

The Francis Hardey Faulding Memorial General Practice Research Prize – A history

The Francis Hardey Faulding Memorial General Practice Research Prize was The Royal Australian College of General Practitioners' (RACGP's) premier award for research from 1964 to 1999. It was a milestone on the then Australian College of General Practitioners' path towards a sustainable general practice research presence.¹

Dr Carl Jungfer and the birth of the prize

The prize was the idea of Dr Carl Clifford Jungfer, a country general practitioner (GP) who practised from 1928 to 1979 in Lobethal, South Australia. He acquired his higher qualifications 23 years after he had obtained his basic medical degree.^{2,3}



Dr Carl Clifford Jungfer (1903–1979)
CBE, MBBS, MD, FRACGP, FRACP

Dr Jungfer's two personal contributions to research in Australian general practice were a study of the health of rural children in his area (his MD thesis), and a definitive survey of Australian general practice that became a major reference point for the development of the first postgraduate educational program of the RACGP.^{4,5}

Dr Jungfer was also a respected medical politician, the 73rd president of the South Australian Branch of the British Medical Association (1958–59) and the fourth president of the Australian College of General Practitioners (1966–68).

Having 'walked the talk', Dr Jungfer knew the value of, and the need to encourage, research in general practice.⁶ His ideas were supported by Sir Cedric Stanton Hicks, the influential and recently retired Professor of Physiology and Pharmacology at the University of Adelaide.⁷

Both men thought that a research prize would encourage general practice research, and they approached Mr Alfred Faulding Scammell, the managing director of FH Faulding & Co Ltd, who agreed to support them.

FH Faulding

FH Faulding was an Adelaide-based pharmaceutical manufacturing company established by a Yorkshire born and trained apothecary, Francis Hardey Faulding (1816–68). Faulding first opened a pharmacy at 5 Rundle Street on 19 May 1845.



Francis Hardey Faulding (1816–1868).
Permitted use from State Library of South Australia – B3203

*The college was granted the prefix 'Royal' in 1969.

The early success of FH Faulding was based on distilling eucalyptus oil that formed the substrate of an antiseptic marketed as 'Solyptol' (soluble eucalyptus oil). Solyptol became an essential household item for sterilising all manner of wounds and skin infections and as a gargle for sore throats and toothaches. By the beginning of the 20th century, 'Faulding's' was a household name in Australia and by 1950 it was an internationally successful pharmaceutical research, development and manufacturing company with 3000 employees.⁸



Faulding's & Co at 5 Rundle Street, Adelaide, 1864.
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Solyptol

A planning committee was formed in 1960 and the final terms of the award were published in June 1964.⁹

The award of £500 was to be administered by a committee consisting of three Australian College of General Practitioners nominees and two Faulding nominees, with the chairman to be one of the college

nominees. All five members of the awards committee were to reside in South Australia. Although the administration of the award was under the aegis of the college, it was open to all GPs then practising in Australia.

The award is for research done in or into general practice, by general practitioners. Any topic that advances or benefits general practice, including medical education and practice management, is to be within the scope of the Foundation.⁹

Faulding's expected a high standard of research and specified that where no work reached the required standard, no prize was to be awarded. Conversely, outstanding work was to be recognised by an engraved bronze medal in addition to the monetary award.⁹

Faulding's also expected a high level of administrative ability and the courtesy of timely communication. Mr Alf Scammell (managing director of FH Faulding) was 'very cross' when the college did not formally notify him about the selection of Dr Trevor Beard as the first winner of the FH Faulding Memorial Prize. Scammell was placated by a letter from Dr John Radford, the honorary secretary of the RACGP, who wrote:

May I take this opportunity to express the appreciation of the College to your Company for the provision of this award. It is now becoming evident that it is a very valuable stimulus to original research in general practice.¹⁰

Dr Max Dunstone

While the establishment of the FH Faulding Memorial Prize was due to the initiative and vision of Dr Carl Jungfer, its ongoing development and consolidation was due to the enthusiasm and leadership of Dr Max Dunstone.



