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**Academic Post
registrar abstract
supplement 2024**





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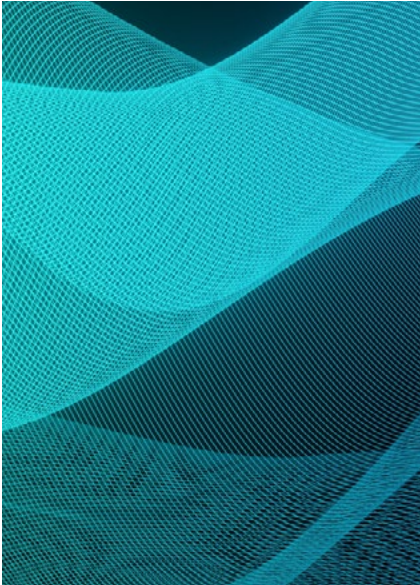


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Introduction

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The Royal Australian College of General Practitioners (RACGP) is committed to building research capacity in general practice trainees. In addition, the Australian Medical Council's standards for assessment and accreditation of specialist medical programs, encourage trainees to participate in research.

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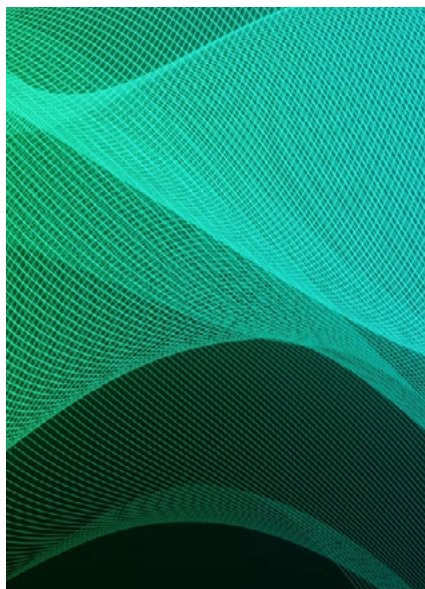
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The 2023 Academic Post registrar cohort

The RACGP is pleased to present the abstracts from the 2023 Academic Post registrar cohort.

These abstracts are presented as a special *Australian Journal of General Practice (AJGP)* supplement and are in alphabetical order by registrar author surname.

The 2023 Academic Post registrar cohort conducted research in a wide range of general practice areas and some presented their initial findings at the Australasian Association of Academic Primary Care (AAPC) annual research conference and at the WONCA World Conference in 2023.

The RACGP sincerely thank the 2023 Academic Post registrar cohort and their academic general practitioner supervisors who supported the development and review of these abstracts.

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Women's experience of contraceptive and breastfeeding support from their general practitioner in the postpartum period

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Background and objective

The immediate postpartum period is a critical window for reproductive life planning. Provision of comprehensive postpartum care and contraception advice can lead to improved maternal and foetal outcomes. In this study, we aim to describe and examine postpartum contraception use, rates of breastfeeding and receipt of postpartum care within metropolitan Sydney at 12 weeks' postpartum.

Methods

Women who are >36 weeks' gestation were recruited from two hospitals in metropolitan Sydney. Data were collected via an e-survey at 12 weeks' postpartum. Data analysis will report on frequencies with differences calculated using chi-squared tests. Log-binomial regression will examine associations between sociodemographic/obstetric factors and contraception use and breastfeeding continuation.

Results

Recruitment is continuing to reach a sample size of 200. There are currently 99 participants and 23 surveys completed. No preliminary results are available.

Discussion

Our findings will potentially help to inform postpartum care and practice, leading to improved maternal and infant health outcomes.

Medical educator comfort levels, barriers and enablers in teaching and learning about inclusive LGBT+ healthcare: A qualitative study

Shane Delisser, Nancy Sturman

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Background and objective

Known deficiencies in lesbian, gay, bisexual and transgender (LGBT+) healthcare teaching suggest educators might feel uncomfortable delivering this teaching. This study aims to identify and understand any areas of discomfort.

