Continuity
Health Care Team

Informational Continuity
Medical records
Rationale

• Continuity of care is an integral part of General Practice

• Evidence for the extent of experience of continuity of care in GP registrar training is lacking

• Exposure to certain patient demographics and diseases is linked to doctor patient continuity

• Need to inform future General Practice Training strategies
  ➢ ? Possible gap in GP registrar competencies
Objectives

1. To establish the prevalence of interpersonal continuity of care in GP registrar consultations

2. To determine the factors associated with this continuity of care

3. To establish the relationship between continuity of care and levels of exposure to chronic disease
Hypotheses

1. Part time registrars would have an increased likelihood of seeing regular patients
   ➢ *(Increased time at same practice, less appointments)*

2. Full time registrars would have an increased likelihood of planned follow-up consultations
   ➢ *(Increased frequency at same practice)*

3. Registrars who experience a low continuity of care with patients, will be associated with exposure to lower levels of chronic disease patients
   ➢ *(Relationship between CoC and Chronic disease)*
Methodology

Analysis of ReCEnT study data

- An ongoing longitudinal cohort study of GP registrars
- 60 consecutive consultations through each training term
ReCEnT Encounter Form
Up-stream supply of continuity

New patient to practice: [ ] Yes [ ] No
New patient to registrar: [ ] 1 [ ] 2

Seen by you before in THIS recording period: [ ] 1 [ ] 2
Non-English Speaking Background (NESB): [ ] 1 [ ] 2
Aboriginal: [ ] 1 [ ] 2
Torres Strait Islander: [ ] 1 [ ] 2

Down-stream supply of continuity

Follow up (mark all that apply)

1. GP appointment - with you
2. GP appointment - with another Dr in the Practice
3. Practice Nurse appointment
4. Telephone
The ‘Stream of Continuity’
Up-Stream Continuity
Down-Stream Continuity
Methodology

• Outcome factors:
  – Percentage of patients that were not new to the registrar (repeat patients) *i.e.* *Upstream continuity*
  – Rates of planned follow-up appointments with the registrar *i.e.* *downstream continuity*

• Independent variables:
  – Registrar, practice, patient and consultation factors

• Multivariate analysis of results – still to come
RESULTS
## Upstream Continuity

Registrars worked more than 1 term at practice

<table>
<thead>
<tr>
<th></th>
<th>New Patient</th>
<th>Repeat Patient</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>41.8%</td>
<td>58.1%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>No</td>
<td>62.9%</td>
<td>37.0%</td>
<td></td>
</tr>
</tbody>
</table>
## Upstream Continuity

### Number of GPs in Practice

<table>
<thead>
<tr>
<th></th>
<th>New Patient</th>
<th>Repeat Patient</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤4 (GPs)</td>
<td>52.3%</td>
<td>47.7%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>≥5 (GPs)</td>
<td>58.6%</td>
<td>41.4%</td>
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</tr>
</tbody>
</table>
## Upstream Continuity

### Part time vs Full time Registrars

<table>
<thead>
<tr>
<th></th>
<th>New Patient</th>
<th>Repeat Patient</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part Time</td>
<td>55.0%</td>
<td>45.0%</td>
<td>&lt;0.036</td>
</tr>
<tr>
<td>Full Time</td>
<td>56.7%</td>
<td>43.3%</td>
<td></td>
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</tbody>
</table>
# Downstream continuity

## Part time vs Full time Registrars

<table>
<thead>
<tr>
<th>Follow Up</th>
<th>No</th>
<th>Yes</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part-time registrar</td>
<td>74.7%</td>
<td>25.3%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Full-time registrar</td>
<td>65.8%</td>
<td>34.2%</td>
<td></td>
</tr>
</tbody>
</table>
# Chronic Disease Exposure

## New or repeat patient to registrar (Upstream)

<table>
<thead>
<tr>
<th></th>
<th>Chronic disease</th>
<th>All other presentations</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>New patient</td>
<td>25.4%</td>
<td>74.6%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Repeat Patient</td>
<td>36.9%</td>
<td>63.1%</td>
<td></td>
</tr>
</tbody>
</table>
## Chronic Disease Exposure

### Follow-up with registrar (Downstream)

<table>
<thead>
<tr>
<th>Follow Up</th>
<th>Chronic disease</th>
<th>All other presentations</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>35.6%</td>
<td>64.4%</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>No</td>
<td>28.1%</td>
<td>71.9%</td>
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Discussion

• Most significant factors associated with Upstream continuity
  – Practice size
  – Worked at practice before

• Chronic disease exposure
Where to from here?

• Factors which are associated with Upstream continuity
  – Practice Size
  – Rotation length at same practice

• Upstream continuity – Chronic disease exposure
THANK YOU
Questions?

"Sorry, I'm a little nervous since you're my first patient."
References