RACGP

Royal Australian College *of* General Practitioners

Medicare, mayhem and the Vocational Register

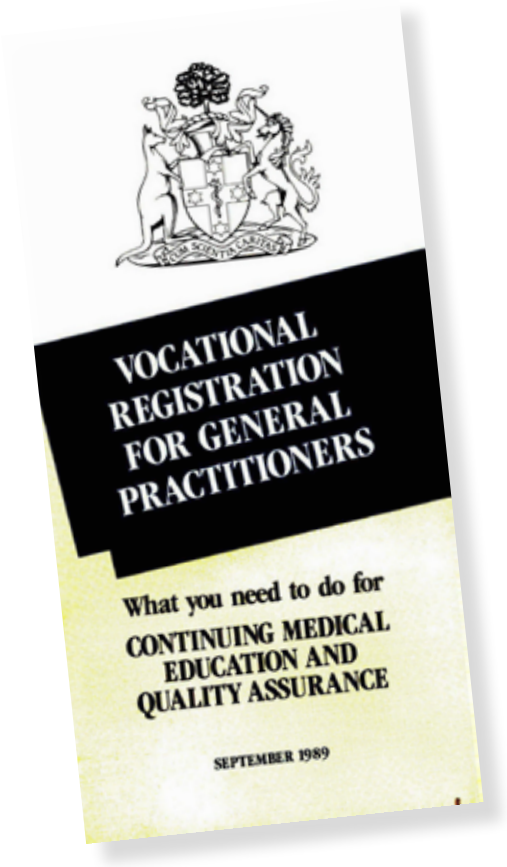
1989–1996

By Dr Fay Woodhouse,
Honorary Research Fellow in
the Department of Historical
Studies, The University
of Melbourne

www.racgp.org.au

Healthy Profession.
Healthy Australia.

The Royal Australian College of General Practitioners (RACGP) has, since its inception in 1958, been committed to continuing education, research and preventive medicine programs. In 1958, general practitioners seeking membership of the college were eligible only if they had been graduated for at least 7 years and had been in general practice for at least 5 years. Members had to commit to undertake and continue approved postgraduate study while in active practice.[1] Thirty years later, while consistently avowing that the college was a practical learning body which would not engage in politics, in 1988–1989, and for the second time in its brief history, the college was forced to negotiate with government for a fair deal while at the same time managing difference of opinion and a damaged relationship with the Australian Medical Association (AMA), who were opposed to their stance. Throughout the period from 1989–1996, the RACGP established a nexus between standards, quality and remuneration through voluntary vocational registration.[2] In 1996 vocational training and registration became mandatory and were tied to Medicare payments for GPs. This essay explores the long and winding road to the establishment and implementation of the RACGP's Vocational Register.



Introduction

As discussed in 'Valuing the general practitioner in Australian society', in early March 1970 the Liberal government's National Health Bill included a proposal to differentiate GP and specialist rebates by recommending a 'common fee'. While this bill was progressing through Parliament, the RACGP reluctantly entered the medicopolitical stage in order to fight for the social recognition and remunerative equality of general practice as a discrete specialisation. The clear message underpinning the campaign was that specialist training and ongoing education for GPs was pivotal to their work. The campaign was about more than money: vocational training was vital to doctors in general practice. Although the RACGP was disillusioned by the AMA's attitude and felt 'battered and bruised' by the experience,[3] the bill was passed and the *National Health Act* (1970) became effective on 1 July 1970. Membership of the RACGP was registrable with the state medical boards but did not entitle holders to higher levels of rebate for procedures, such as obstetrics, that were performed both by specialists and GPs.[3] In addition, it was also perceived that a shortage of GPs existed and that the incorporation of the *National Health Act* would mean a shortfall of new entrants to general practice. During the maelstrom of political battles, the college's purpose was to enhance the status of GPs 'by closer relations with the other royal clinical colleges'. (Continuing education was not a requirement at all the royal colleges at that stage.) Driven mainly by internal dissent, the college chose not to campaign directly against the government's 1973 Deeble Report of the Health Insurance Planning Committee which proposed the establishment of Medibank. Historian of the training program, Sally Wilde, concludes that, to the newly elected Whitlam Labor government, it must have seemed the RACGP was the only organisation representing the medical profession 'that was not engaged in outright campaign against the government's plans'.[1] (The Whitlam government was elected on 5 December 1972.) By not opposing the legislation, the RACGP gave the government its tacit agreement. Notwithstanding pressure from the AMA and other medical organisations, Medibank was introduced by the Health Insurance Act (1973) and began operating on 1 July 1975, shortly before the fall of the Labor government.[4]

QUALITY ASSURANCE OPTIONS

CHECK PROGRAMME

This is a unique form of professional self assessment. Monthly units examine problems faced in practice, providing case histories, X-rays, etc. You provide the diagnosis and management.

