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Preparing for an ageing population: a survey of older patients' attitudes to general practice registrars

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Preparing for an ageing population: a survey of older patients' attitudes to general practice registrars

Abstract

The ageing population makes it imperative to provide appropriate training for general practice registrars (GPRs) in the community-based care of older patients. However, data suggest that older patients may be less willing to consult GPRs for chronic/complex care; adversely affecting training opportunities and potentially the satisfaction of older patients in training practices. This cross-sectional study was undertaken to investigate this concern in the Australian context and develop models of older patient-GPR interaction that are acceptable to patients.

Keywords

attitudes, general, practice, registrars, ageing, preparing, population, survey, older, patients

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PREPARING FOR AN AGEING POPULATION: A SURVEY OF OLDER PATIENTS' ATTITUDES TO GENERAL PRACTICE REGISTRARS

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Introduction: The ageing population makes it imperative to provide appropriate training for general practice registrars (GPRs) in the community-based care of older patients. However, data suggest that older patients may be less willing to consult GPRs for chronic/complex care; adversely affecting training opportunities and potentially the satisfaction of older patients in training practices. This cross-sectional study was undertaken to investigate this concern in the Australian context and develop models of older patient-GPR interaction that are acceptable to patients.

Method: Ten GP training practices in regional Australia each provided 50 patients aged 60 years and older with a questionnaire for self-completion. The questionnaire included demographic items and Likert-scale items assessing the patient's attitudes to registrars. Chi-square, Spearman's rho and logistic regression were used for analysis.

Results: The response rate was 47% (n= 233). Most respondents felt it required time to develop trust with a new doctor (65.8%), and almost all wanted their ongoing contact with their regular doctor preserved if they saw a GPR (96.1%). Twenty-four per cent of respondents were comfortable with having a GPR manage a chronic/complex problem alone; this increased to 73.1% if their usual GP made personal contact during the consultation ($p<0.001$).

Discussion: This study quantifies a widespread reluctance amongst older Australian patients to GPRs managing chronic/complex conditions, with the potential for a detrimental impact on registrar learning opportunities. Older patients' acceptance of GPRs for chronic/complex care may be significantly enhanced by maintaining a relational link between patients and their regular GPs around GPR consultations. These results warrant further research.

THE L PLATE PRESCRIBER IN GENERAL PRACTICE: LEARNING NEEDS OF GP REGISTRARS AND BARRIERS TO THE QUALITY USE OF MEDICINE

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Background: Very little is known about the specific learning needs of GP registrars in Australia in relation to quality use of medicine (QUM) or the difficulties they experience when learning to prescribe. The aim of this study, funded by the National Prescribing Service, was to address this gap.

Methods: GP registrars' learning needs, across three regional training providers, were investigated through an online national survey, interviews and focus groups. Focus groups were held with GP registrars to explore issues raised in the survey in more depth. Medical educators' perceptions were canvassed in semi-structured interviews in order to gain a broader perspective of the registrars' needs. Qualitative data analysis was informed by a systematic framework method involving a number of stages. Survey data were analysed descriptively.

Results and discussion: The most commonly used resources were MIMS, Therapeutic Guidelines and Australian Medicines Handbook. The two most commonly attended QUM educational activities took place in the workplace and regional training providers. Outside of these structured educational activities registrars learned to prescribe mainly through social and situated means. GP registrars modelled their GP supervisors' prescribing and were influenced by their supervisors, peers, colleagues and pharmaceutical company representatives. Difficulties encountered by GP registrars included the transition from hospital prescribing to