

Evidence to inform practice:

Inter-practice variability in prevalence of registrars' older patient care

Adele Kincses, Parker Magin

Registrar Clinical Encounters in Training (ReCEnT) is an educational and research program in general practice vocational training. Since its inception in 2010, general practice registrars in a number of Australian training regions have collected information on their in-consultation clinical and educational experience.

For the full report refer to:

Kincses A, Turner A, Fielding A, et al. Inter-practice variability in general practice consultations with older patients: A cross-sectional analysis of the Registrar Clinical Encounters in Training Study. *J Eval Clin Pract* 2025;31(4):e70139. doi: 10.1111/jep.70139.

Practice points

- Australian general practice registrars see markedly fewer older patients than do established general practitioners (GPs), restricting registrars' opportunities to manage chronic diseases and multimorbidity, and to gain experience in continuity of care.
- Inter-practice variability in registrars' exposure to older patient care could exacerbate this educational relative deficit.
- In this study we found considerable inter-practice variability in registrars' exposure to older patient care.

Using data from the Registrar Clinical Encounters in Training (ReCEnT) project, we sought to estimate the extent of variability between teaching practices in the exposure to

older (65+ years) patient care that registrars receive. Older patient care is an essential component of registrars' experiential learning within an apprenticeship-like training model. This exposure is vital in acquiring competence in chronic disease management, management of multimorbidity, and management of continuity of care.

Previous research by our team and others suggests that registrars see markedly fewer older patients than do established GPs. And, when registrars do see older patients, they might not engage optimally with the management of those patients. A particular concern is that, given the overall limited opportunity for experiential learning with older patients, any substantively less than average exposure in particular practices would be a considerable training deficit for registrars at that practice.

The main measure we used to estimate inter-practice variability was the Median Odds Ratio (MOR). The MOR tells us how much older patient exposure would change if a registrar randomly changed teaching practice.

We found that if a registrar randomly changed practice and the random change was to a practice with more older patients than their current practice, the median change in the odds of older patient exposure would be 2.1 times. When adjusted for multiple potential confounding variables measured in ReCEnT, the MOR was still 1.8 times. Alternatively, if a registrar randomly changed practice and the change was to a practice with fewer older patients, they would, on average, see approximately half the number of older patients.

Such very large differences in learning opportunities (in an already 'under-represented'

and educationally-rich patient demographic) suggest an educational need for this to be addressed.

Ethical approval

For the research reported in the original article, ethics approval was provided by The University of Newcastle Human Research Ethics Committee (reference: H-2009-0323) and The Royal Australian College of General Practitioners' National Research and Evaluation Ethics Committee (reference: NREEC 23-161).

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