As a regular feature we now produce an annual Check-on-CHECK 100 multiple choice questions based on the previous year's topics. All subscribers using this as a Quality Assurance Option need to submit their answers with a view to receiving the Certificate of Satisfactory Completion of the CHECK Programme for that year.

Activity fee: members $111.00
non-members $122.00
medical students $ 33.00

PATIENT PARTICIPATION PROGRAMME

Information is collected anonymously from 100 consecutive patients attending your surgery. Data is collected about provision of preventive care and perceptions of the practice such as layout accessibility, attitudes and communication skills. Results are appraised and returned with any recommendations. A further survey is taken six months later so comparisons can be made. Confidentiality of results is assured.

Activity fee: members $100.00
non-members $125.00

IPC PRACTICE PLANNING EXERCISE

This confidential survey improves practice awareness of performance and financial management and compares your practice with ones of similar size and location.

A consultant's summary of a practice's performance will accompany results and doctors may discuss their survey results with the consultant.

Applications will close in July each year for this survey which is normally run on any 14 consecutive days in October.

Activity fee: $95.00

MORBIDITY AND THERAPEUTIC INDEX

A self audit service offered by the RACGP and the Department of Community Medicine, University of Sydney.

Information about conditions treated and their management for 100 consecutive patients is collated and analysed in batches of doctors who remain anonymous. A practice profile of simple tables is returned to the doctor with comments to help in their interpretation.

By considering their own practice profile in comparison with others, doctors are alerted to areas of practice which they may wish to review and change.

Activity fee: members $210.00
non-members $225.00

4 5

From Family Medicine Program to vocational registration

Vocational education and training for GPs was formalised in 1973 with the introduction of the Family Medicine Program. How did this come about? After a decade of work developing methods of training GPs, in July 1973 council made a submission from a document drawn up by a working party of Drs G Puddicombe, FM Farrar, WE Fabb, RRF Harrison and Mr D Lamacraft, business consultant to the college. Council minutes of 1 June 1973 note that Study 10 was the work of Drs A Rose, P Stone and MO Kent-Hughes. The submission was approved by council on 27 July 1973 and submitted to the commission.[5] The term 'Family Medicine Program' resonated with the government's ideals; they offered the RACGP $1.1 million to set up a training scheme under the Community Health Program Project. The Family Medicine Program (FMP) was established; the first phase continued until 1982.[1]

Following the 1982 Hurley–Cummins Review, FMP Mark 11 was developed.[1] (The training program's curriculum was 2 years' hospital experience; two 13 week terms of subsidised experience in a teaching general practice; a further period of experience in general practice under supervision; and, concurrent with in service training, a 2 year cyclical program of educational courses accredited by the RACGP.) However, financial constraints imposed by government funding meant that only half the number of doctors wishing to undertake training for general practice could do so at that stage.[6] Richard Finch, then president of the college, said the college looked forward to the day when it could 'train all who desire it'.[6] In the following financial year the Family Medicine Program was removed in cuts to federal health funding. Successful lobbying by the RACGP and the Minister for Health, Dr Neal Blewett, resulted instead in an increase in funding by $1.1 million to $6.65 million.[7]

