

GPSA Webinar Resource – 11 August 2020

'Call for help' list for Australian general practice registrars

Australian general practice registrars are expected to only manage patients they are competent to manage. This list sets out situations where a registrar should call their supervisor for help. These include clinical situations, new or challenging consultations, professional and legal consultations, and situations that indicate registrar uncertainty.

This list should be reviewed early in each training term, potentially allowing removal of items from the list. This should be done cautiously, as hospital or prior clinical experience in a specific area may not translate to competence in a general practice environment. Where a practice has a special interest or serves a particular patient demographic, items may need to be added to the list.

The registrar should call their supervisor for items on the list until the supervisor determines that this is no longer necessary. This will be either through supervision of registrar clinical work, or by the issue being satisfactorily covered during an in-practice teaching session. It is likely that many items will remain on the list throughout the term, particularly the uncertainty flags and those that relate to situations that are high risk for all doctors.

Uncertainty flags

Considering sending patient to ED

A patient you are unsure about sending home

Third presentation for the same issue without a clear diagnosis or plan

If you think you have made an error

If you think there is going to be a complaint (disgruntled or dissatisfied patient or relative)

When you are unsure who to refer to

Pathology or imaging results abnormal beyond your knowledge

Prescribing medications you are unfamiliar with

'Heartsink' patients (those you find overwhelming)

When a patient asks you for a 'second opinion'

New or challenging consultations

Nursing home visits

Home visits

Aboriginal and/or Torres Strait Islander patient

Procedures being done for the first time in the clinic (excisions, implants, joint injections)

Making a new major diagnosis (cancer, diabetes, IHD) and starting management

Breaking bad news to patient (cancer, HIV, adverse pregnancy outcome)

Pre-operative assessment of fitness for anaesthetic

Professional or legal

Certifying competency to sign a will or other legal documents

Workers' compensation consultations

Driving assessment

Consultations involving determining whether someone is a 'mature minor'

Commencing a drug of dependence (S8)

other than for palliative care

Repeat drug of dependence (S8) prescriptions

Clinical problems

General Medicine

Poorly controlled diabetes
Pyrexia of unknown origin
New neurological symptoms or signs
Severe exacerbation of asthma or COPD
Rash you are unfamiliar with
Domestic (intimate partner) violence

Dependence/Addiction/Pain Management

Chronic pain management
Managing alcohol/drug dependence

Sexual health

Patient requesting STI screen

Travel Medicine

Pre-travel consultations
Unwell returned travellers or international visitors

Possible Malignancy

New bowel symptoms, patient over 50 years of age
Painless haematuria
Breast lump
Persistent cough
Testicular lump
A new or enlarging lump
Iron deficiency
Unexplained weight loss
Lymph node enlargement without simple explanation
Skin lesions you are unsure of diagnosis and whether to excise
PR bleeding

Paediatrics

All neonates
6-week baby check
Australian immunisations (including catch ups)
Unwell child under 2 years of age
Failure to thrive under 12 months of age
Developmental delay
Child and adolescent mental health consultations
Child abuse or unexplained injury
Eating disorder

Mental health

Acutely suicidal patient
Acute psychosis

Emergency Medicine/Acute Presentations

Acute significant systemic symptoms: collapse, rigors.
Extreme abnormalities of vital signs
Acute onset of shortness of breath
Severe abdominal pain
Chest pain
Acute red swollen joint
Concussion/post head trauma
Post collapse, possible seizure
Nerve, tendon, or serious muscular injury
Fracture
Acute eye - unilateral red, painful, vision loss, or periorbital swelling
Severe headache that is new or sudden onset or associated with vision change or meningism
Trauma with high risk of injury e.g. high speed or rollover MVA
Sudden loss of hearing not due to wax

Source: G Ingham, K Plastow, R Kippen, N White 2020. 'A "call for help" list for Australian general practice registrars', *Australian Journal of General Practice*, 49: 280–7.

Acknowledgements: This work was supported by The Royal Australian College of General Practitioners with funding from the Australian Government.