

Clinical experience of patients with hepatitis C virus infection among Australian GP trainees

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Since March 2016, new direct-acting antiviral agents (DAAs) for treating infection with hepatitis C virus (HCV) have been available in Australia under the Pharmaceutical Benefits Scheme (PBS). This represents a revolution in the treatment of hepatitis C, as DAA regimens have cure rates of more than 90%, minimal adverse effects, and low treatment complexity. In contrast to previous HCV treatments, general practitioners are authorised to prescribe HCV DAAs. The Fourth National HCV Strategy emphasises that, to maximise the impact of HCV DAAs, most HCV treatment will need to move from hospital-based clinics to the primary care setting.¹

An estimated 230 000 Australians live with chronic HCV infection,² with annual notification rates about twice as high among males as among females, and highest for people aged 30–50 years.³ Eliminating hepatitis C as a public health problem by using highly efficacious, well tolerated DAAs is possible, but would require a major increase in the number of people treated.⁴

Registrar Clinical Encounters in Training (ReCEnT) is a prospective cohort study that collected detailed data on more than 150 000 consultations by GP trainees in five Australian GP training programs during 2010–2015. ReCEnT documents the content of trainees' consultations, and both informs and evaluates training program changes. Our methodology, described in detail elsewhere,⁵ and statistical analysis are summarised in the online Appendix. As most learning by GP trainees is acquired in an apprenticeship model in the workplace (supplemented by away-from-practice educational sessions),⁶ we aimed to determine prevalence of management of and testing for HCV in the consultations of trainee GPs.

Although at least 1.2% of the Australian population are infected with HCV,⁷ hepatitis C was managed as a problem (eg, discussed, investigated, referral of the patient) in only 0.08% of consultations (online Appendix, Table). This indicates that the current exposure of registrars to the diagnosis and management of HCV infections during training is very limited. Patients for whom HCV was managed were older than other patients, and more likely to be male or Indigenous Australian. HCV testing was performed in 0.7% of consultations, and the patients tested were significantly younger (mean age, 32 v 40 years; $P < 0.001$), and more likely to be female, Indigenous Australian, or from a non-English speaking background than those who were not (online Appendix, Table). Doctors who tested for HCV were younger, and were more likely to be female, graduates of Australian universities, and practising in a city (online Appendix, Table).

Our data indicate that the clinical exposure of GP trainees to patients infected with HCV is limited, and that their experiential training in this condition may be inadequate. Further, HCV testing was only infrequently ordered, and the wrong groups were targeted; we found that males and older patients were less likely to be tested, despite higher HCV seroprevalence in these groups. If hepatitis C is to be eradicated as a public health problem in Australia, it is important that diagnosing and treating HCV infections are prominent in the GP training curriculum.

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