Dr Max Warwick Dunstone (1926–2002) AM, MBBS, FRACGP

Dr Dunstone was a pioneer of general practice research in Australia. He played a major role in setting up the Australian

College of General Practitioners' South Australian Faculty Research Committee and was its chairman from 1960 to 1990. He graduated from the University of Adelaide in 1948, and from 1950 to 2000 practised in the Adelaide suburb of Evandale. He maintained that there was an untapped wealth of medical information in the records of GPs. At a time when GPs delivered 84% of all infants born in South Australia, he organised an audit of 10,000 consecutive confinements covering the whole of South Australia. That data was used to improve obstetric standards and documentation in South Australia.¹¹ This work was, in the 1980s, a major factor in South Australia achieving the lowest perinatal mortality figures in the world.¹²⁻¹⁵

Prior to being nominated to the awards committee, Dr Dunstone had submitted this research for the Fellowship. He was not successful. One of the assessors, Sir Stanton Hicks wrote:

Max Dunstone has presented very full and detailed results of a State Obstetric Survey that contains some important information such as birth control measures. However, I feel that inadequate analysis of the results detracts from the value of the report. He has also obtained sponsorship and the cooperation of important institutions. This puts his application into a lower priority.[†]

Dr Dunstone also contributed to the Australian General Practice Morbidity and Prescribing Survey set up by Charles Bridges-Webb in 1969, which, under the direction of Professors Helena Britt and Graeme Miller, developed into the much-cited Bettering the Evaluation and Care of Health (BEACH) program.^{6,16-19}

In June 1969, the Research Committee of the College Council nominated Dr Dunstone to be their nominee on the Francis Hardey Faulding Research Committee.²⁰ This appointment was endorsed by Scammel, who reiterated his expectation that 'this award will continue to serve as a stimulus for outstanding research contributions from members of the College'.²¹

Dr Dunstone was welcomed to the committee, and in July 1969 he was elected as the new secretary. In July 1970 he became its chairman, and continued in that position until the awards committee disbanded in 1997.

Review of the prize

On becoming chairman, Dr Dunstone initiated a review of the outcomes, conditions and processes of awarding the prize. His review (completed early 1970) pointed out that most entries were related to clinical practice. It recommended:

1. *Giving more encouragement to research on practice management, medical education and on the natural history of disease that would be hard to obtain outside of general practice with its personal and continuing contact with patients, often in their own homes and during health as well as in death.*
2. *Providing more assistance to intending candidates in the preparation of research papers and better feedback to those entrants whose papers had been close to the standard required to receive the award. In addition, all unsuccessful candidates should receive a letter of result and comment and any suggestions that could make their study suitable for re-submission. (This includes appraising candidates of the necessity to document knowledge of the relevant medical and other literature dealing with the subject matter of their thesis.)*
3. *Returning all submissions to candidates, with a letter embodying any comments or suggestions which the committee considers will be helpful to the candidate.*
4. *Wider advertising of the Award starting in November, with expressions of intention to submit, to be provided by February, and a closing date for completed entries to be 31 May.*
5. *Clarifying the criteria for the Award by prioritising independent work by an individual candidate over that of a group of persons or work done at the instigation of, or with the assistance of, the Royal Australian College of General Practitioners.*
6. *Papers that are part of continuing work in a selected field that will culminate in a thesis may well be a valuable contribution to knowledge and are not only acceptable, but are to be encouraged.*

Updating the criteria

The awards committee established the following criteria for the Fellowship[‡] award:

1. Importance of the topic in relation to the practice of medicine.
2. Importance of the topic to medical science.

[†]Having read the three papers that resulted from this study, I consider that Dr Dunstone was very unlucky to miss out not only on an FH Faulding Memorial Prize, but also on the accompanying medal for excellence. In most other years, he would have been successful.

– Max Kamien

3. Difficulties surmounted in the conduct of the work.
4. The quality of the work itself.
5. Significance of the conclusions if any.

The RACGP Council accepted these recommendations and decided to leave the management of the prize in the hands of the RACGP South Australia Faculty Research Committee.²⁰

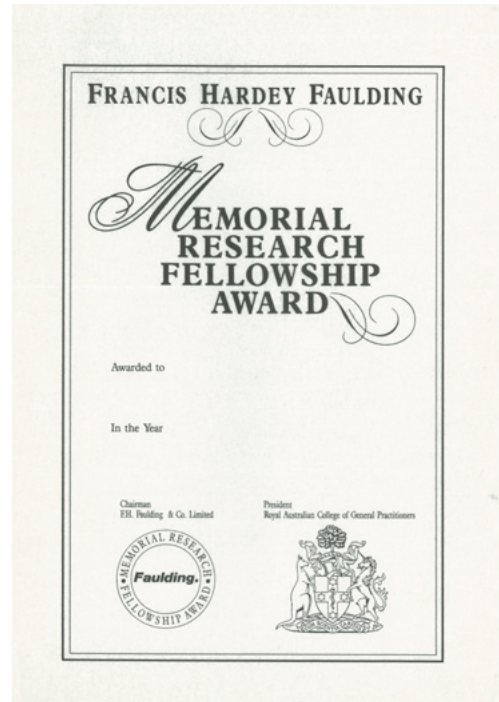
Other changes also occurred in 1970:

