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# Main Articles

# Does clinical assistant experience in ENT influence general practitioner referral rates to hospital?

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**Abstract**
Referral rates from individual partners within two demographically matched general practices to the local ENT service were gathered prospectively over a six-year period. The study was designed to determine if extra training in one practice altered these rates. A single partner from one practice attended otolaryngology clinics for regular training over a three-year period. This was funded by the local Family Practitioners' Committee. The funding enabled a locum to cover this partner's clinical commitment whilst he attended the specialist clinics for continued ENT training. The aim of this study was to identify whether the provision of continued ENT training and education to general practitioners (GPs) influenced referral patterns to specialist clinics.

**Key words: Otolaryngology; Education, Medical; Hospital Referral**

## Introduction

It has previously been acknowledged that there is sparse opportunity for general practitioners (GPs) to obtain further teaching in the treatment and management of conditions relating to the ear, nose and throat.[1] Furthermore, the time allocated in the medical undergraduate curriculum to clinical ENT teaching is limited. Subsequently, as otolaryngology may represent up to 20 per cent of the workload of GPs,[2,3] a lack of confidence in diagnostic ability may result in increased referrals to specialist clinics.[4] Increasingly, one or more partners within a practice may have interests within a clinical speciality that involves secondment on a regular basis. These individuals are then able to apply their accrued skills within their own practice, and one would assume that the presence of such an individual would benefit all partners within that practice.

The aim of this study was to determine whether the provision of clinical ENT training to a GP influenced the subsequent rates of referral to specialist clinics. Furthermore, we examined whether the presence of this practitioner within the practice made any difference to overall referrals by other partners. For comparison, we compared referral rates generated from this practice with a demographically twinned practice of similar size, but in which none of the partners were in receipt of continued ENT training.

## Methods

Annual otolaryngology referral rates from individual practitioners within two demographically matched general practices to the two ENT consultants at our hospital were gathered prospectively over a six-year time period. The study was designed following identification that additional training and education of GPs might make a difference to the numbers of patients referred to specialist clinics.

One partner, within practice A, attended three or four clinical ENT sessions over a two-week period, once a year, where he would work alongside the

TABLE I
NUMBERS OF ENT REFERRALS FOR INDIVIDUAL PARTNERS WITHIN THE SAME PRACTICE

| Year | DU | JS | ML | ST |
|---|---|---|---|---|
| 1994/1995 | 4 | 2 | 4 | 6 |
| 1995/1996 | 15 | 10 | 14 | 8 |
| 1996/1997 | 40 | 36 | 22 | 39 |
| 1997/1998 | 38 | 33 | 37 | 31 |
| 1998/1999 | 33 | 22 | 27 | 32 |
| 1999/2000 | 26 | 19 | 28 | 26 |
| Total | 156 | 122 | 132 | 142 |

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TABLE II
NUMBERS OF ENT REFERRALS FROM ALL PARTNERS WITHIN TWO DEMOGRAPHICALLY MATCHED GENERAL PRACTICES

| Year | Practice A | Practice B |
|---|---|---|
| 1994/1995 | 16 | 21 |
| 1995/1996 | 47 | 38 |
| 1996/1997 | 137 | 119 |
| 1997/1998 | 139 | 142 |
| 1998/1999 | 114 | 90 |
| 1999/2000 | 99 | 111 |
| Total | 552 | 521 |

consultant otolaryngologist. He attended in this manner for the three-years of 1997–1999. The additional ENT training was made possible by a grant from the local Family Practitioners' Committee. The money provided allowed a locum to cover the partner's clinical commitment whilst he attended for further otolaryngology training and education.

The figures generated for referral rates enabled us to address two issues. Firstly, referral rates for individual GPs within practice A illustrated whether continued training influenced rates of referral to specialist ENT clinics (Table I). Secondly, the figures enabled a comparison to be drawn between practice A and practice B for total numbers of patients referred per annum with all GPs within the same practice taken collectively (Table II). Hence, we were able to assess whether the presence of an ENT-trained partner made any difference to the total patient numbers referred to specialist clinics.