Methods

Clinical teachers, lecturers and peer educators were recruited for focus group discussions. Transcripts were analysed thematically. A dramaturgical lens provided additional insights.

Results

Eight focus groups with 40 participants were undertaken. Data analysis revealed three overarching themes: (1) power and control; (2) safety and care; and (3) professional identity formation. Educators identified disruptive power dynamics in educational settings and political and personal implications of misspeaking. Fears of causing offence and learner vulnerability were prominent. Participants felt more comfortable as clinicians than teachers in this space; generational differences between educators were observed. Identification as LGBT+ strongly influenced professional identity formation as competent educators.

Discussion

Findings might assist educators to deliver LGBT+ content in educational institutions and clinical spaces.

Australian general practitioners' experiences, practices and perspectives on postpartum care, contraception and breastfeeding

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Background and objective

Unintended pregnancies and short interpregnancy intervals (IPIs) are common and can be associated with adverse neonatal and maternal outcomes. Effective postpartum contraception could provide women with more control over their reproductive outcomes. Lactational amenorrhoea can be effective contraception; however, early breastfeeding discontinuation is common.

Methods

Semi-structured interviews were conducted with general practitioners (GPs) in the Sydney Local Health District and focused on GPs' experiences, practices and perspectives on postpartum care, contraception and breastfeeding. Interviews were audio-recorded and transcribed for thematic analysis.

Results

The final sample included 21 GP interviews. Preliminary data analysis has commenced, including coding of transcripts and thematic analysis. There are no formal findings at this stage.

Discussion

By gaining an understanding of GP provision of postpartum contraception and how this interacts with breastfeeding, we aim to highlight areas for improvement and allow women more control over their reproductive outcomes.

Temporal trends in tranexamic acid prescribing for heavy menstrual bleeding by Australian general practice trainees

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Background and objective

Evidence-based prescribing for heavy menstrual bleeding (HMB) can improve quality of life, iron deficiency and anaemia. Tranexamic acid (TXA) is more effective than oral hormonal medications (OHMs) for HMB. This study aimed to establish temporal trends (2010–23) in TXA prescribing for HMB by general practice registrars.

Methods

Analyses, using multivariable mixed logistic regression models, were conducted within the Registrar Clinical Encounters in Training (ReCEnT) study.

Results

Adjusted odds of prescribing TXA for HMB increased by 12% per year (OR 1.12, 95% CI [1.04, 1.20], $P=0.004$), and 18% per year when compared to OHMs (OR 1.18, 95% CI [1.03, 1.36], $P=0.019$). General practice registrars who consulted their supervisor were less likely to prescribe TXA compared to OHMs (OR 0.36, 95% CI [0.14, 0.92], $P=0.034$).

Discussion

Registrars' increasing TXA prescribing suggests an appropriate response to evidence. Association of OHM prescribing with supervisor consultation might suggest supervisors are slower to implement this evidence than registrars.

'Back to square one': Experiences influencing topical corticosteroid use in paediatric eczema

Christabel Hoe, Yasin Shahab, Phyllis Lau

School of Medicine, Western Sydney University, Sydney, NSW

Background and objective

Atopic dermatitis (AD) is a chronic inflammatory skin condition that negatively impacts quality of life. Topical corticosteroids (TCSs) remain the first-line management and effective TCSs use is associated with improved holistic wellbeing. However, TCSs self-withdrawal and 'no-moisture' method discussions have emerged. The aim of this study is to understand the experiences causing parents to deviate from traditional TCSs use in paediatric AD management.

Methods

One-on-one, semi-structured interviews were undertaken and focused on parental experiences surrounding eczema and TCSs use.

Results

Our preliminary findings show that the fear of TCSs use affects health practitioners alongside the general population. Mismatched expectations within therapeutic relationships were identified, with participants reporting the chronicity of AD was not established early.