In 1984–1985 a Certificate of Satisfactory Completion of Training was introduced[8] – the first move toward accreditation. A submission to the Joint Committee of Public Accounts in 1985–1986 recommended that the establishment and maintenance of high standards of performance could be achieved through mandatory vocational registration and training for unsupervised general practice, and a system of quality assurance (QA) based on peer review and continuing medical education (CME).[7,9] With the intention of further refining the program, a decision was taken in 1986 to engage Professor Stephen Abrahamson, a leading authority on medical education, to review the 'educational methodologies, methods of assessment and objectives of FMP'. The Abrahamson Report, published in March 1987, made eight major recommendations. Two resolutions were agreed as a consequence: first, that the end point of FMP Training should be Fellowship of the college, the FRACGP; and second, that by 1992 Fellowship of the college would only be attained following the undertaking of 'an approved course of training', that is, the Family Medicine Program.[10] Abrahamson's review and the April 1988 Report of the Committee of Inquiry, which was chaired by Professor Doherty, both argued for a strengthening of the Family Medicine Program. (The Doherty Report, published in July 1988, argued for a deferral of vocational registration for 5 years.)

With vocational training a given and vocational registration firmly on the agenda, the RACGP's 14th president, Dr Eric Fisher, commissioned Dr Paul Fitzgerald 'to advise it on how to introduce mandatory training and vocational registration for general practice'.[1] Fitzgerald advised that it would be best to do so federally through political representations at departmental levels. However, while it was recommended to review the question in 5 years, urgent issues arose that overtook the RACGP's timetable.

The future of general practice

The three major medical bodies in Australia, the AMA, the National Association of General Practitioners of Australia (NAGPA) and the RACGP, were all 'concerned over the level of remuneration for GP consultations'.[1]

The inadequacy of the existing Medicare Benefits Schedule 'acted as an impediment to the provision of comprehensive and continuing care, the acknowledged role of general practice'.[11] The issue of differential payments using 'time' as a factor for assessment of a GP's work had been considered for some time, but all parties had not agreed to it. Together, a working party of the AMA, NAGPA and RACGP devised another, more equitable system for assessment: 'content based' descriptors. They also recommended a new fee structure. The new system of content based descriptors was announced in September 1988. Detailed information about the new system was distributed to all concerned, and the new system and fee schedule became effective on 1 November 1988.

The announcement of content based descriptors and a new schedule of fees provoked a violent response from the government.[1] The RACGP quickly swung into action. Dr Geoffrey Gates, who had been installed as 15th president of the college on 8 September 1988, deputised key council members – Graeme Miller and Michael Bollen – to act as the RACGP's primary negotiators with Dr Blewett and his government advisors. Discussions between Bill Coote, King Kinder, Bryce Phillips (AMA) and Morton Rawlin began in earnest. A descriptor working party, including members of the AMA, NAGPA, RACGP and government representatives, was established in December 1988. A frantic period of meetings, writing papers and trips to Canberra followed. However, where the RACGP differentiated itself from the AMA and NAGPA was its proposal to tie the new system and schedule to vocational registration – emphasising the high levels of continuing education already undertaken by GPs. This proved to be a contentious issue with the AMA – and with a faction of RACGP members.

On 2 March 1989, the Minister for Community Services and Health, Dr Neal Blewett, published an agreement between the Commonwealth of Australia and the RACGP. Titled 'Raising the standard: general practice and quality patient care', it detailed the content based general practice service descriptors, vocational registration, quality assurance, future vocational registration criteria and other related matters. It also specified the 'grand-parenting in' of GPs – that is, no-one who was in practice in 1990 would be excluded from entering the new arrangements, but that from 1995 the only criteria for new enrolment would be the attainment of Fellowship of the RACGP. Subsequent updates were published to inform members of negotiations and the college's current position. (For example, in June a pamphlet informed members on 'Quality assurance'; and in August and September, there were updates on 'General practice at the turning point: the college position'.) Council believed every effort to communicate effectively with the members was embraced.[12] In addition, *Australian Family Physician* carried an editorial from the president who set out the conditions of 'A new era for medicine'.

Misinformed or mischievous – paranoid or politically motivated?