## Results

Patient referral numbers for individual partners within the same practice are given in Table I. This data is graphically presented in Figure 1. Partner DU was the practitioner in receipt of continued ENT training. The figures show there was no statistical difference in referral rates (Kruskal-Wallis: $p = 0.63$) for this partner when compared to the other three partners in the same practice.

Table II represents collective referral rates from two demographically matched general practices. Practices A includes DU, the partner in receipt of continued ENT training. This data is presented graphically in Figure 2. Once again, there was no statistical difference (Mann-Whitney U: $p = 0.50$) in the referral patterns between the two practices.

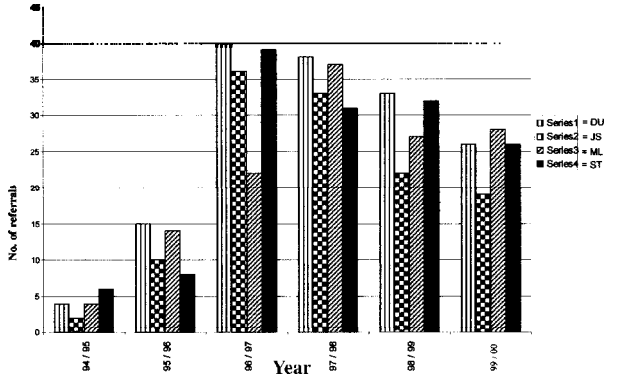


FIG. 1
Number of ENT referrals from individual partners within the same general practice.

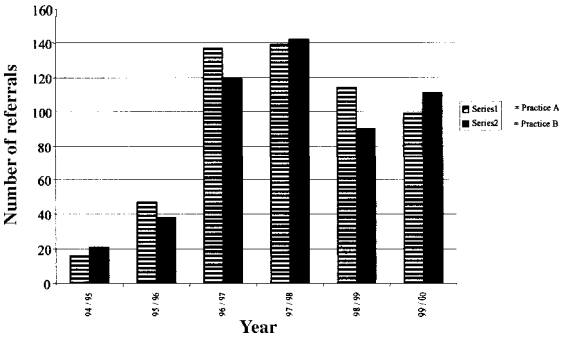


FIG. 2
Total ENT referrals from two demographically matched general practices.

## Discussion

We were able to show that, on average, four to five new ENT cases were being referred from within the practice to the ENT-trained partner, in addition to one review case, per week. The spectrum of cases treated included patients with severe otitis externa, hard wax, mastoid cavities requiring maintenance, patients with perforated tympanic membranes, and temporo-mandibular joint dysfunction. In all, approximately 230 cases per annum were treated. Advantages of the service included its relative low cost – £700 for equipment, plus a further £900 per annum in locum fees, apparent patient satisfaction and easier access to specialist ENT clinics when difficult problems arose. Patients waited only a few days for treatment, as opposed to 16 weeks – the current waiting time for routine specialist referrals locally. Furthermore, early recognition of difficult problems led to patients being referred sooner for a specialist opinion and further investigation.

Our data also demonstrated an unexpected sharp increase in the number of referrals to hospital ENT services from both practices after 1996. The total number of referrals made to the ENT department increased three-fold between 1992 and 1996. This is presumed to be due to the commencement of the two new substantive consultants in an area previously served by a succession of locum consultants. Many patients had been referred out of the area, or left to suffer, as the quality of continuing care was not at the level patients or their GPs expected. The lag period for confidence to return was approximately five years.

Ultimately however, we found that the presence of a partner in receipt of continued ENT training made no difference to the specialist referral rates over a six-year period when compared to the other partners within the same general practice. Furthermore, the presence of this partner did not influence the number of referrals from the practice as a whole when compared to a demographically-matched general practice.

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This article provides an early insight into the role that a 'GP specialist' might have in the current National Health Service, especially as this is a role that the Government is likely to promote in the near future.

We have, however, to conclude from our work that limited clinical assistant experience in ENT does not seem to influence GP referral rates to hospital. This may reflect that the level of GP instruction – four clinics per annum – was inadequate. However, a more likely explanation is the degree of unmet need prior to the introduction of this service. What appears necessary from our work is the requirement for more ENT specialists to accommodate the overall trend in increasing referral patterns.

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