Discussion

Our findings reinforce the need for more effective primary care-level patient information. Final project findings are anticipated to be established soon and hoped to assist with future strategies to improve primary care AD counselling.

Australian general practitioners' perspectives on the assessment of crying issues and fussing in infants

Naomi Kilov, Lena Sancic

Department of General Practice and Primary Care, University of Melbourne, Melbourne, Vic

Background and objective

Infantile colic is one of the most common presentations to general practice in the neonatal period. It results in significant carer distress and healthcare service use. This project is the first to explore the approach of Australian general practitioners (GPs) in managing cry-fuss behaviour.

Methods

Semi-structured interviews with GPs were completed over a 30- to 60-minute period. GPs were purposively sampled to obtain diverse demographic characteristics. Interviews were transcribed and NVivo software was utilised to identify themes within the data.

Results

This project is ongoing at the time of abstract submission. Themes that are emerging include the confidence level of the GP, factors affecting confidence and threshold for the prescription of acid-suppressing medication and referral.

Discussion

The results will identify resource-depleted areas of practice (eg experience, teaching and guidelines). As such, focused intervention such as education, guidelines or clinical pathways can be implemented to support GPs with this challenging presentation.

General practitioner perspectives on early antenatal care in Victoria:

A descriptive qualitative study

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Background and objective

Early antenatal care is important for a healthy pregnancy, with the local general practitioner (GP) often the first professional consulted. This study aimed to answer the following: (i) how do Victorian GPs manage early pregnancy?; and (ii) what are the facilitators and barriers to this process?

Methods

Using a descriptive qualitative design, four focus groups were conducted with 14 GPs. Inductive and deductive coding alongside reflexive thematic analysis was used to identify relevant themes.

Results

GPs used software adjuncts, written resources and time management skills to provide antenatal care. Barriers included lack of time, appropriate remuneration, socioeconomic factors, lack of support and difficult referral pathways. Facilitators included a prior relationship with the patient, lived experience of antenatal care and multidisciplinary assistance.

Discussion

GPs reported important factors for providing antenatal care in general practice. This information could inform improvements to ensure quality antenatal care across Victoria.

Discussion about 'low-carb' diets between general practitioners, patients and peers: A qualitative study

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Background and objective

Albeit controversial, low-carbohydrate diets are being discussed between general practitioners (GPs) and patients. This study explored GPs' experiences recommending a 'low-carb' diet to patients and the factors that influenced their decisions to recommend the diet.

Methods

Semi-structured interviews with 13 GPs (38% female) in the Australian Capital Territory (ACT) and surrounding regions were conducted. GPs were recruited via a combination of convenience and snowball sampling techniques.

Results

Most GPs defined 'low-carb' diets in broad terms and targeted it to specific patients, such as those with diabetes. Facilitators to offering this advice included its simplicity and adaptability. Most GPs continued offering this advice due to positive observable outcomes in their patients.

Discussion

Positive patient outcomes counterbalanced any concerns regarding sparse or conflicting evidence for the 'low-carb' diet. This suggests GPs are integrating patient values and beliefs with their clinical expertise alongside clinical guidelines (or the absence thereof) when it comes to dietary advice for patients.

Cervical cancer screening in patients with mental illness in the Australian context

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Background and objective

Cervical cancer screening decreases related morbidity and mortality when utilised. Patients with mental illness might have variable screening rates, with possible late diagnoses. The study aims to: (1) compare screening rates in patients with versus without mental illness; (2) identify predictive factors for screening; and (3) determine the impact of mental illness on diagnosis and disease-specific mortality.

Methods

This is a retrospective cohort study of Central and Eastern Sydney Primary and Community Health Cohort data from randomly recruited participants aged ≥ 45 years who completed baseline and follow-up surveys. It includes health behaviour, primary care and cancer registry data. Chi-squared and multivariate logistic regression will be used.

Results

Outcome analyses are pending access to the complete registry data.