While the RACGP Council had been in favour of vocational registration for many years, 'this view was not shared by all doctors' and a bitter debate erupted.[1] Whether misinformed or mischievous, paranoid or politically motivated, the membership demanded the opportunity to canvas their concerns. Geoffrey Gates, in the 1989 *Annual Report,* concluded that communication problems were the basis for members' agitation.[12] Nevertheless, an extraordinary meeting was 'requisitioned' by college members to consider a number of motions; it was held on 1 April 1989.[13,14]

For those who attended, feelings were at fever pitch and the meeting had the potential to ignite and become an explosive occasion. Gates recalls that he controlled what was without doubt a tense meeting; he dealt with the potential for chaos by taking motions and speakers in order, using strict meeting protocol. He also reflects that, while it looks on paper as if the meeting was riotous, 'in reality it wasn't'. Notwithstanding this view, a strong sense of the emotion of the day is conveyed in the official memorandum reporting on the meeting; only the motions and their result are recorded. Four motions were put to the members; two were carried. A motion requesting council to no longer negotiate with the government was lost; but a motion insisting that the college communicate both within its own organisation and with other medical organisations was carried.[15] The *Australian Family Physician* reported Gates' response to the meeting: that the debate 'helped to both clear the air and ensure that members were better informed of the details of the new package'.[16] While it is suggested that two factions, one led by AMA dissidents and the other by GPs sympathetic to the RACGP's strategy, existed within the membership, it appears the potential for madness and mayhem had existed for many months. Given that at this time the relationship between the RACGP and the AMA was discordant to say the least, could internal membership grievances have been fuelled by institutional fracas? Twenty years after the event, feelings still run high and point to division within general practice.

In the meantime, despite strained relationships between the RACGP Council and some of its members, and between the RACGP, the AMA and the government, a bill to amend the *Health Insurance Act* 1973 was introduced into parliament.

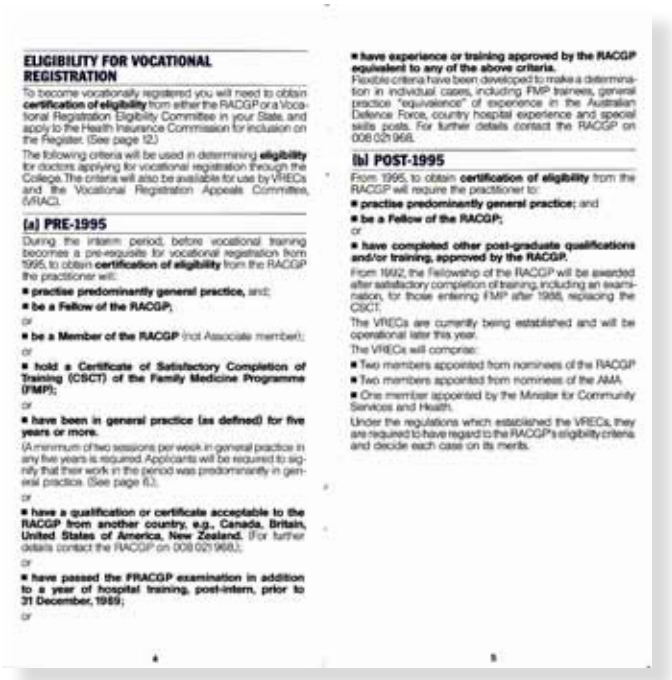
The Community Services and Health Legislation Amendment Bill 1989

The Honourable Neal Blewett MP, the Minister for Community Services and Health, introduced the Community Services and Health Legislation Amendment Bill 1989 into the House of Representatives on 10 May. The House of Representatives passed the bill on 25 May 1989 and it was introduced into the Senate on 26 May 1989. The legislation proposed an amendment to the *Community Services and Health Legislation Amendment Act* 1989 which would 'give effect to an agreement' between the government and the RACGP to 'promote better quality patient care, resulting in improved treatment and assessment outcomes through the provision of incentives to GPs to take part in continuing medical education and quality assurance programs'.[17]

Senator Puplick then moved a motion to establish a select committee to inquire into and report on the matters relating to the bill. These matters included Clause 10 which proposed the insertion of three new sections into the *Health Insurance Act* 1973. A Senate Select Committee was established on 13 June 1989 to inquire into and report on 'the legislation establishing a vocational register for general practitioners; and the effectiveness of health insurance'.[18]

Senate Select Committee on Health Legislation and Health Insurance: vocational registration of general practitioners

The Senate Select Committee consisted of Chairperson Senator Rosemary A Crowley, Senator the Honourable Peter E Baume, Senator John R Coulter, Senator John Faulkner, Senator Robert F McMullan and Senator Glenister Sheil. It was directed to report by 15 August 1989. The committee received 225 written submissions and 4 days of public hearings were held in Sydney and Canberra. Twenty-seven organisations and individuals were invited to give evidence which 'ensured that all shades of opinion and particular interests were represented'.[18] The college, together with the AMA and NAGPA, made submissions to the committee and participated in the public hearings.



