Frequently Asked Questions

GPSA
GENERAL PRACTICE SUPERVISION AUSTRALIA

FAQ: Rational Test Ordering

What is rational test ordering?

Rational test ordering refers to the thoughtful, evidence-based, and patient-centered use of investigations (both pathology and imaging). It aims to strike a balance between under-testing (risking missed diagnoses) and over-testing (leading to harm, stress, and unnecessary follow-ups).

Over-testing is common, with studies suggesting up to 50–75% of tests may be unnecessary.

Why is it important in general practice?

Rational test ordering:

- Minimises unnecessary testing
- Reduces harm from false positives
- Preserves healthcare resources
- Improves diagnostic accuracy

What are the harms of over-testing?

- False positives and cascade testing
- Increased patient anxiety
- Physical harm from invasive follow-up procedures
- Overdiagnosis and unnecessary treatment
- Waste of time and healthcare resources
- Cognitive burden on clinicians

How can over-testing specifically harm patients?

- Psychological stress from incidental findings
- Physical complications (e.g., biopsy-related bleeding)
- Unnecessary referrals and interventions
- Mislabelling with disease and long-term consequences
- Diversion of attention from more meaningful clinical care.

What drives over-testing?

- Defensive medicine and fear of missing a diagnosis
- Patient expectations or demands
- Time pressures and shortcuts
- Clinical inexperience and uncertainty
- Habitual hospital-based test ordering
- Cognitive biases (e.g., availability bias)
- System factors like ease of access and lack of oversight

Is imaging included in rational test ordering?

Absolutely. Overuse of imaging (e.g., unnecessary MRIs or CTs) can lead to incidentalomas, costly follow-up, and unnecessary anxiety—without improving outcomes.

Is it about reducing all tests?

No. Rational testing isn't about doing fewer tests; it's about testing with intention and purpose. Every test ordered should have a clear rationale and a potential to influence clinical management

What is the "sweet spot" in testing?

It's the optimal point between too few and too many tests—where clinical safety, efficiency, and patient-centered care intersect. The goal is to use clinical judgment and evidence to decide what is truly necessary

Are some tests more prone to misuse?

Yes. Common examples include:

- Inflammatory markers (CRP/ESR) for vague symptoms like fatigue
- Thyroid function tests in asymptomatic individuals or as routine annual screens
- ANA without a clear indication of autoimmune disease
- Shoulder ultrasounds in older adults

How can I reduce inappropriate test ordering?

- Prioritise history and physical examination
- Use the 'investigation pause': Ask yourself, "Will this change my management?"
- Avoid batch testing or shotgun panels
- Start with serial testing—add on only when needed
- Use validated guidelines and tools (e.g., HealthPathways, RCPA Manual)
- Educate patients on the risks of over-testing

What is an 'inbox review', and how can it help?

Inbox review is a teaching tool where supervisors and registrars review recent test results together. They reflect on:

- Why the test was ordered
- Whether it changed management
- Any unintended consequences It promotes critical thinking, insight, and habit change.

Does this resource need to be updated? Contact GPSA: P: 03 9607 8590, E: admin@gpsa.org.au, W: gpsa.org.au
GPSA is supported by funding from the Australian Government under the Australian General Practice Training Program
19/04/2025

How can supervisors model good testing practices?

- Explain your own decision-making during consults
- Encourage open discussion around uncertainty
- Challenge unnecessary test choices constructively
- Share resources and tools to guide evidence-based testing
- Show that not testing is sometimes the safer option

How do patients and media influence over-testing?

Consumer-driven healthcare, online testing services, and sensational media stories (e.g., TV health check segments) increase patient demand for unnecessary testing. Patients may present with privately ordered results, creating additional clinical burden.

What should I say to patients requesting unnecessary tests?

Use shared decision-making. Example:

"We could do a bunch of tests, but based on what you've told me and your exam, I don't think they'll help us. Let's monitor things and revisit if anything changes." This builds trust and reassures patients that clinical decisions are thoughtful and safe.

Are there useful resources to support rational testing?

Yes. Recommended tools include:

- Therapeutic Guidelines – for test interpretation and use
- RCPA Manual – clear test explanations and uses
- Choosing Wisely Australia – evidence-based test and treatment recommendations
- Diagnostic Imaging Pathways – appropriate imaging use
- Australian Prescriber – test interpretation articles
- BJGP/BMJ series on common tests – practical guidance

Any tips for teaching rational test ordering?

- Normalise uncertainty—medicine isn't black-and-white
- Help registrars articulate their thinking
- Use real examples (especially ones with unintended consequences)
- Encourage curiosity and evidence-seeking

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