Discussion

This study might emphasise reduced cervical cancer screening rates in patients with mental illness and its impact, and associations identified with screening will guide primary care intervention.

Exploration of chronic kidney disease screening, diagnosis and management in Australian general practice using electronic medical record data

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Background and objective

Chronic kidney disease (CKD) places a significant burden on health systems globally. The objective of this study is to assess CKD detection and management in Australian primary care.

Methods

In this study, a set of 16 quality indicators for CKD detection and management were applied to a large Australian primary care dataset.

Results

Among the 362,078 patients, 24,348 had a diagnosis or pathology consistent with CKD, of whom 28.1% had an actual diagnosis recorded. Among undiagnosed patients with an initial estimated glomerular filtration rate (eGFR) below 60, 54.2% underwent a repeat eGFR and 28.8% an albumin creatinine ratio within six months. Monitoring of patients with CKD was slightly better. Blood pressure was recorded within the last nine months in 71.1% of these patients, of whom 45% were meeting their targets.

Discussion

The results demonstrate the feasibility of deriving meaningful and informative indicators of CKD diagnosis and management from primary care data.

A Delphi study to identify postpartum support planning priorities in primary care

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Background and objective

The foundation of women's health and wellbeing during their transition into motherhood hinges on the support they receive. This study aimed to establish consensus on what should be included in a postpartum support planning framework for general practice.

Methods

Twenty-five multidisciplinary experts participated in three online surveys in this Delphi study. The consensus threshold was more than 70% agreement and qualitative data were collected on each priority area.

Results

Nine key areas to be explored with expecting parents were: (1) exploration of concerns; (2) education and information; (3) emotional support; (4) navigating the role and expectations; (5) infant wellbeing; (6) infant feeding; (7) practical support plan; (8) mental health support plan; and (9) support services. Experts did not establish consensus on consult duration and timing.

Discussion

This study has gained expert consensus on a postpartum support planning framework for antenatal consultations in primary care. Further research is underway exploring implementation in clinical practice.

Temporal trends in the prevalence of preventer medication prescription by general practice registrars for paediatric asthma: A longitudinal analysis

**Nina Reid,¹ Katie Fisher,^{1,2} Anna Ralston,^{1,2}
Amanda Tapley,^{1,2} Elizabeth Holliday,¹ Ian Charlton,¹
Katherine Chen,³⁻⁵ Jason Dizon,⁶ Dominica Moad,^{1,2}
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Background and objective

Underprescription of preventer medications and over-reliance on short-acting beta agonist medications have been shown to increase paediatric asthma exacerbations, hospitalisations and deaths. This study aimed to investigate temporal trends in the prescribing of preventer medications for paediatric asthma, by Australian general practice registrars.

Methods

Longitudinal analyses of 2010–22 data from the Registrars Clinical Encounters in Training (ReCEnT) study were undertaken. Proportions of paediatric asthma presentations where preventer medication was prescribed were calculated, and temporal trends were analysed using mixed-effects logistic regression.

Continued overleaf.

Results

There was no temporal change in registrar prescribing of paediatric asthma preventer medications, although changes were seen in preventer medications types prescribed (decreased combination inhalers; increased inhaled corticosteroids).

Discussion

No increased overall prescriptions of asthma preventers, despite guideline recommendations and extensive educational efforts, raise concerns regarding the effectiveness of 'preventer importance' messaging/dissemination. Thus, the results have significant implications for clinical practice, medical education and policy.

Assessing the contraceptive choices and decision-making processes of young women in rural and remote New South Wales

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Background and objective

Unintended pregnancy disproportionately affects younger women and those living rurally, with inconsistent and ineffective contraceptive use contributing to the high rates. Long-acting reversible contraception (LARC) is recommended as first-line treatment for all reproductively aged women; however, uptake remains low. This study explored contraceptive choices and decision making in young women in rural New South Wales (NSW).

Methods

Semi-structured online interviews were conducted with participants (aged 16–24 years) across rural NSW. Data were analysed thematically.