ELIGIBILITY FOR VOCATIONAL REGISTRATION

To become vocationally registered you will need to obtain **certification of eligibility** from either the RACGP or a Vocational Registration Eligibility Committee in your State, and apply to the Health Insurance Commission for inclusion on the Register. (See page 12.)

The following criteria will be used in determining **eligibility** for doctors applying for vocational registration through the College. The criteria will also be available for use by VRECs and the Vocational Registration Appeals Committee, (VRAC).

(a) PRE-1995

During the interim period, before vocational training becomes a pre-requisite for vocational registration from 1995, to obtain **certification of eligibility** from the RACGP the practitioner will:

- **practise predominantly general practice,** and;
- **be a Fellow of the RACGP,**

or

- **be a Member of the RACGP** (not Associate member);

or

- **hold a Certificate of Satisfactory Completion of Training (CSCT) of the Family Medicine Programme (FMP);**

or

- **have been in general practice (as defined) for five years or more.**

(A minimum of two sessions per week in general practice in any five years is required. Applicants will be required to signify that their work in the period was predominantly in general practice. (See page 6.);

or

- **have a qualification or certificate acceptable to the RACGP from another country, e.g., Canada, Britain, United States of America, New Zealand.** (For further details contact the RACGP on 008 021968.);

or

- **have passed the FRACGP examination in addition to a year of hospital training, post-intern, prior to 31 December, 1989;**

or

- **have experience or training approved by the RACGP equivalent to any of the above criteria.**

Flexible criteria have been developed to make a determination in individual cases, including FMP trainees, general practice "equivalence" of experience in the Australian Defence Force, country hospital experience and special skills posts. For further details contact the RACGP on 008 021 968.

(b) POST-1995

From 1995, to obtain **certification of eligibility** from the RACGP will require the practitioner to:

- **practise predominantly general practice;** and
- **be a Fellow of the RACGP;**

or

- **have completed other post-graduate qualifications and/or training, approved by the RACGP.**

From 1992, the Fellowship of the RACGP will be awarded after satisfactory completion of training, including an examination, for those entering FMP after 1988, replacing the CSCT.

The VRECs are currently being established and will be operational later this year.

The VRECs will comprise:

- Two members appointed from nominees of the RACGP
- Two members appointed from nominees of the AMA
- One member appointed by the Minister for Community Services and Health.

Under the regulations which established the VRECs, they are required to have regard to the RACGP's eligibility criteria and decide each case on its merits.

Under the direction of Geoffrey Gates, a team of negotiators, Graeme Miller and Michael Bollen, travelled frequently to Canberra to talk to Dr Blewett and his team. The RACGP's original and supplementary submissions were considered. Gates' strategy of taking a team of about 30 staff to Canberra for the hearings, however, allowed the committee to address questions to experts who were 'on the spot'. Three and a half months of intensive negotiations with the government, much of which took place during the 1989 pilots strike, resulted in an agreement uniting vocational training, vocational registration and quality assurance. (Dr Bollen and Dr Gates clearly recall the difficulties of flying to Canberra or Sydney during the strike, which began on 18 August 1989.) Inclusion in the register would be voluntary; completion of the Family Medicine Program after 1992 would lead to Fellowship of the college; and by 1995 Fellowship would be the principal means of access to vocational registration.

