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Adaptability Building an academic workforce with GPs

The University of Wollongong Graduate School of Medicine (UWGSM) opened in 2007. This is one of a new wave of medical schools to enable the more than doubling of the number of medical students graduating in the period from 2006-2014.1 However, this rapid expansion has exposed a relative paucity of experienced medical academics and the regional medical schools especially have found difficulty immediately attracting a full complement of academic staff. These schools have therefore sought to recruit locally and train staff who vary widely in previous experience in teaching.

The UWGSM has an innovative curriculum which places its students for more than 1 year in longitudinal community based placements, chiefly general practices. In these placements the students interact and learn from services provided to patients in all sectors of the healthcare system. The majority of general practitioners in the local region have joined the clinical academic staff of the UWGSM with honorary or paid appointments. They contribute widely to the school through participation in governance and curriculum development, on campus lectures, tutorials and clinical demonstrations, evaluation and assessment, admissions and mentoring. It has been from this cohort that the school has recruited 19 of its new academics.

The authors believe that the number, proportion and distribution of GPs within this faculty is unique in Australia. The authors also believe the faculty exemplifies the adaptability of GPs and the resources general practice offers to medical workforce training in Australia. However, if this resource is to be sustained and developed, the enhancing and inhibiting factors of a career in academic general practice need to be identified. What is known about the experience of novice

GP academics? What motivates this career choice? What is their prior teaching experience, and qualifications? What effect has this change meant to their clinical practice, income and career satisfaction? Additionally, the gender equity issues raised by De Jong and Lagro-Janssen² should be examined. They noted several career inhibiting factors for women: less prestigious career choices resulting in an underestimation by women of their skills; family responsibilities; and a culture of gender discrimination. At the University of Wollongong, female GP academics occupy senior roles. In universities where this is the case, will novice female GP academics feel less concerned about gender discrimination in appointment to top positions than De Jong's participants? Do gender issues continue to have an effect on the academic role?

More than a decade ago, McWhinney³ passionately defended the importance of the GP academic to medical schools. He asserted 'general practice is different', and 'our value to medicine lies in the differences'. He had argued that general practice was a discipline which uniquely gave primacy to the patient-doctor relationship and that for GPs the specific patient not just the illness - always remained important. Presciently, he anticipated that the academic mainstream would one day become more like us than vice versa. It may be that we are witnessing the beginnings of such a transformation.

Such change will not be without challenges. There has been some disquiet in the hospital based medical fraternity in some regions about the degree of GP involvement in the new medical schools. In Britain, Howe and Carter⁴ have observed a 're-emergence of historical hierarchies' and warned that GP 'academic careers are not being sustained'. They noted that since 2000, despite the number of GP academic posts being disproportionately low, 'entry grade posts have in relative terms declined in number'.4

With the ongoing expansion of undergraduate and postgraduate training placements required in the next decade,⁵ and the paucity of studies to inform GP academic workforce recruitment, there is a pressing need for research in this area. As Howe and Carter stated 'not many GPs do research and not many GPs know what a career in academic general practice entails'.4 This is also true in Australia. However, the recent growth of medical school academic opportunities has sparked GPs' interest, and that interest needs nurturing.

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