

Fragility of academic general practice in Australia

As elsewhere, academic general practice in Australia is a relatively young discipline. The first chair in general practice was established in the mid-1970s, followed over the next 15 years by the establishment of academic general practice, although not always at chair level, in all (then) 10 medical schools. The pace of change increased in the early 1990s, when the government funded 'general practice evaluation program' and rural undergraduate support committee increased the funding available for research, research training and rural curriculum initiatives.¹ A total of almost \$11 million dollars was spent on 219 research projects, enrolments in postgraduate programs at masters and doctoral level increased and about \$2.5 million each year has been distributed to medical schools to increase rural practice exposure, usually through academic general practice. Each medical school also now has a University Department of Rural Health at a total cost of about \$3 million each year. Further, Divisions of General Practice can access a large pool of funds for activities that include a research component.²

However, the number of full-time core funded academic positions in Australian medical schools has not grown as much as these figures would indicate. Despite the attempt to increase research training (a strategy that ceased 3 years ago and will re-commence this year), there remains only a small pool of academically

credentialled general practitioner's (GP) suitable for senior academic positions, some of which remain difficult to fill. The concentration of funding in Divisions does not guarantee roles for academic general practice. The latest challenge comes from moves to regionalize GP training to regional consortia, but with no guarantee that academic general practice will necessarily gain resources and major roles. In the meantime growth in hospital-based health services and postgraduate training relationships have probably strengthened hospital-based academic disciplines.

Hence, 25 years after academic general practice began, it remains one of the weaker academic disciplines at a time when medical education is moving towards greater community involvement and many of the healthcare reforms concern general practice. The recent vacuum in strategic policy direction needs to be replaced by a clearer vision of what is needed, and a commitment to provision of appropriate resources, or academic general practice risks further marginalization.

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References

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