The path to pass the legislation did not, however, run smoothly. While the new schedule to accompany the content based general practice consultation fees, due to be introduced on 1 August 1989 was announced, the Senate voted to defer the legislation until the Senate Select Committee reported and had been considered by Parliament. The report was published in August 1989 and on 7 September the Senate approved the Community Services and Health Legislation Amendment Bill, giving effect to the college's vision for a new era in general practice in Australia.[19,20] This, however, failed to satisfy a group of 'current and former senior AMA and NAGPA officials' who demanded a further RACGP Extraordinary General Meeting.[21] The EGM was held on 28 October 1989 and was again chaired by President Geoffrey Gates. Fifty-five voting members of the college attended. Although two motions were lost by a two to one majority, three motions were passed by an overwhelming majority which indicated the meeting's support for the continuing role of the college in the implementation of vocational registration of GPs.[22]

In his address to members in the 1989 *Annual Report*, Dr Gates reported the outcome of the turbulent debate and the result of the Senate Select Committee and amendments to legislation. He summarised what he had earlier described as the debate's 'somewhat bloodied history'[23] and the result of many months of intense negotiations in this way:

'All else that happened within the college was overshadowed by our decision to enter discussions with the government on the introduction of content based descriptors into the Medicare Benefits Schedule'.[13]

When interviewed recently on this pivotal episode in the RACGP's history, Geoffrey Gates reflected proudly on his work and the work of his RACGP colleagues in successfully achieving vocational registration.

The RACGP Training Program – 1996

College activities continued throughout 1990, following the implementation of the Vocational Register and quality assurance. Because the college had achieved a much higher public profile, in 1990 the number of vocationally registered GPs began to rise. (Fifty percent of eligible GPs were registered in 1990.[24]) The RACGP's 16th president, Tony Buhagiar, was also pleased to note in the 1991 *Annual Report* that 'a changed attitude of cooperation is resulting in a closer understanding by the AMA in our problems'.[25] By 1992, the number of vocationally registered members had risen to 11 290.[7] In the following year, 1993, the number of candidates who sat for college examinations was 679 compared to 416 in 1992. The number of doctors on the Vocational Register rose to 15 344 in 1993 but was down slightly in 1994 to 15 241. In 1995, 1265 candidates sat for examinations, a fourfold increase from 1991. One further change took place: from January 1996, trainees became known as general practice registrars. The first *Training Program Handbook* was produced for the RACGP Training Program. Dr Peter Joseph was installed as president at the 39th Annual General Meeting held in Perth on 16 October 1996.

The new president was a strong advocate of articulating and advancing the cause of general practice. As he wrote in the 1997 *Annual Report*: 'The Thirty-Ninth Council is building on the achievements and strengths of its predecessors, and striving for unity within both the college and the wider community of general practice'.[26] While he advocated that the council and GPs in general had always to deal with external problems, the major problem the RACGP had to deal with during 1996–1997 was that posed by the new federal government's 1996 Budget.

The Liberal-National coalition defeated Paul Keating's Labor government in a landslide win at the March 1996 election. The Honourable John Howard was sworn in as Prime Minister of Australia on 11 March 1996. The health of the economy was one of the highest priorities for the government who had inherited over 8% inflation and high unemployment.

The government, 'concerned with the disparity in numbers between rural and urban practice' and the perceived ease of entry into general practice, introduced a restriction of the allocation of provider numbers for GPs in its 1996 Budget. This restricted the allocation of provider numbers to doctors who were in training or had completed training. The college argued that this legislation 'enshrined the principle of vocational training for General Practice espoused by the college and the AMA'. As Dr Joseph later wrote, this placed general practice training on the same footing as that of all other medical disciplines. The college faced great opposition from other medical organisations who took the view that the allocation would, among other things, restrict the rights of junior doctors and exacerbate the perceived surplus of doctors. While the college 'suffered considerable insult' it sought to ensure that sufficient training places were available. As Dr Joseph concluded in 1997, the stance was vindicated.[26]

Conclusion

The period from 1988 to 1996, while transitional, secured the path for the current organisation and vocational training and recognition of Australia's GPs. What was achieved through the often turbulent and traumatic times is the thorough and ongoing training of doctors who choose to specialise in general practice. The recognition of the discrete role of general practice, equitable remuneration for skills and ongoing training was achieved through the hard work of a core group of dedicated GPs. The current ideals of the RACGP remain closely aligned to those of the doctors who formed the college in 1958.