- Faulding's agreed to increase the value of the award from \$1000 to \$2500 in order to attract more applicants.²² (In 1986, the award was raised again to \$5000.)
- Faulding's introduced a \$1000 research grant to assist worthy applicants to reach the standard required for obtaining the award. This grant-in-aid was awarded on five occasions:
 - 1970 to Dr M Clarke – Streptococcal infections
 - 1974 to Dr AT Rose – Streptococcal sore throats
 - 1982 to Dr GA Puris – Efficacy of acupuncture in general practice
 - 1993 to Dr D Dhupelia – *Chlamydia trachomatis* infections in female tertiary students
 - In 1994 the Francis Hardey Faulding Research Committee concluded that this grant-in-aid was not achieving its purpose and cancelled it, but in 1996 it again awarded a \$1000 grant to Dr Bruce Reading for his study on 'A reasonable weight'.

Termination of the prize

The Francis Hardey Faulding Memorial General Practice Research Prize continued until 1997, when the Faulding board decided to cut back on their numerous sponsorships. The last meeting of the awards committee was held in the offices of FH Faulding on 5 August 1997. It was decided that 'the existing "Francis Hardey Faulding Memorial Fellowship" should terminate and the committee disband'.²³

The research committee of the RACGP took over the management of the remaining funds and awarded the last FH Faulding Memorial Fellowship Prize of \$5000 to Dr Ian F Cook in 1998, a GP from Taree, for his clinical research into the best practice for administering vaccinations to infants and children.²⁴



FH Faulding Memorial Fellowship Prize certificate

Faulding's were still willing to fund a \$5000 biennial award to be called the 'Faulding Pharmaceutical Research Fellowship'. This was awarded only once, in 1999, to Melbourne GP Dr Shastra Devi Naidu for her Master of Women's Health Study thesis 'Women's experience with the initial stages of cervical screening: Their knowledge, understanding and anxiety'.²⁵

The FH Faulding company's involvement in supporting Australian general practice research ended in 1999. In 2000, Professor Brian McAvoy, Executive Director Research and Practice Support, RACGP, reported that 'Faulding Pharmaceuticals were not in a position to support the Award for General Practice this year'.²⁶

In 2001 the iconic Australian company, FH Faulding & Co, was taken over by the Mayne Nickless Group subsidiary, Mayne Pharma. Following a series of demergers and acquisitions, the remains of Mayne Pharma now form part of the giant American pharmaceutical company Pfizer and Symbion Pharmacy Services.^{27,28} In 2010, Symbion 'proudly relaunched' the Faulding brand by registering a new over-the-counter products retail company, Faulding®.²⁹ Their product labelling claims direct descent from Francis Hardey Faulding's 1845 pharmacy at 5 Rundle Street, Adelaide.

[‡]In various documents the Francis Hardey Faulding Memorial General Practice Research Prize is also referred to as the FH Faulding Memorial Research in General Practice Award, the Francis Hardey Faulding Memorial Research Fellowship Award or the FH Faulding Memorial Fellowship. This history uses the short-form terms 'the prize' and, as it later became known by, 'the Fellowship'.

The Francis Hardey Faulding Memorial General Practice Research Prize and its short-lived successor had lasted for 34 years.

Prize winners

The 30 winners came from all Australian states and territories, with 10 of these winners being rural GPs. It was a sign of those times that only three awardees were women.

Some 140 GPs had submitted 150 different research projects. Seven GPs had submitted different projects on more than one occasion. Fourteen of the 140 applicants were, or later became, academic GPs. These GPs had submitted 20 projects and were successful on seven occasions.

Only three doctors won the award twice:

- Dr John Richard Coates, a GP who practised in Salisbury, South Australia, for (1) his research in neonatal hypoglycaemia, and (2) his practice audit of 1000 successive deliveries.
- Dr Ian Douglas Steven, a University of Adelaide academic and GP in the Adelaide suburb of Collinswood, for (1) his work on methods of assessing the quality of general practice care, and (2) his South Australian survey on the management of hypertension.³⁰
- Dr Ian Leonard Rowe, a Yarraville, Victoria GP, for (1) his work on the evaluation of automated multiphasic health testing, and (2) his study on medical workforce changes in Victoria from 1977 to 1984.

