



*Australian
Doctor*
guest
editorial
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For a triple treat, add research and teaching to clinical practice

AS GPs, we are good at putting on hats and swapping seats and all sorts of party games. I am sure you have thought long and hard about the Freudian meaning of your desire to clone yourself, particularly when family, practice and other commitments all coincide.

However, it seems that for a GP, multi-tasking and multiple interests are both our weakness and our strength. It is with this thought in mind that I want to tell you about what would happen if you tripled yourself. Yes, forget about cloning. That is nothing compared with what happens when you triple a GP.

Have I caught your attention? I hope so, because "triple a" GP needs you. The AAAGP (Australian Association of Academic General Practice) is an association that brings together researchers and teachers at the forefront of general practice primary health care research and medical education in Australia. The AAAGP is dedicated to building a strong academic foundation for general practice and primary health care.

In the past 20 years the association has grown from a small number of dedicated academics to more than 150 members. As we begin a new

year I thought you may like to hear about this association's work and take some time to reflect on the academic position of general practice.

In 1990 the AAAGP published a monograph by Emeritus Professor Max Kamien titled: *Academic general practice in Australian medical schools*.¹ Professor Kamien wrote: "Academic general practice is little understood either within Australian medical schools or the body of service of general practitioners." The monograph was a contribution by the AAAGP to provide a rationale for why our discipline needed to be strongly represented in university medical schools. We now have departments of general practice in every established university medical school.

Community-based medical education is becoming the norm, rather than the exception, and GPs are providing excellent community-based medical education, and receiving some remuneration for this service via a Practice Incentives Program payment. Despite these gains I suspect the words quoted from Professor Kamien's monograph could still be written today.

So why are we struggling to embrace our academic role? A colleague who recently completed their research higher

degree commented on the difficulty of maintaining clinical credibility while building an academic track record. Yet, if we step back for a moment, we can remind ourselves that the formal academic discipline of general practice only emerged in the 1960s. We are still in the early stages of discipline development.

The first ever professorial chair of general practice was only established in 1963, in Edinburgh. Taking a historical perspective we will recall several hard-working clinicians who have undertaken pioneering research while providing generalist medical care: Sir James McKenzie, pioneer of cardiology research; Professor William Pickles, who traced the spread of infectious diseases; and Dr John Fry, who described the profiles of diseases as they presented in the community.²

But times have changed and we need to establish models that will make it easier for the GP with a passion to combine practice with teaching and research. I can hear the mumbles of more money and more time! I agree, more money and more time are essential ingredients (and AAAGP is lobbying hard for these), but so too are like-minded colleagues.

And that brings me back to the AAAGP. In 2005 the



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AAAGP will be quietly working to further embed an academic culture in our discipline. To start the new year, Associate Professor Dimity Pond, head of general practice at the University of Newcastle, will co-ordinate a review of the

general practice undergraduate teaching offered in Australia; Dr Graeme Miller, medical director of the family medicine research centre at the University of Sydney, will co-ordinate a review of ethical conduct of research and research governance for general practice; Associate Professor Ian Wilson, from the department of general practice at the University of Adelaide, will represent AAAGP on the General Practice Education and Training convention planning committee; and I will represent the AAAGP on the General Practice and Primary Health Care Research Conference planning committee.

We need your input on these and other initiatives. So, if you are a GP who likes to wear a few hats, has a passion for passing on the skills you have developed and wants to find answers to some of the clinical conundrums you face

every day, we need you as a member of the AAAGP (to join, download the form at www.aaagp.org).

To get started, why not consider registering for the annual research conference to be held in Adelaide on 26-28 July 2005 (www.phcris.org.au)? Go on, add another hat. Make 2005 the year you combined clinical practice with teaching and/or research.

Professor Gunn is president of the Australian Association of Academic General Practice.

1. Kamien M. *Academic General Practice in Australian Medical Schools*. Sydney: Australian Association of Academic General Practice, 1990.
2. Carter Y, Elwyn G. Research — History and Structure. In: Jones R, et al, editors. *Oxford Textbook of Primary Medical Care*. Oxford University Press, Oxford, 2004.