References

1. Wilde S. 25 years under the microscope: a history of the RACGP training program. South Melbourne: RACGP, 1998.
2. Gates G. Valedictory address, RACGP Annual General Meeting 1990. RACGP (Graeme Miller) Archive.
3. MO Kent-Hughes. Towards better understanding (President's message), Annual Report 1970. RACGP, 1970.
4. Medicare – background brief. Available at www.aph.gov.au/library/intguide/SP/medicare.htm.
5. The Royal Australian College of General Practitioners. The Royal Australian College of General Practitioners 1958–1978. Jolimont: RACGP, 1979.
6. The Royal Australian College of General Practitioners. RACGP Family Medicine Programme Annual Report 1982–1983. RACGP, 1983.
7. The Royal Australian College of General Practitioners. Historical timeline of The Royal Australian College of General Practitioners. Available at www.racgp.org.au/timeline/1980s.
8. The Royal Australian College of General Practitioners. RACGP Family Medicine Programme Annual Report 1984–1985. RACGP, 1985.
9. The Royal Australian College of General Practitioners. RACGP Family Medicine Programme Annual Report 1985–1986. RACGP, 1986.
10. The Royal Australian College of General Practitioners. RACGP Family Medicine Programme Annual Report 1987–1988. RACGP, 1988.
11. Gates G. Letter, 19 October 1988, New general practitioner services information booklet. Sydney: RACGP, 1988.
12. Bollen ME. History of events re fees/descriptors issue, 2 December 1988. RACGP Archive.
13. Gates G. Annual Report of the President, RACGP Annual Report 1989. RACGP, 1989.
14. The Royal Australian College of General Practitioners. Memorandum to members of council, 3 April 1989. RACGP Archive.
15. The Royal Australian College of General Practitioners. Memorandum, 3 April 1989, Annual Report of the President, 1989. RACGP, 1989.

16. Green light for content based descriptors. Editorial. Aust Fam Physician 1989;18:320.
17. Hansard. Senate, 26 May 1989. Quoted in Senate Select Committee on Health Legislation and Health Insurance: vocational registration of general practitioners. Canberra: The Senate, 1989.
18. Senate Select Committee on Health Legislation and Health Insurance: vocational registration of general practitioners, op. cit.
19. Stop press Senate success. The College Reporter September 1989.
20. Smooth passage for two-tier system. Australian Doctor Weekly 8 September 1989.
21. EGM threatens rebate increase. The College Reporter September 1989.
22. Jane ER. Vocational registration – the present position November 1989. RACGP Archive.
23. Gates G. The future of general practice. Aust Fam Physician 1989;18:457.
24. Gates G. RACGP Annual Report 1990. RACGP, 1990.
25. Buhagiar T. RACGP Annual Report 1991. RACGP, 1991.
26. Joseph P. RACGP Annual Report 1997. RACGP, 1997.

Resources

Annual reports, The Royal Australian College of General Practitioners: 1980–2000.

Annual Report, Family Medicine Program, The Royal Australian College of General Practitioners: 1980.

Australian Family Physician, 1988–1997.

Department of Community Services and Health. Submission to the Senate Select Committee on Health Legislation and Health Insurance, Part one: vocationally registered general practitioners. Canberra: Department of Community Services and Health, 1989.

Department of Community Services and Health. Government response to the report of the Senate Select Committee on Health Legislation and Health Insurance, Part one: vocational registration. Canberra: Department of Community Services and Health.

Fitzgerald P. Confidential report to the second meeting of the thirteenth council of The Royal Australian College of General Practitioners on vocational registration: an implementation strategy. RACGP, 1987.

The Royal Australian College of General Practitioners. Submission to the Senate Select Committee and Executive summary. RACGP.

The Royal Australian College of General Practitioners. The Royal Australian College of General Practitioners 1958–1978. Jolimont: RACGP, 1979.

The Royal Australian College of General Practitioners. The Royal Australian College of General Practitioners 1978–1988. RACGP, 1990.

Senate Select Committee on Health Legislation and Health Insurance. Vocational registration of general practitioners. Canberra: The Senate, 1989.

Wilde S. Under the Microscope: a History of the RACGP Training Program. RACGP: South Melbourne, 1998.

Interviews

Dr Michael Bollen, telephone interview, 29 June 2009.

Dr Geoffrey Gates, Perth, 1 June 2009.

Dr Peter Joseph, Adelaide, 12 May 2009.

Dr Graeme Miller, Sydney, 5 May 2009.

RACGP

Royal Australian College *of* General Practitioners

Healthy Profession.
Healthy Australia.