The award was shared on two occasions. Over the award's lifespan, there were eight years when no project was judged as being of sufficient quality to justify awarding the Fellowship.

A small number of the projects were classified as 'alternative' or 'fringe medicine' and given short shrift (eg hypnotherapy for asthma, food allergies as a cause of obesity, migraine and attention deficit hyperactivity disorder, cervical manipulation for migraine, and percutaneous neurotomy for chronic neck and back pain).

Two 1968 entries were too far ahead of their time to receive the attention that we now know should have been granted – electronic medical records (these became commonplace 15 years later), and a pilot study modelling a central register of personal data, the concept of which is, in 2018, and with Federal Government support, still not quite ready for medical use.³¹ In 1968, an anonymous Fellowship assessor opined that 'such developments were certain to occur and "heaven forbid" when they do'.

Resulting research and the award process

General practice research

Did the award stimulate general practice research? Almost certainly it did not. All those who applied for the award would have done their research without it. Many did not know about the award until they had completed their theses and their initial motive had simply been an interest in their topic. Four awardees did not publish any paper on their research, and a further three published only one paper or monograph during their professional lives. Of these seven awardees, all were full-time clinical GPs. The remaining individual 20 winners were prolific researchers and/or writers. A PubMed search at the end of 2017 showed them to have published a mean of 53 articles, with the range being 6–160 articles.

Nevertheless, the award was important because it rewarded general practice researchers and gave much-needed publicity and status to the curiosity-driven research that GPs could pursue about patients seen in their general practices, or about medical, educational and organisational problems that affected fellow doctors and citizens in their town or state.

Award process

On first taking the chairmanship of the awards committee in 1970, Dr Dunstone stuck strictly to the guidelines, which can be summarised as follows.

1. Engaged in active practice

The opening sentence in the RACGP invitation to applicants for the award stipulated that the applicant must be actively engaged in practice. This was defined as a minimum of five sessions per week, with general practice being their primary professional activity.

This resulted in some anomalies, where some full-time salaried general practice academics who had a limited right of private practice were accepted as falling within the guidelines, while others were not.

In 1988, a female doctor had her entry on 'Obesity in general practice' rejected on the grounds that she was only working three sessions per week. She appealed, stating that she was in full-time general practice when she did her research, was currently also on-call one night per week, and was nursing her first child aged five months. Her appeal was rejected. Today, both the community and the RACGP would rail against such rigid, and potentially discriminating, regulations.

2. By GPs for the benefit of GPs

The condition that research should be by and for GPs resulted in the exclusion of general practice research carried out in New Guinea; in an isolated Aboriginal community; and in some 'medical manpower', morbidity and hospital-based studies. A general practice project evaluating the percentage loss of body function was deemed of more value to the Department of Social Security than to a GP.

In 1988, a project on 'Medical workforce changes in Victoria' was judged as irrelevant to the practising doctor. Two years later, the same project with the addition in the title and text of 'Implications for general practice' won the prize.

It is, conversely, difficult to see how the winning award of 1977 on 'The effects of cadmium on factory workers' fitted the guideline.

3. Feedback to unsuccessful candidates

Dr Dunstone, as chairman of the Francis Hardey Faulding Research Committee, undertook the task of providing candidate feedback. His letters were brief and to the point, and his reasons for rejection, with examples, can be grouped under the following headings.

Recurring comments

*Your study has been done many times before and did not add to what we already know.
No control group.
Study numbers too small.
No satisfactory conclusion.
Too many typing errors.*

Faint praise

For a submission on 'Practice audit and peer review for Continuing Medical Education':

The committee looked favourably on your thesis since this is an important issue for medical practices. Unfortunately for you, someone else has done a much more extensive and comprehensive study along the same lines, and we regret we were unable to award you the Fellowship.

Encouragement and a warning about academics

We feel that your thesis was not of a standard to receive the Fellowship, but that with further work it could become so. I suggest you seek advice on how to prepare a thesis from an academic. However, make sure that you retain the project as your own.

Placation

To a much-cited researcher:

Your entry created interest as your work always does but I regret that the committee did not see fit to award you the prize. In fact, no award was made this year.

