

Does academic general practice have a future?

Max Kamien

Australian academic general practice began in 1975 as a result of the recommendations of the Australian Universities Commission Committee on Medical Schools.¹ The new discipline had to struggle against the “torpor and inertia” of most faculties of medicine in providing it with student time and basic resources.² But we were patient and resilient, and survived to become a necessary counterculture to the accepted orthodoxy of most medical schools.

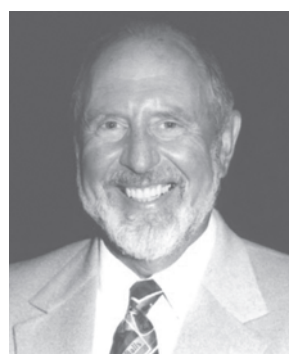
Our achievements have been in reminding medical faculties of their social responsibility for providing the types of doctors needed by Australian taxpayers, who fund medical education. Consequently, we have been pathfinders for the current educational and experiential accent on rural medicine and Aboriginal health and associated policies on affirmative action for admitting disadvantaged students to medical school.

In the early years, our emphasis was on teaching. We were, and still are, assisted by several thousand general practitioners, who, for the most part, follow the injunction of the Hippocratic Oath to “teach students without fee or covenant”.

We stressed the need to teach neglected communication and consultation skills, and were gratified to see many sceptical academic specialists adopt our techniques. We also helped students to be as knowledgeable about commonly occurring conditions as they were about esoteric ones. We followed up by improving examinations through the use of standardised OSCEs (objective structured clinical examinations) and the direct observation of consultation skills. By inviting specialist colleagues to examine with us, we established the milieu for generic examinations. After all, patients rarely present to doctors and say, “I have an endocrine disorder”.

Research. Any discipline worthy of the name needs to continually examine and advance its intellectual and structural base. Much has been said about the need to embed a culture of research into general practice and the increased role that academic departments of general practice will have to play. Although general practice research output has increased fivefold in the past decade, it is still tiny in comparison to the number of GPs in active practice.³ Since 2000, the Australian Government Department of Health and Ageing has put \$10 million a year into supporting general practice research through the Primary Health Care Research, Evaluation and Development initiative. Together with other sources, this has provided more opportunities for established and intending researchers.

However, we need more clarity about our research endeavour. General practice research conducted by non-GP researchers will not embed a research culture into general practice. To do this requires GPs to become more scientifically oriented and to ask



Max Kamien

Max Kamien graduated from the University of Western Australia in 1960. After graduation, he worked until 1965 in developing countries including New Guinea, South Korea and Nepal. After spending the next 4 years in hospitals in the United Kingdom, he worked from 1970 to 1973 as a GP for the Aboriginal community in Bourke, NSW. His academic career began in 1974 as Senior Lecturer in

Medicine at the University of Western Australia, where he was appointed Foundation Chair of General Practice in 1977. He retired in 2003 and now spends his time doing much the same as before.

questions of their own and learn how to answer them. Government funders are interested in health services research. GPs are interested in clinical research. The credibility of academic GPs with “bag-carrying” GPs is highly dependent on us being catalysts and resources for this clinical research.

Politics. In 2001, I thought the coming of age of Australian academic general practice was dependent on us becoming more politically aware, recapturing the support of the Royal Australian College of General Practitioners (RACGP), and obtaining a fairer allocation of university resources.⁴

Four years on, I think academic general practice is more politically aware. Our representative organisation, the Australian Association of Academic General Practice, is certainly a more internally communicative and stronger organisation, but one which still needs some external visibility.

For the first time in its 47-year history, the RACGP has an academic GP as its president. Relations with academia have never been so productive. Unfortunately, general practice as a whole has not yet learned to build on its strengths and remains divided and divisive. The often mean-spirited or dysfunctional behaviour of various GP groups makes it difficult for academic general practice to play its proper role in advancing Australian general practice.

Funding. Small departments of general practice need to be adequately resourced and not disadvantaged by unfair funding formulas that grossly advantage hospital-based clinical departments. However, formula funding has become an easy structure beneath which deans and finance committees can shelter. Furthermore, most specialist academics still look down on GPs and GP academics. Although they have little idea of what we do, in their non-evidence-based hearts they know that they have long done it and done it better. Nevertheless, progress has been made in winning hearts and minds, and four professors of general practice (Justin Beilby, Chris Del Mar, Richard Hays and John Marley) have recently been appointed as deans or pro-vice-chancellors of Australian medical schools — a situation that would have been anathema only a decade ago.

So, does academic general practice have a future? I am sure it does, if only to enable medical schools to cope with their increased

Discipline of General Practice, School of Primary, Aboriginal and Rural Health Care, Claremont, WA.

Max Kamien, MD, FRACGP, FRACP, Emeritus Professor and Honorary Senior Research Fellow.

Reprints will not be available from the author. Correspondence: Professor Max Kamien, Department of General Practice, School of Primary, Aboriginal and Rural Health Care, 328 Stirling Highway, Claremont, WA 6010. mkamien@cyllene.uwa.edu.au

student numbers. But extra teaching without a concomitant increase in resources also has the potential to “dumb down” academic general practice.⁵ Academic GPs need serious time for research and scholarship. Without it, “junior faculty will remain junior for their entire careers”.⁶

One halcyon day, general practice organisations may realise that the stability and intellectual rigour of general practice vocational education and training would benefit from being centred in universities. This would help ensure the core critical mass of teachers and researchers necessary to advance general practice as a whole. It would also enable the setting up of model practices that could demonstrate state-of-the-art general practice and experiment for its future development.

References

- 1 Expansion of medical education. Report of the Committee on Medical Schools to the Australian Universities Commission. (Karmel P, chairman). Canberra: AGPS, 1973.
- 2 Saint E. Community practice in Australian medical schools: tertiary education commission evaluative studies program. Canberra: AGPS, 1981: 17-18.
- 3 Ward AM, Lopez DG, Kamien M. General practice research in Australia, 1980–1999. *Med J Aust* 2000; 173: 608-611.
- 4 Kamien M. Has Australian academic general practice really come of age? *Med J Aust* 2001; 175: 81-83.
- 5 Godwin M. Dumbing down of academic family medicine. *Can Fam Physician* 2000; 46: 1948-1950.
- 6 Frey JJ. A murky future for academic primary care. *Br J Gen Pract* 2003; 53: 179-180.

(Received 15 Apr 2005, accepted 26 May 2005)

□