

Australian general practitioners in training spend less time with peds patients than with adults

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Australian doctors-in-training spend significantly less time consulting with pediatric patients than they do with adults, according to a new study published in the journal *Australian Family Physician*.

The study found that the proportion of longer consultations – more than 20 minutes -- for [children](#) was significantly less than that for adults and seniors among general practice registrars, says Gary Freed, M.D., M.P.H., the lead author on the study and Australian-American health policy fellow, Australian Health Workforce Institute at the University of Melbourne and professor of pediatrics and child health policy at the University of Michigan.

The study also found that among the general practitioner registrars in the study, the overall duration of visits for children were much shorter than for adults, Freed says. In the study, of all consultations with children under 4 years old, only one consultation was for more than 40 minutes.

"The fact that all but one of the registrars in the study never saw a child for an extended consultation is quite remarkable," Freed says.

Similar demographic trends are occurring in the United States and studies have also shown that family physicians provide care for fewer children than in years past, Freed says. Some family physician training programs in the United States are exploring novel ways to ensure their

residents receive adequate exposure to [pediatric patients](#).

Freed and his co-authors also found that for patients 14 and under in Australia, a greater proportion of the visits were attributed to the 10 most common diagnoses, compared with adult patients. That suggests the registrars are getting exposed to a limited range of ailments and symptoms among children.

"These results raise the possibility that exposure of registrars to chronic illness in children, and to a range of diagnostic conditions, may be quite limited," says Freed.

"Longer consultations with pediatric patients are most likely to be used for the [primary care](#) management of chronic disease, behavioral and developmental assessments and counseling, and preventive care," he says. "But the relative paucity of longer consultations for children seen in this study suggests that registrars may not be gaining experience in these types of clinical experiences as part of their training."

This is of particular concern, Freed says, because there is a plethora of behavioral and development issues that arise especially during the 5-14 age range.

"We are not saying all age groups should have the same proportion of longer consultations. However, the magnitude of the variation between the age groups of patients is concerning," Freed says. "Simply put, some types of visits for children take more time than others. If registrars do not gain adequate experience in providing primary care for children with chronic illness or conducting behavioral assessments or providing preventive counseling, they will enter independent practice unprepared to care for children."

Specifically with regard to children, Freed, a pediatrician, believes that

registrars must see enough normal development at different ages to be able to recognize abnormal development.

In Australia, many current government health care strategies are focused on the needs of a growing aging population. While the actual number of children has increased by about 12 percent since 1996, the proportion of children in the country aged 0 to 19 years has fallen from 38 percent in 1971 to 25 percent in 2010.

This is indicative of a demographic trend where the population of adults and seniors is rising at a faster rate than that of children.

"As the proportion of children in general practice will likely continue to fall over the coming decade, specific efforts and interventions may be needed to ensure that general practitioners do not simply train to become primary care physicians of [adults](#) and the elderly," says Freed.

Provided by University of Michigan Health System

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