Despite Dr Dunstone's forthright feedback, there were few letters disputing the awards committee's judgement. One candidate who had submitted a paper on chlamydia screening was not satisfied with receiving only one line of feedback. He wrote: 'I look forward to a more detailed critique of my thesis'. Dr Dunstone replied: 'Impressive work. But too few patients and too many words. Re-enter when more patients'.

The recipient of the 1976 award, Dr Kenneth Fitch, whose almost identical application had not been chosen in 1975 when no award was made, replied to the awards committee's effusive letter of congratulation:

To be perfectly honest, it was rather deflating to be informed that no prize had been awarded in 1975, in the identical week that the University of Western Australia conferred on me an MD degree for a thesis of the same title.

The Francis Hardey Faulding Memorial Research Medal

At the inception of the award, Faulding's struck six medals to be awarded for research that the awards committee regarded as outstanding. These medals were awarded on only four occasions. The following is a focused look at the four winners and a description of their research.

1964 medal recipient, Dr Trevor C Beard



Trevor Cory Beard (1920–2010) OBE, OAM, MRCS, LRCP, MB BChir, MA, DObstRCOG, MPH, FRACGP

The first FH Faulding Memorial Prize got off to an auspicious start with the selection of Dr Trevor Beard, who began work as a locum GP at Campbell Town, Tasmania, in 1951. Dr Beard was a post-war Cambridge graduate who had spent several years as a doctor in the British Army. He had been taught that hydatid disease was common in sheep districts in Australia. Nevertheless, he had to wait 10 years to see his first case. This was soon followed by two more cases. All were in children under 10 years of age. The last, a seven-year-old boy, died from acute anaphylaxis when his brother playfully jumped on him and ruptured a large hydatid liver cyst.³²

Dr Beard tried to get the State Health Department to start a hydatid eradication program. They regarded it as an uncommon disease and focused their attention on more prevalent disorders, such as iodine deficiency that was causing goitres and cretinism. Trevor Beard decided to go it alone.³³

He took inspiration from the work of Dr Neil Begg (later Sir Neil), who was the director of the Royal New Zealand Society for the Health of Women and Children. This was a grassroots voluntary society that recognised that parents were the important people in maintaining the health of their children and that the main role of doctors and nurses was to educate and support those parents. Dr Begg, and later Dr Beard, applied the same principles to controlling hydatid disease. They helped set up autonomous local and regional farmers' committees that were supported by professional veterinary staff and, eventually, 121 inspectors paid by the National Hydatids Council that was funded by a dog owners' levy and the Tasmanian Department of Agriculture.

Their hydatid prevention and eradication campaign involved feeding dogs with cooked food, and deworming and vaccinating dogs (the definitive host) and sheep (an intermediate host).³² In 1966, Dr Beard received one of the first Churchill Scholarships to undertake a Master of Public Health at the University of California, Berkeley. He also took the opportunity to visit the 100-year-old *Echinococcus* eradication program in Iceland.³³

Dr Beard mentions the FH Faulding Fellowship in his log book:

I decided to submit an account of the Tasmanian voluntary campaign against hydatid disease. Applicants were warned that there would be no

award in years when the quality of submissions was too low, and I was especially doubtful whether a community based primary prevention project like this could be described as 'research'. There was a double surprise. The Faulding company had planned to make a Bronze Medal available for 'work of exceptional merit'. Not really expecting the prize at all, I was completely taken aback at being awarded the Bronze Medal in the very first year.

Some credit might have been appropriate for the Convenor of Community Involvement. Considering that Begg himself went unrecognised, it was embarrassing to be generously rewarded for simply copying him on a far smaller scale.³²

Sir Stanton Hicks, one of the assessors for the award, was most impressed. He remarked that Dr Beard's research showed the college and the public that a GP could be an important citizen as well as a professional man.

Dr Beard's reply of thanks to the managing director of Faulding's would warm the heart of any current-day GP:

I am a country general practitioner and I feel that, for recording purposes, it might perhaps be more appropriate to call my work a project in public health education rather than in parasitology. I hope you do not mind the suggestion.