Results

Contraceptive choice is a multifactorial process, influenced by method familiarity, peer experience (including social media), non-contraceptive benefits and accessibility. Low LARC uptake was attributed to fear of procedures, potential side effects and the inconvenience of insertion/removal.

Discussion

Addressing individual concerns, improving contraceptive counselling and informed decision making will likely increase the use of consistent and reliable contraceptive methods in young women. Ongoing review of current contraception use in the context of an individual's situation is necessary.

Understanding general practitioners' perceptions of, and facilitators and barriers to, the management of metabolic syndrome in rural areas of Western Australia

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Background and objective

Metabolic syndrome (MetSy) is increasingly prevalent in primary care, associated with multiple complications and is challenging to manage in rural settings. Primary care management of MetSy includes lifestyle interventions, which require overcoming barriers. General practitioner (GP) experiences of managing MetSy have not been sufficiently examined.

Methods

Semi-structured interviews were conducted with 15 rural Western Australian GPs. Interviews were recorded, transcribed and de-identified. A reflexive thematic analysis using NVivo software was performed.

Results

Most GPs interviewed reported a poor pathophysiological understanding and framework for managing MetSy, focusing on management of individual component conditions. Lifestyle intervention success was frequently dependent on individual patient's self-autonomy, but compounded by poor access to resources, with GPs proposing streamlined multidisciplinary services as a potential solution.

Discussion

This study has contributed knowledge about factors impacting delivery of care for MetSy rurally. GP knowledge, resourcing and clinical utility of holistic chronic disease approaches that recognise MetSy have potential for future research.

Primary care clinician perspectives on a novel linked health data system to prevent type 2 diabetes after gestational diabetes: An Australian qualitative study

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Background and objective

The objective was to understand primary care clinician perspectives on a novel linked health data system for diabetes prevention. We used the conceptual example of linking the National Gestational Diabetes Register with primary care electronic health records to understand clinicians' views on potential implementation.

Methods

This study undertook 14 interviews with general practitioners and a practice nurse who was also a diabetes educator. Thematic analysis of interview transcriptions was conducted.

Results

Clinicians were optimistic for the potential to improve workflow and patient outcomes, noting the existing pressures on primary care and patient concerns regarding confidentiality. Clinicians envisaged three functions for the system: (1) automatically updating a patient's past history; (2) generating actionable alerts; and (3) generating recall lists.

Discussion

Primary care clinicians were unanimously supportive of a linked health data system for diabetes prevention. Point-of-care tools and preventative care consultations could increase the uptake of screening and provide opportunities for patient education postpartum.



About the Academic Post Program

If you are an AGPT registrar and you have an interest in research, academia or medical education, we strongly encourage you to consider an academic post as part of your GP training. The fully funded academic position offers a wide range of benefits including connection with a national cohort of like-minded registrars, all-inclusive conference attendance and face-to-face workshops, educational support and \$8000 of funding to spend on professional development and your research project. The Program will also provide you with invaluable exposure to the life of an academic GP, where you will actively participate in research and teaching medical students.

You can apply for an academic post as early as during your first general practice term (GPT1). You must make sure you have at least three months of training remaining when you start the post, that you have completed GPT1 and that you remain in the AGPT program throughout. You also cannot Fellow until you have completed your 12-month academic term.

Applications for the 2025 program are now open and close 15 July 2024. The program is competitive and there are only 20 positions funded per year. Most previous academic post participants would tell you to just 'give it a go'.

Need help?

If you want to find out more information, explore whether this opportunity is for you, or you would like to be linked with a previous Academic Post registrar or participating university, please do not hesitate to contact me, the RACGP Academic Post Program lead, Georgia Franklin. You can do this via email to gpedresearch@racgp.org.au or give me a call at 03 8699 0418. You can also find out more about the Academic Post and hear from previous participants of the program by visiting our website, www.racgp.org.au/academic-posts.



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