

The Academic General Practitioner

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Academic general practice has a short history compared to other medical disciplines.¹ The British College of General Practitioners was founded in 1952, establishing general practice as a recognised vocational qualification. It took another decade for the first Chair in General Practice to be founded in Edinburgh, Scotland in 1963, followed by the first English Chair in Manchester in 1972.² During the 1970s there was a steady growth in general practice as an academic discipline, and by the 2000s there were 27 departments of general practice in medical schools in the United Kingdom. New Zealand (NZ) was further behind. When the medical school at the University of Auckland first opened in 1967, there was a department of community health, but not one for general practice. The first Chair of General Practice in Auckland was appointed in 1988.

Since then there has been rapid expansion of the discipline. The University of Auckland Department is now General Practice and Primary Health Care, and incorporates a number of other fields including community-based nursing, pharmacy, psychology, medical sociology, palliative care and sports medicine. As well as responsibility for general practice teaching for the undergraduate medical programme, the department offers postgraduate courses, certificates and diplomas, supervision for masters and doctoral students, and produces a large volume of high quality research. The department houses the Goodfellow Unit which provides continuing education services to general practitioners (GPs), nurses and other professionals in primary health care through a variety of media including face-to-face events, eLearning, podcasts and webinars. The national Immunisation Advisory Centre and the linked immunisation research unit also have strong relationships with the department.

The department currently employs ten GP academics, ranging from very part-time (0.1 fulltime equivalent, FTE) to full-time appointments (which include 0.2 FTE for clinical practice). However there is no clear pathway to become an academic GP in NZ. In some countries, for example Malaysia³ and South Africa,⁴ family medicine registrars are required to enrol in a Masters level degree programme and complete a research dissertation or thesis while also undergoing their vocational training. In Australia there are academic posts available for registrars 'to develop skills in research, teaching, project work and critical evaluation of research relevant to the discipline of general practice.'⁵ This includes undertaking a supervised research project at an Australian university, which may pave the way to becoming a GP educator, or to further postgraduate study such as a masters or doctoral degree in academic general practice. In NZ the Royal New Zealand College of General Practitioners (RNZCGP) is responsible for general practice vocational training, and no university qualification is included, nor are academic posts currently available.

The GPs in our department have come to academia via different routes. Some aspired to academic roles early in their careers, undertook masters and PhDs and gained appointments in the department. These days part-time teaching positions may come available, especially as student numbers grow and regional cohorts are extended. GPs can be appointed as professional teaching fellows, but if they are sufficiently research active then they can be senior lecturers, with their time split (40/40/20) between teaching, research and service. Research often requires writing grant proposals, considerable work with no guarantee of funding – there is strong competition throughout NZ for health research dollars. An established GP academic will start supervising students – for summer studentships, honours, masters or PhDs, a good way to extend a research

portfolio. Research often involves working in teams, with collaborators from other disciplines, other universities, even other countries. Primary care research is eclectic in nature. It can be inter-disciplinary, use a variety of innovative approaches and methodologies, and have mixed quantitative and qualitative datasets. Academic general practitioners may have a large service component to their job, both within and external to the university. These roles are diverse, such as sitting on or chairing committees, peer reviewing journal papers and grant applications, examining theses, working on editorial boards, and providing policy advice at national or even international levels.

My own pathway was very ad hoc. I never anticipated a career in academic medicine. After many years in full-time practice I enrolled in a single postgraduate course on the philosophy of general practice. Before I knew it, I found myself doing a masters and discovered the joy of research, which combined so well with my love of writing. For a number of years I combined clinical work with a series of part-time, short-term research contracts in a wide range of topics. In 2010 I was awarded a chair in general practice and primary care, and in a topsy-turvy fashion, I subsequently enrolled in and completed my doctorate. In 2009 I was able to start a brand new medical journal for the RNZCGP (the Journal of Primary Health Care), to design it, arrange peer reviewing for submitted papers, commission non-research material, do all the editing and sub-editing, and take the journal forward to be indexed in Medline and other databases.⁶ This was an incredible opportunity, which few people have been afforded.

The path may not be straightforward, but there are many intrinsic benefits. True academic GPs will still be involved in clinical practice, providing comprehensive care to patients and their families in the community. They will be conducting research, which in primary care is often pragmatic in nature, with the overarching aim of improving community-based care and patient outcomes. They will be involved in the teaching of knowledge, skills and professional attributes to medical students, and/or other health professionals at undergraduate and postgraduate levels. Their clinical experience and their research informs their teaching. Clinical practice involves providing care and helping effect positive change in people's health often one person at a time. Teaching others to provide this care may reach many more people. Research findings have the potential to improve health outcomes for many. Combining clinical practice, teaching and research can be very rewarding.

It is not necessary to have a university appointment to engage in academic pursuits. New questions arise every day for GPs working in the community. When a local primary care doctor is curious and committed he/she can ask a question, and go in search for the answer. Conducting such grassroot research can be facilitated by academic and community partnerships. For example, recently a GP in Newfoundland, Canada raised a question about the cause of sickness in his community, and investigated with the support of university colleagues. He sought community engagement to test the arsenic levels in water from their wells, and found this to exceed safe levels. Subsequent action by citizens, local authorities and the media resulted in residents adopting safe alternative water practices. This community engagement project was jointly published by the academic and community partners in a medical journal.⁷

Academic GPs have many roles: clinician, educator; researcher; supervisor; mentor; writer; reviewer; editor; policy advisor. Many GPs seek an interest outside of full-time clinical practice for challenge and intellectual stimulation, and academic pursuits can help provide a work balance.

Clearly not all GPs can nor wish to include an academic component in their career. However I support the growing international trend for family doctors/GPs to complete a masters project during their training. Even if they never engage in further studies, they must remain lifelong consumers of research. This training will assist them in critical appraisal of papers in the literature, assessing the quality of the methodology and the relevance of the findings in the context of their own practices - either practice changing or practice confirming. Beyond a masters, we need a clear pathway for GPs to enter academia, with provision of doctoral and post-doctoral support, to provide an academic pipeline and succession for older academics moving into retirement.

For those privileged few who are able to adopt such a career, a combination of clinical and academic work is varied and rewarding. It provides the opportunity to engage with many people from a diversity of cultures and backgrounds - patients, students, colleagues and others. Conferences and collaborations open many doors to travel, both in NZ and nationally. I recommend academic general practice as an excellent and fulfilling career choice for those who are keen to take up the challenge.

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