In 1996, Tasmania became the first territory in the world to be declared provisionally free of hydatids in humans, dogs and livestock.³²

After 20 years of active general practice, Dr Beard was recruited to work as a policy advisor to the Australian Government Department of Health in Canberra. He retired from that position in 1986 and returned to Tasmania to work as a senior research fellow at the University of Tasmania's Menzies Centre for Population Health Research. There he treated people with hypertension and Meniere's disease and became a well-recognised campaigner for the reduction of salt in the Australian diet.³⁴ He was a regular contributor to *The Lancet* and the *Medical Journal of Australia*. PubMed lists 61 publications in his name – the last in 2009, two months shy of his 90th birthday. An active and spry octogenarian, he died from a myocardial infarction the day after he had a knee replacement operation.³⁵

1968 medal recipient,
Dr Guido SC Mayrhofer



The Faulding medal awarded to Dr Guido Mayrhofer, front (top) and back (bottom)



Dr Guido Mayrhofer (1898–1968)
BA (Hons) UWA (1917), MBBS (1923), MACGP (1958)

Guido Saverio Carlo Mayrhofer was born in Perth. Dr Mayrhofer was the eldest of six children of Alberto Fortunato Mayrhofer, a picture framer from Naples, and his Victorian-born wife, Mabel Emma Allpress. Two of Dr Mayrhofer's brothers also became GPs – Mario in Three Springs, Western Australia, and Max, who worked with Guido in Claremont, Perth.

Dr Mayrhofer was educated at Christian Brothers' College in Perth. He obtained a Government Exhibition to the University of Western Australia (UWA) where he had stellar undergraduate academic success in music, English, Latin and Greek, before moving to Melbourne to study medicine. He was a GP in Claremont from 1927 to 1968, and was highly respected as a dedicated doctor, violinist and man of letters. For 28 years, Dr Mayrhofer was the doctor to St George's College (a residential college of UWA) and was known to have never billed a student.

Dr Mayrhofer was also interested in advancing medical knowledge. His particular concern was in viral diseases in general practice. He sought the support of Professor Neville Stanley, the Foundation Professor of Microbiology at the new UWA medical school, who arranged for the WA Public Health and Virus Laboratories to process the swabs, blood and other specimens that Dr Mayrhofer collected from all of the patients that he thought had symptoms due to viral infections. This enabled Dr Mayrhofer to correlate the clinical picture with a specific virus. His work provided the suburb of Claremont and the city of Perth with its first virus-spotting service. This was the forerunner of the weekly electronic publication *Virus Watch* that was later produced by PathWest and emailed by the Australian Medical Association (AMA) to its members in Western Australia to alert them to important circulating viruses.³⁶

Dr Mayrhofer collected his data from 1 July 1960 to 30 June 1966. His 53-page monograph 'Observations on virus disease in general practice' was almost completed in 1967.³⁷ In early February 1968, he notified the Faulding awards committee that he would be submitting this research. Two weeks later, on 23 February 1968, he died from a myocardial infarction. The Research Committee of the RACGP Council decided to posthumously submit Dr Mayrhofer's monograph for the prize.³⁸ Dr John Bamford, a fellow Perth-based general practice researcher, offered to examine Dr Mayrhofer's thesis and research notes and add any pertinent data to the submission. This was a gracious act since Dr Bamford was also competing for that year's prize.

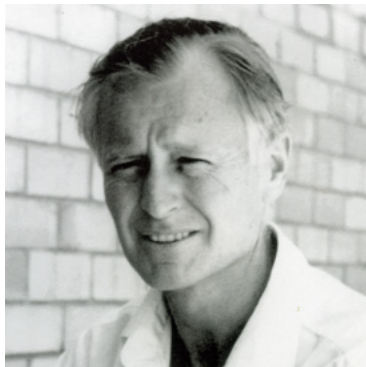
There were seven other entrants in 1968, and this was one of the strongest fields ever to compete for the award.

An anonymous academic assessor stated that four of the entrants had reached a standard worthy of receiving the Fellowship:

However, Mayrhofer achieves the highest attainment of all. His many years of devoted, painstaking work in a field of general practice of the most troublesome and testing order is quite outstanding. This thesis contains medical sleuthing at its best. It is, furthermore, a good piece of clinical literature. Mayrhofer reminds me of Sydenham for clinical rectitude and restraint.[§]

Mayrhofer has done more than submit a thesis – he has set an example. I submit that he is fully deserving of the award. I would even go so far as to suggest that his excellent running companions might be proud to be beaten by Mayrhofer.³⁹

1970 medal recipient, Dr Kevin J Cullen



Dr Kevin John Cullen (1922–1994) AM (1994), MBBS (1946), MD WA (1963), Hon FRACGP (1964), FRCPE (1972), FRACP (1982)

