

# Letter

## RESEARCH LETTER

### In-consultation assistance-seeking by non-vocationally registered doctors pursuing general practice Fellowship

We report on findings from a study conducted with non-vocationally registered doctors pursuing Royal Australia College of General Practitioners (RACGP) Fellowship through the standard stream of the Practice Experience Program (PEP; [www.racgp.org.au/education/imgs/fellowship-pathways/fellowship-programs-for-imgs/practice-experience-program](http://www.racgp.org.au/education/imgs/fellowship-pathways/fellowship-programs-for-imgs/practice-experience-program)). The PEP is an alternative, self-directed pathway for non-vocationally registered doctors, often from overseas countries, who can have had several years of experience in general practice.

The supervisory encounter is important for ensuring safe clinical practice and often takes place as an informal encounter during patient consultations.<sup>1</sup> The study sought to establish how often PEP doctors access supervisory in-consultation assistance and compare PEP doctors' assistance-seeking with that of Australian General Practice Training (AGPT) registrars. Unlike AGPT registrars, who have dedicated supervisors to call on for in-consultation assistance, PEP doctors are not required to have a direct general practitioner (GP) supervisor.<sup>2</sup> Although PEP doctors can access informal 'supervision' – advice from an experienced GP in the practice – the lack of 'formal' supervision raises the question as to whether PEP doctors seek less in-consultation assistance than AGPT registrars.

We used a cross-sectional analysis of data from the Registrar Clinical Encounters in Training (ReCEnT) study.<sup>3</sup> ReCEnT methodology was adapted to collect

comparable PEP participant data. Univariable and multivariable logistic regression analyses were undertaken.

Participants (1013 AGPT registrars, 14 PEP doctors) contributed details of 125,228 problems/diagnoses of which 6.0% ( $n=7567$ ) (95% confidence interval [CI]: 5.9–6.2%) involved seeking in-consultation supervisory assistance. PEP participants sought assistance in 9.3% (95%CI: 8.1–10.7%) of problems compared with AGPT registrars; Term 1 (9.4% [95%CI: 9.1–9.7%]), Term 2 (5.1% [95%CI: 4.9–5.4%]), Term 3 (2.9% [95%CI: 2.8–3.1%]). Differences in PEP participants' and AGPT registrars' in-consultation assistance-seeking were not statistically significant on multivariable analysis ( $P=0.54, 0.66, 0.24$  for PEP compared with Term 1, 2 and 3, respectively).

PEP participants sought assistance at an absolute rate akin to Term 1 AGPT registrars. In-consultation assistance-seeking is more pronounced earlier in the AGPT registrar's training,<sup>4</sup> with a more collegial approach to assistance-seeking assistance as experience develops.<sup>5</sup>

Although the number of PEP participants in the study was low, the findings suggest that recognising PEP participant need and, hence, providing funded, tailored supervisory support might better prepare non-vocationally registered doctors pursuing RACGP Fellowship through other alternative pathways such as the Fellowship Support Program.

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## References

1. Morrison J, Clement T, Nestel D, Brown J. Perceptions of ad hoc supervision encounters in general practice training: A qualitative interview-based study. *Aust Fam Physician* 2015;44(12):926–32.
2. Ingham G, Johnson C. GP supervisors in Australia: A cornerstone in need of repair. *Med J Aust* 2022;216(4):178–81. doi: 10.5694/mja2.51411.
3. Davey A, Tapley A, van Driel M, et al. The Registrar Clinical Encounters in Training (ReCEnT) cohort study: Updated protocol. *BMC Prim Care* 2022;23(1):328. doi: 10.1186/s12875-022-01920-7.
4. Tran M, Wearne S, Tapley A, et al. Transitions in general practice training: Quantifying epidemiological variation in trainees' experiences and clinical behaviours. *BMC Med Educ* 2022;22(1):124. doi: 10.1186/s12909-022-03178-0.
5. Brown J, Nestel D, Clement T, Goldszmidt M. The supervisory encounter and the senior GP trainee: Managing for, through and with. *Med Educ* 2018;52(2):192–205. doi: 10.1111/medu.13468.

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