

What do academic GPs do and how is that related to the College?

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A fellow GP has just asked me what I do 'at the medical school', and when I replied 'I'm an academic GP', there was a blank look and a vague 'oh yes, I suppose I know what that is...' And when her husband, also a GP, then asked me 'how could being an academic GP be relevant to my new position as chair of the College GPEP1 Committee,' it was a complicated reply!

'It's a curious thing in medical training that undergraduate education is carried out in universities, vocational training and maintenance of professional standards is offered and run by professional Colleges, but more extensive postgraduate education is once more the domain of tertiary educational institutions.

General practice is now taught within the undergraduate medical curriculum by departments whose focus is in the community and about primary medical care, and I know you're familiar with the medical student teaching we do. What you may not remember is what a recent advent dedicated academic departments of general practice/community health/primary care are; in this country all four are less than 20 years old. In that time, medical education has increasingly moved from a hospital to a community focus, to a better recognition of patient-focused care, to a greater understanding of the importance of communication and consultation skills, and an increasing reliance on the ability to critically consider the quality of clinical information before using it in practice. Working to advance all these educa-

tional principles, which are so much part of general practice, has been priority work for those of us who are academic GPs and, while many gains have been made, there is still much work to do.

Those developments have happened almost in parallel with the equally big task the College has undertaken over the same period in developing vocational education for new graduates going into general practice careers. The registrar training programme (now GPEP1) has had its 25th birthday and the College is now expert in the provision of vocational training; not just at GP registrar level but also through Advanced Vocational Education (AVE) and into the Maintenance of Professional Standards (MOPS) programme.

This parallel development has happened in the context of historical division between universities and professional Colleges, limited and uncertain educational funding streams, and frustration with lack of recognition for the work of general practitioners in the ongoing provision of primary medical care. But despite that unpromising context, parallel development has created a wonderful potential for educational richness and complementarity.

As quality teaching has developed in both arenas, the need to address research and development for general practice and primary care has become more obvious and more pressing.

Academic departments have taken up, and continue to take up, the challenge to foster the knowledge and

skills necessary to meet research and development needs and undertake robust good quality research, not only in education but also in primary health care as a whole. The recruitment of staff who are expert in research and research methods, and allied or complementary disciplines, has been one important way to do this, and the development of higher postgraduate education beyond or as part of advanced vocational training has been another.

It has become increasingly important that some of us, along with general practice researcher and teacher colleagues, step back and consider our place in the bigger picture of the health care system, to review our professional role, and to critically consider the art and science of general practice within the wider realm of primary health care. Undergraduate and vocational teaching, and maintenance of professional standards are certainly part of that critical consideration. But so too are higher postgraduate education, research and development, dialogue and dissemination.

In this country, there are just over 30 of us who are GPs but whose main work is in university departments. The total staff of the four departments of general practice is much bigger though; we are in the minority among researchers, other academics, and administration staff, who come from backgrounds as diverse as immunology, health services management, public health, nursing, sociology, psychology, philosophy, nursing theory, and anthropology. At the

moment, there is good quality research going on in New Zealand about the business of being a GP, within and about individual patient care, as well as research to do with interfaces with other primary health care professionals, with secondary care services and the health system as a whole. Results from original research of international standard continue to be published here and overseas in high quality journals and in the popular media.'

My colleagues then asked what it's like being an academic GP. *'What makes the job of being an academic GP exciting and interesting and with the potential to make a difference?'*

'As well as the rewards of teaching, there are wonderful opportuni-

ties to explore subjects in depth, to ask challenging questions, and to think about new and interesting ways of doing things. Those opportunities create a rich and diverse range of subjects to research. Just as general practice and being a generalist is about caring for whole people rather than particular diseases, so too is general practice research about having the opportunity to see a whole and not just the sum of its parts...

And again, running parallel with these academic developments have been the equally important tasks the College has developed at the same time, of advocating for general practice and primary care in political, legal and funding forums, of supporting general practitioners in their work

in practical ways and achieving vocational registration equal to that of other medical disciplines.

Worldwide, academic general practice and Colleges of general practice have been responsible for developing and describing the philosophy of general practice, including a recognition of the value of being a generalist in medicine. In New Zealand, the development of even closer links than already exist, and continued active collaboration between the academic departments and the College, can bring parallel developments and activities together to strengthen education and research to help GPs to be justifiably proud of what they do, as general practice moves forward into the wider realm of primary health care.'

The ethics of caring

'Whereas medical ethics has attempted to balance the principles of beneficence, autonomy, and justice as a framework for addressing dilemmas, the ethics of caring has arisen as a more salient approach for the medical environment. The ethics of caring has attempted to refocus on the doctor's responsibility to the individual patient, and away from the less empathic, principle-based method focused solely on fairness and equity. This approach fits well with the challenges we face in attempting to care for cross-cultural patient populations. It becomes very easy to grow frustrated with those whose language and health beliefs we do not understand. In these instances, we may stray from the ethics of caring and assume the more distant posture that stresses principles over empathy.'

An orientation to caring incorporates attributes of attentiveness, honesty, patience, respect, compassion, trustworthiness, and sensitivity, into all acts of behavior. We should interweave the concepts of cross-cultural care into the ethics of caring if we truly hope to have a positive impact on the health status of our diverse patient populations. Ultimately, if we are to maintain high standards of healthcare delivery, we must be prepared to meet the challenges that our nation's increasing diversity poses, while simultaneously benefiting from the strengths its diversity provides.'

Betancourt JR, Green AR, Carrillo JE. The challenges of cross-cultural healthcare – diversity, ethics, and the medical encounter. *Bioethics Forum*. 2000;16(3).