Dr Kevin Cullen was the son of Dr AE Cullen, a GP who practised in Bunbury. In 1948, two years after his graduation, Dr Cullen began general practice in Busselton. He was interested in interventions in the behavioural disorders of children, and his study of the children of 1000 Busselton families gained him the first Doctorate of Medicine awarded by UWA. A National Institutes of Health Fellowship at the University of California, Berkley gave him the time to think and plan for his future community medicine activities in Busselton.^{40,41} The Framingham Heart Study in Massachusetts and the North Karelia Heart Risk Project in Finland provided a blueprint for Dr Cullen to start an Australian counterpart in his home town of Busselton (that then had a population of 6000 people). He laid

down the concepts and principles of this future action-oriented research in an essay, 'A concept of community medicine', for which he received the 1970 FH Faulding Memorial Fellowship.⁴²

Dr Cullen obtained the ready support and assistance of influential Western Australian researchers in endocrinology, epidemiology, biochemistry and biostatistics. The Busselton Health Study started in November 1966 and involved 3394 adults. The following year, 1614 children were surveyed. The study included 91% of those who were eligible to participate. The aim was to examine all participants every three years. A secondary aim was to provide a community service through the detection, treatment and prevention of disease and in the health education of the population. The survey motto was 'No survey without service'. Participants were given their test results and those with abnormal values were advised to see their regular GP. Dr Cullen also organised concurrent community campaigns to reduce smoking and to control obesity.^{43,44}

Dr Cullen was a talented and a driven man. He was an excellent pianist, interested in everything, full of ideas, persistent, and sometimes angrily impatient in bringing his ideas to fruition. He had a habit of turning conversations into interrogations akin to facing a wily barrister in a court of law. In Busselton, he was:

Regarded as something of an eccentric, who practised what he preached by living a healthy lifestyle and by running two miles every lunchtime, along the beach from the Busselton Health Centre to the Busselton jetty and back, throughout the year – rain, hail or shine.⁴⁵

The Busselton surveys have been influential in changing general practice from a reactive discipline towards an accent on the early detection and prevention of disease.⁴⁶

Despite a constant quest for research money, the Busselton Health Study project is now in its 51st year. It is one of the longest running population health research programs in the world. It has generated over 300 peer-reviewed papers and its data and frozen biodata are a treasure trove for researchers. The data offers new insights and new technologies, such as the study of disease genomics.⁴⁷

Dr Cullen was also one of the pioneers of the Margaret River wine industry. Cullen Wines is now one of the best known fine wine producers in the Margaret River region.⁴⁵

[§]Thomas Sydenham (1624–1689) was an English physician recognised as a founder of clinical medicine and epidemiology. Because he emphasised detailed observations of patients and maintained accurate records, he has been called 'the English Hippocrates'.

1974 medal recipient, Dr Raphael E Coolican



Dr Raphael Edward Coolican (1924–1978)
BA, MB, BCh, MD; at MD graduation, 1974



The Faulding medal awarded to Dr 'Teddy' Coolican,
front (top) and back (bottom)

'Teddy' Coolican was born in Wimbledon, UK to Irish parents. Educated at Trinity College in Ireland, he went to Bourke, New South Wales as a locum for his father, who was also a Trinity graduate and who had been practising in Bourke since 1940. Dr Coolican then spent nearly all of his professional life as a GP in Bourke from 1948 to 1970. He lived there with his wife, Natalie Toakley (MBBS University of Sydney [1950]), who had

arrived in Bourke in 1951 to do a locum for Dr Jock Lee. Together with Dr Lee, from 1942 to 1969 Drs Coolican and Toakley provided that iconic outback town and its surrounding district with nearly three decades of stable medical service.

Dr Coolican was a quintessential remote area GP – confident and capable of handling nearly all medical, surgical and obstetric problems. Initiating progress in a range of community activities, he was elected shire councillor, began the Junior Sporting Association, was a founding member of the Bourke Historical Society, and was also a keen golfer, swimmer, rugby union coach, referee and Darling River water skier. The first chapter in his book *Australian rural practice* is on 'Doctors and death registers'. It is a fascinating insight into the epidemiology of disease in the 100 years before Dr Coolican began his MD thesis.⁴⁸

Between 1971 and 1978 Dr Coolican was Director of Emergency at Sydney's Royal North Shore Hospital, where he was involved in the initial consultations that led to the formation of the College of Emergency Medicine.

