A Brief History of the Australian Association for Academic General Practice (A3GP)

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Commissioned in 2005 by Jane Gunn to help new members gain a historical perspective of the development of Australian Academic General Practice.

There have always been individual general practioners who have engaged in academic activity through research and/or teaching. But formal academic general practice began with the RACGP vocational training program – 'The Family Medicine Programme' - in 1973 with University 'Departments of General Practice' starting between 1975-1977. These new departments were called either Community Practice or Community Medicine because the Australian Universities Commission was of the view that General Practice was not an academic discipline in its own right.

In 1982, Neil Carson, Foundation Chair of Community Medicine at Monash University, attended a meeting of the British Association of University Departments of General Practice. On his return to Australia he called a meeting of interested academics at Monash University to see if there was any interest in setting up a similar organization in Australia. There was interest and, for reasons of economy, it was decided to hold the first academic meeting of teachers of general practice in conjunction with the 1983 AGM of the RACGP held in Launceston. Forty-four interested people with some academic affiliation attended and became the inaugural members. The first formal AGM of AAAGP took place in the Regent Hotel, Melbourne on 19 September 1985.

After two years of discussion members settled on the name the "Australian Association for Academic General Practice" (AAAGP). In 1991 Charles Bridges-Webb suggested the abbreviation of our acronym to A3GP. In 1995 there was a move to change the name to "The Society of Teachers and Researchers of General Practice (STARGP). But the pretentiousness of that acronym diminished enthusiasm for this change.

The Aims

The aims of the A3GP were to:
1. Advance academic general practice through the promotion of scholarship and innovation in research and medical education.
2. To represent the University Departments of General Practice where the majority of senior researchers were based.

The Early Years

The role of the A3GP in its first few years was to put academics in different departments in touch with each other so that they became aware of the different initiatives which were occurring across the ten departments. This was assisted by starting a newsletter which began in May 1986 and was edited by Dr. Denise Findlay from Monash University.

The first political activity of A3GP was in lobbying the then Federal Minister for Health, Dr. Neil Blewett for a seat on the Board of Inquiry into Medical Education and Medical Workforce. He replied that General Practice had too much to gain to have a seat on that board. He was not convinced by the obverse argument that the established departments of Medicine and Surgery had too much to lose to have representation on that board. He later admitted that he had been wrong. On behalf of A3GP, Dr. Douglas MacAdam wrote a submission which resulted in that inquiry (The Doherty Report, 1988) recommending urgent

and increased funding and staffing for academic departments of General Practice. Although the only direct financial recommendation in that report it was, unfortunately, ignored.
In 1990 A3GP supported the publication of the first review of Academic General Practice in Australian Medical Schools. This provided objective evidence about the struggling state of academic general practice in Australia at that time.
In 1990 the issues of the day were:

1. The need for regional academic staff, academic registrar and lecturer positions and the provision of academic career structures.
2. Chairs of General Practice in the five medical schools yet to have them.
3. Payment for GP preceptors.
4. Parity of salaries of GP Academics with hospital based academics.
5. Travel grants for students' rural attachments.
6. Lack of representation on educational and research bodies, particularly the NH&MRC.
7. A desire for vertical integration of education and the sharing of resources with the Family Medicine Programme.

The A3GP continued the tradition of having its annual academic and general meeting as part of the AGM of the RACGP. Some parts of that AGM were reserved for A3GP presentations but these were rarely attended by GPs not already members of A3GP.

The Annual General Meetings of A3GP were often bogged down with debate about who the A3GP really represented. Was it just university employed academics, or did it also include FMP medical educators who had been invited to join from a genuine desire for collaboration, as well as to bring together a necessary critical mass of academically minded doctors and social scientists. FMP members would often state that they felt like second class academic citizens whilst at the same time reserving their involvement only for the AGM .

In 1994 there were 94 financial members. A3GP's main role was to provide members for a number of seminal committees such as the General Practice Evaluation Program, which was at the forefront of funding projects aimed at encouraging a research culture into general practice, and the Rural Undergraduate Steering Committee, which succeeded in changing the city-centric orientation of medical schools towards programs which encouraged rural entry, rural education and rural medical careers.

But in 1997, A3GP sank to its lowest point when the executive committee held no meetings or communications and the AGM was inquorate . Only one member had nominated for office so that the executive of 1998 consisted only of a President, Max Kamien, and an editor of the newsletter, Carmel Martin.

In 1998 there were two important inquiries into General Practice. One was the General Practice Strategy Review, and the other was the Review of General Practice Training. Although some individual GP academics were on the committees of inquiry in their own right, A3GP was not represented on any of these groups and neither report recommended that we should have a seat on any of the proposed advisory committees. Our attempts at representation were greeted with queries from the Minister of Health and his advisors as to who we were because, they claimed, they had never heard of us.

By 1999-2000 things had started to improve for A3GP. Sam Heard had set up an E-group which facilitated communication between members and through which Jonathan Newberry delivered the first electronic edition of the A3GP Newsletter. Jane Gunn had initiated a travelling fellowship to enable members to spend time in another academic GP department and Brian McAvoy had organized $ 30,000+ per year of Pfizer/Parke-Davis funding for cardio-vascular research. The RACGP offered to make A3GP a "Chapter" of the College. This would have provided favourable financial and administrative support for A3GP. But the

membership decided to continue to go it alone for reasons of independence, a large membership of non-GPs and a concern that it may result in the false perception that GPs interested in research were different to other Fellows of the College.
The A3GP leadership vigorously represented the needs of academic general practice in the two years of acrimonious negotiations in the setting up of the annual $2m Primary Health Care Research Evaluation and Development (PHC-RED) funding framework. This was a process which should be written up as a case history of how not to organize a research endeavour. The main issue concerned the Government's desire to set up research consortia in which governance would be in the hands of those with little or no research understanding or experience. Our position was that this would lead to ad hoc commissioned research and retard or prevent the development of a necessary GP research infrastructure.

Since that time A3GP has become better known and represented and has to fight less hard for a seat at the table of committees which influence the delivery of medical education, research and the delivery of health care in Australia.

But Academic General Practice falls within the cracks of funding from the two Commonwealth Departments of Health and Education and it remains a poor cousin in terms of the funding given to other GP bodies and to hospital based clinical departments. There is also a persistent town/gown divide in which we are seen by some (? paranoid) GPs as a threat to their aspirations. In the 2002 elections for presidency of the RACGP,
one candidate campaigned under the slogan "Do you want an academic as your president?" The answer was yes and Professor Michael Kidd was elected, the first academic president in the history of the RACGP.

A3GP is the only organization that academic GPs have got to bat for their interests. Although small it is a body with a lot of intellectual capital, teaching and research experience and probably the only body which can bring an evidence-based approach to clinical and policy decision making in General Practice.

Academic General Practice has had a steep road to climb but has nevertheless come a long way in a short time. Although four Australian Professors of General Practice have recently become deans of medical schools, academic general practice has still not been fully accepted by traditional hospital based disciplines. Also, we do not yet compete on a level playing field even though we are judged as if it were. This is why we need strong, cohesive and politically wise representation and that is one of the main reasons for the existence of the A3GP.

Presidents:

Neil Carson	1983-1984
Tim Murrell	1985-1988
Charles Bridges-Webb	1989-1991
Tim Murrell	1992-1993
Peter Mudge	1994-1996
Jim Dickinson	1997
Max Kamien	1998-2000
Chris Del Mar	2001-2002
Justin Beilby	2003-2004
Jane Gunn	2005-

Max Kamien, September, 2005