

## Vision in a changing world

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General Practice Education and Training recently announced a record number of 1329 eligible applicants for general practice training in 2012. This is significantly more than the inaugural 250 registrars who commenced family medicine training in 1974.2 Over the 37 years it is more than just the number of applicants that has changed.

Learning resources have changed significantly with the advancement of technology. The registrars of 1974 probably learnt from heavy textbooks and underlined key points. They would have walked around the library to find journals to lug to photocopiers which were large, expensive and prone to malfunction. Learning notes would be handwritten, often in illegible scrawl.

The incoming 2012 registrars may not have had the opportunity to venture down to the depths of the library to look up journals as libraries are increasingly being turned into study halls and tutorial rooms. Being away from a desk computer really doesn't matter, as the internet is always available via smartphone, iPad, kindle, and even the refrigerator! Google is the most popular platform for literature searching<sup>3,4</sup> and many registrars now store journal articles in cyberspace rather in ringback folders.

The health landscape of Australia has also changed over the past 37 years. At the beginning of the inaugural registrars' training there were 13 million Australians. The Whitlam government abolished the 'White Australia' policy and introduced Medibank, dramatically changing the health needs and healthcare system of Australia. 5,6 Gastric ulcers were managed by surgeons and HIV was still unknown. Patients learnt about medical conditions from families and friends or from the classic 'home health' book, which was

possibly displayed in the bookshelf next to the encyclopaedias.

For the 2012 registrars, Australians now come from over 200 birthplaces, with approximately 13 000 refugee and humanitarian visa recipients setting each year, diversifying the health needs of the country.7 Australia's largest health burden is cardiovascular disease and cancer.8 Medicare Locals and GP Super Clinics are part of a larger primary healthcare reform likely to influence the delivery of general practice services. Some registrars will communicate with their patients via sms, email or video teleconference and all will be aware that their patients can Google any given diagnosis as soon as they leave the office.

Despite all the development of the past 37 years, some things haven't changed. The vision of the medical educators in the initial general practice training program was to provide trainees with resources and assistance, without increasing bureaucratic obstacles to learning.<sup>2</sup> These medical educators were the cornerstone of the family medicine program and were considered creative, innovative and at the forefront of medical education.<sup>2</sup> They still are. Medical educators and supervisors continue to nurture registrars with a common goal of producing general practitioners who are competent and compassionate, and equipped with the skills and experience to provide whole person, comprehensive, coordinated and continuing medical care.9

Similarly in 1974, emphasis was placed on self directed learning and 'young doctors developing their own, individually tailored program of vocational education'.2 Today registrars are able to tailor training to their learning needs with the option of undertaking a diverse range of special skills posts from expedition medicine to academic research. Dual fellowships with other colleges are also possible. Self directed learning is still

considered the most appropriate method of teaching medical professionals to allow for lifelong learning. 10

What about the next 37 years? I'm not brave enough to predict where medicine will be or what the registrar intake of 2049 will look like.

Apple® now has more money than the United States of America Government, so one can only guess at the number of white products developed in the coming years. The increasing number of registrars and the acknowledgment of the key role that primary care plays in Australia's health system<sup>11</sup> will hopefully allow general practice to continue to strengthen and grow. However, I will be most interested to know, 'will the registrar intake of 2049 still be informing mothers of their child's birth weight in pounds and ounces?'

The focus articles in this month's issue of Australian Family Physician review aspects of child development. Oberklaid and Drever review the different components of a child developmental assessment and how this can be done in the general practice setting. 12 Tonge and Brereton share their knowledge on autism spectrum disorders, specifically looking at the presentation of the disorders and the ongoing care of autistic children, and their families. 13 Luangrath and Hiscock discuss common problem behaviours in children and suggest practical management strategies for these behaviours.14 Also in this issue, Amir, Pirotta and Raval review the effect of medicines on a breastfed child and provide resources to assist GPs in advising women of their options. 15

We hope this issue of the AFP is useful to you in understanding and nurturing the development of the next generation.

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