Dr Coolican's introduction to medical research was through participation in the 1962 National Morbidity Survey and in the community studies organised by Dr B Arnold, director of the Haematological Section of the Institute of Clinical Pathology and Medical Research. Dr Coolican was responsible for organising the collection of blood samples from Aboriginal and European women in Bourke between 1966 and 1968.

Dr Coolican's concern for the health problems of his Aboriginal patients coalesced with the opportunity to engage in epidemiological studies presented by Professor John Cawte, a professor of psychiatry at the University of New South Wales (UNSW), who went to Bourke in 1965 with the idea of starting a research program on the coping mechanisms of Aboriginal and non-Aboriginal people who lived in and around Bourke. Professor Cawte called it the Human Ecology of the Arid Zone Project.

Dr Coolican collected complete data on all the patients that he saw between 19 February 1968 and 18 February 1969. During this period he did not take a single day off work. He received the full cooperation of staff at the Bourke District Hospital and ongoing advice and assistance from academics at UNSW. His work resulted in the award of a Doctorate of Medicine from UNSW. His MD thesis was edited into a monograph that is one of the classics on remote Australian rural practice.⁴⁸ It is an example of the type of research that, with academic assistance, can be carried out in general practice. In awarding the FH Faulding medal, the awards committee stated that it was an excellent, in-depth study of the morbidity of the people and environment of a country area.

Francis Hardey Faulding Memorial Research Awards – List of recipients

Year	Recipient/s	Research topic
1964	Dr Trevor C Beard	'Eradication of hydatid disease in Tasmania'
1965	Dr Paul S Clarke	'The serological (Schulz-Dale) test for carcinoma'
1966	No award	
1967	Dr Charles Bridges-Webb	'Anaesthetics in general practice'
1968	Dr Guido S Mayrhofer	'Observations on virus disease in general practice'
1969	No award	
1970	Dr Kevin J Cullen	'A concept of community medicine'
1971	Dr Kenneth R Heber	'Anti-ovulatory steroids'
1972	No award	
1973	Dr John R Coates	'Neonatal hypoglycaemia'
1974	Dr Raphael E Coolican	'Morbidity in an Australian rural practice'
1975	No award	
1976	Dr Kenneth D Fitch	'Effect of exercise on asthma'
1977	Dr Peter F Gill	'Effect of cadmium on factory workers'
1978	Dr John R Coates	'1000 successive live birth labours'
1979	Dr James H Leavesley	'A study of vasectomized men and their wives'
1980	Dr John E Murtagh	'The anatomy of a rural practice'
1981	Dr Roy G Beran	'Epilepsy – An exercise in needs analysis'
1982	Dr Peter R Mudge	'Clinical and epidemiological features of epidemic polyarthritis in Australia'
1983	Dr Russell H Gibbs Dr Ian D Steven	'Community based cardiac rehabilitation programme' 'Methods of general practice assessment'
1984	No award	
1985	No award	
1986	Dr Leon Piterman Dr Ian L Rowe	'Industrial lower back injuries in primary care – A five year retrospective study' 'Doctor and patient evaluation of automated health testing at the Shepherd Foundation'
1987	Dr Lynn Kennedy	'Genital epithelial carcinoma as a sexually transmitted disease: A case for concurrent male screening and treatment'
1988	No award	
1989	Dr Ian D Steven	'South Australian hypertension survey. General practitioner knowledge and reported management practices – A cause for concern?'
1990	Dr Ian L Rowe	'Medical workforce changes in Victoria 1977–1984: Implications for general practice'
1991	Dr Royce G Baxter	'Diabetes in an elderly population – Morbidity and outcome: A controlled study'
1992	Dr Roger P Strasser	'A study of attitudes of rural general practitioners to country practice and training'
1993	No award	
1994	Dr Danielle Mazza	'An analysis of the relationship between psychotropic drug use by women and a history of physical abuse'
1995	Dr John D Fraser	'The implementation and application of information technology to improve primary health care in Arnhem Land 1992–94'
1996	Dr Sophia Couzos	'Cervical cancer prevention program'
1997	Dr Glynn D Kelly	'General practitioners and post-traumatic stress disease'
1998	Dr Ian Cook	'Research on paediatric vaccination practice'
1999	Dr Shastra D Naidu	'Women's experience with the initial stages of cervical screening: Their knowledge, understanding and anxiety'

*In 1999 the award was called the 'Faulding Pharmaceuticals Research Fellowship'.

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