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# Memoirs of a medical editor: The rise and rise of AFP

## **Dear Editor**

I wonder how many of my fellow general practitioners (GPs) are aware of the origins of that prestigious journal, *AFP*, or, more to the point, its British counterpart.

Having occupied the editorial chair in both countries, it is fascinating to compare the similarities and even more so the differences. Where the Brits met above a fish and chip shop, the Aussies gathered in licensed premises. In either case, the agenda was much the same and the authors equally predictable.

I will admit that prospect of spending the evening ploughing through a stack of submitted articles offering glimpses of obviously meticulously annotated and formidably referenced medical science did not appeal.

My involvement was chiefly in seeking, trimming and, where necessary, filling the awkward spaces. I still skim the pages of *AFP* and marvel at the presentation, scope and standing it now commands.

I'm still proud of having rubbed shoulders with the stalwart pioneers who created and lead the way to its present eminence and authority in this branch of the profession.

As to the journal they founded, they built better than they know. Every time I rifle through the glossy pages, my mind goes back to those early exciting times.

I recall the many trips across Bass Strait every month or two to visit a council member and witness the growth and standing of our branch of the profession.

As a member of that body, I climbed the stairs at lower Fort Street every month or so to sit at the feet of scholarly professors and debate, amongst other things, the wisdom of providing free coffee for the audience at the annual general meeting.

I'm still proud of having rubbed shoulders with those stalwarts who opened the way and, I like to think, shaped our successes.

Dr John Alfred Stevens Ulverstone, TAS

### **Editor's note**

Dr Stevens graduated from London University in 1954, was awarded a FRACGP in 1969 and a Life Fellowship of the Royal Australian College of General Practitioners in 2005. Dr Stevens had a long editorial career with *AFP* and was later a regular contributor of scientific articles as well as the 'College Column' from 1998.

## To own or not to own

#### **Dear Editor**

I read with interest the article by Sturgiss et al,<sup>1</sup> 'To own or not to own' (*AFP* July 2013). It is heartening to know that many general practice registrars and recent Fellows are interested in practice ownership. I know of many GPs who are struggling with succession planning for their practice. Many of these GPs desire a transition to retirement that involves a gradual reduction in workload.

In days gone by practices advertised for an 'assistant with a view'. A doctor joined a practice as an assistant, allowing both sides to test compatibility. It was often an opportunity for a young GP to test the water, consolidate skills and confidence, and also to learn more about the running of the practice. The 'view' gave the assistant the prospect but not the obligation of taking over or joining in the practice ownership.

I suggest that GP training organisations such as Coast City Country General Practice formalise a system to match recent Fellows who are looking for work and have an interest in practice ownership and management, with practices looking for new GPs and a succession plan. Not every match will work out in the long term but it would provide the type of mentorship described by Sturgiss et al, 1 and both parties would enter the arrangement motivated to uphold their side of the arrangements.

There is nothing new under the sun!

Dr Murray Ludington

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#### Reference

 Sturgiss E, Anderson K, Liedvogel M, Haesler E. To own or not to own. Aust Fam Physician 2013:42:503–6

## **Letters to the Editor**

Letters to the Editor can be submitted via: E-letters: www.racgp.org.au/afp Email: afp@racgp.org.au Mail: The Editor, Australian Family Physician 100 Wellington Parade East Melbourne VIC 3002 Australia

### Correction

In the article 'Neuropathic pain: A management update' (*AFP* March 2013, pp92–97), Table 2 incorrectly states that a 5% lignocaine patch can be applied to an affected area for 12 hours per day for trigeminal neuralgia. The correct statement is that a 5% lignocaine patch can be applied to an affected area for 12 hours per day for post-herpetic neuralgia (PHN).