

# Evidence to guide educational practice in Australian general practitioner training: Learnings from the ReCEnT project

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**IN THIS ISSUE** of *AJGP*, we present the first in a series of summaries of individual publications reporting findings from the Registrar Clinical Encounters in Training (ReCEnT) project – in this instance, on temporal trends in general practice registrars' prescribing of asthma 'preventer' medicines.<sup>1</sup>

ReCEnT is an ongoing (since 2010) project with integrated and interdependent education and research functions. It entails contemporaneous collection of in-consultation information as an integral part of general practice registrars' training programs. In each of their three-, six-month full-time equivalent training terms, registrars collect information on 60 consecutive office-based consultations. These data are used for multiple within-training program educational purposes, most notably as a substrate for registrars' reflection on practice.<sup>2</sup> Registrars can also choose to provide informed consent for research use of these data.

From a research point of view, ReCEnT is an inception cohort study of registrars' in-consultation experiences and actions.<sup>3</sup> It provides a rich epidemiological picture of what general practice registrars see and do (and how this develops during training). Before the Bettering the Evaluation and Care of Health (BEACH) study,<sup>4</sup> we knew with very little precision what general practitioners (GPs) actually did. Before ReCEnT, we knew similarly little concerning registrars' practice.

Understanding this epidemiology is important, educationally and in workforce considerations. Registrars comprise 16% of the GP workforce by headcount,<sup>5</sup> with a distribution skewed to rural and other underserved areas. ReCEnT study findings aid understanding of the education/workforce nexus.<sup>6</sup>

Educationally, it is important within Australia's apprenticeship-like training model that medical educators and supervisors appreciate patient demographics and registrar practice patterns within the 'black box' beyond the registrar's consulting room door.<sup>7</sup> Using ReCEnT data, experiential learning deficits<sup>8</sup> and evidence–practice gaps<sup>9</sup> can be identified and, thence, addressed.<sup>10,11</sup> Identifying and addressing evidence–practice gaps is vital. Extant evidence (though somewhat scant) suggests marked stability in individual GPs' practice. This certainly has implications for evidence-based practice training to equip registrars to better adapt to emerging evidence, but also an educational imperative to start registrars from a soundly empirical practice base.

Articles in the coming longitudinal series will summarise publications from the ReCEnT study that address these complex issues.

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