# **'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.

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| 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’ |
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| 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 |
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| 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**

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| General Medicine | Paediatrics |
| Poorly controlled diabetes | All neonates |
| Pyrexia of unknown origin | 6-week baby check |
| New neurological symptoms or signs | Australian immunisations (including catch ups) |
| Severe exacerbation of asthma or COPD | Unwell child under 2 years of age |
| Rash you are unfamiliar with | Failure to thrive under 12 months of age |
| Domestic (intimate partner) violence | Developmental delay |
|  | Child and adolescent mental health consultations |
| Dependence/Addiction/Pain Management | Child abuse or unexplained injury |
| Chronic pain management | Eating disorder |
| Managing alcohol/drug dependence |  |
|  | **Mental health** |
| Sexual health | Acutely suicidal patient |
| Patient requesting STI screen | Acute psychosis |
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| Travel Medicine | **Emergency Medicine/Acute Presentations** |
| Pre-travel consultations | Acute significant systemic symptoms: collapse, rigors. |
| Unwell returned travellers or international visitors | Extreme abnormalities of vital signs |
|  | Acute onset of shortness of breath |
| Possible Malignancy | Severe abdominal pain |
| New bowel symptoms, patient over 50 years of age | Chest pain |
| Painless haematuria | Acute red swollen joint |
| Breast lump | Concussion/post head trauma |
| Persistent cough | Post collapse, possible seizure |
| Testicular lump | Nerve, tendon, or serious muscular injury |
| A new or enlarging lump | Fracture |
| Iron deficiency | Acute eye - unilateral red, painful, vision loss, or periorbital swelling |
| Unexplained weight loss |
| Lymph node enlargement without simple explanation | Severe headache that is new or sudden onset or associated with vision change or meningism |
| Skin lesions you are unsure of diagnosis and whether to excise | Trauma with high risk of injury e.g. high speed or rollover MVA |
| PR bleeding | 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.

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