

Does academic general practice have a future?

David P Weller

General practice lacks the academic culture of other medical disciplines. The reasons for this are complex, but relate to its applied nature, its community setting, and its practitioners — most of whom seek to focus on the care of their patients.

Nevertheless, academic general practice is now well established, and from within the “ivory tower” it’s easy to point to its achievements. Primary care-based research has made important contributions to the management of common conditions such as otitis media and coronary heart disease, and to smoking reduction and vaccination.¹ In the United Kingdom, university departments of general practice and their associated networks of general practitioners deliver 10%–15% of the medical curriculum — much of it in basic clinical skills, and underpinned by investment from the National Health Service.²

Arguments in favour of more research in our field seem compelling. If most prevention, diagnosis and treatment of ill health occurs in primary care, then we need an evidence base derived from that same environment.³ Yet this evidence is frequently lacking: for example, in the Quality and Outcomes Framework of the UK GP’s contract (a system of financial rewards for meeting certain quality-related indicators), cancer — an area in which primary care has a critical role at all stages of the illness — has just two measures, relating to follow-up visits and establishing practice registers.

So, does academic general practice enjoy widespread support in the United Kingdom and Australia? On most fronts the support seems lukewarm. Governments have helped establish academic departments and chairs, undertaken various capacity-building initiatives (such as Australia’s Primary Health Care Research, Evaluation and Development program) and recognised the need for financial support for GP-based teaching. But the current level of investment still leaves us well behind our secondary-care colleagues, and we remain under close scrutiny and review.

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Universities want us to take on more of the curriculum, but often “tolerate” our research at best — the money and interest is in new genes and molecules. There is still a sense of ambivalence and mistrust from our non-academic GP colleagues. Research and teaching networks have helped, but we’ve largely failed to inspire trainees and colleagues to undertake academic pursuits.

Clinical academic medicine, itself perceived to be in crisis,⁴ is becoming an increasingly managed exercise. The UK Clinical Research Network, for example, encourages multicentre, trial-focused research, addressing major issues in chronic disease management. Academic general practice is currently at the margin of these new developments.

To shore up our future we must:

- redouble our efforts to become integral to the wider clinical research enterprise and shape its future. Studies based in primary care need to lead the research agenda, not trail behind it. Our rich heritage of social, cultural and behavioural research, which has contributed so much to understanding patients and their illnesses, needs to be preserved.
- continue to bring a more academic culture to general practice training, and offer portfolio career development (ie, careers that combine clinical activity with other elements, such as academic

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work or managerial/leadership roles) — there are still few opportunities to combine clinical and academic training.

- continue to build on the quality of our research, persuade funding agencies to earmark funds for the work we do, and demonstrate to our colleagues in government and policy-making bodies that this work can provide new ways forward in health care.
- use our strong presence in the undergraduate curriculum to help produce doctors who are enthused about general practice and inclined towards research.
- engage with our clinical colleagues and their patients, and demonstrate our relevance to their daily activities.

Academic general practice has come a long way in a short time. There seems no doubt it has a future; our challenge is to keep

delivering outputs of relevance, and to build an academic workforce that can meet the challenges ahead.

References

- 1 Mant D, Del Mar C, Glasziou P, et al. The state of primary-care research. *Lancet* 2004; 364: 1004-1006.
- 2 Watt G. The long march: the development of academic general practice in the UK and Ireland. *Eur J Gen Pract* 2004; 10: 98-102.
- 3 R & D in primary care: national working group report. London: UK Department of Health, 1997.
- 4 Stewart P. Academic medicine: a faltering engine. *BMJ* 2002; 324: 437-438.

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