

A day in the life of an academic GP



The work of an academic general practitioner encompasses a range of roles and activities and given the diversity there always seems to be more to do. Each day (or at least most days) on the drive to southwest Sydney, I eschew the chatter of breakfast radio announcers to think about the issues and tasks for the day ahead. Despite this attempt at prioritisation and time management on most occasions having dealt with the most pressing or important of the flurry of email correspondence and spent some time interacting with staff and patients, at least half the list of tasks remains at 6 pm. The decision then, is how much later to stay.

The academic department and its community

The department that I direct at Fairfield Hospital is funded by South Western Sydney Area Health Service as part of its Division of Population Health and is an academic unit of the School of Public Health and Community Medicine. University of New South Wales (UNSW). Much of southwest Sydney is outer metropolitan suburbs with a diverse mixture of cultural and language groups. In Fairfield, for example, more than 50% of the population was born overseas. Southwest Sydney is not in general a wealthy area and in fact contains some of the most socioeconomically disadvantaged suburban areas in Australia. Though they may not be affluent, the communities are industrious, energetic and full of life. Cabramatta, for example, is centre for the large Vietnamese community and has some of the best restaurants and food stores to be found anywhere. Further out, Campbelltown is a rapidly growing urban area of young families and is also the home for the majority of southwest Sydney's Aboriginal and Torres Strait Islander community.

The staff

Medical staff include myself and two other senior GPs, an academic general practice registrar, and two part time registrars doing their basic or advanced general practice terms in the department's clinical service. Research staff include our part time senior research fellow and three research assistants. The department's work is made possible by three administrative staff who do a range of duties including practice management, reception for the clinical service and administrative and research support.

A typical day

A typical day involves research projects, teaching and clinical work. Research work is usually a collaborative effort with other UNSW staff such as Professor Mark Harris at the campus in Kensington. In recent years the focus of our work has been on improving systems of care for chronic and complex illnesses. Some of this work has involved projects looking at government initiatives such as the enhanced primary care (EPC) items and the Asthma 3+ Visit Plan. Many GPs (including us) have mixed feelings about these initiatives but we try to throw some light on their value through our research. We were pleased last year to be successful in obtaining a National Health and Medical Research Council project grant to examine the process and outcomes of care 1 year before and 1 year after an EPC care plan for patients with type 2 diabetes. We think this project will assist GPs and policy makers in knowing whether the EPC care planning process brings about benefits to patient care.

Developing research skills

Part of the research work is to assist others in developing research skills. We have been focussing on developing research capacity in general practice and primary care through establishing research networks. The Primacy Health Care Research Network (PHReNeT), which is based here at Fairfield, has about 40 GP members, mainly from southwest, south and western Sydney, and a larger number of members from divisions of general practice, the community and allied health.



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Teaching

Teaching activities are also many and varied. In the undergraduate medical program we teach basic history and examination skills to third year students with the assistance of patients, medical and nursing staff of Fairfield Hospital. Fourth year students come for their 6 week population and community health term and are tutored in a project that involves exploring an important community health issue such as drug and alcohol use, unemployment, homelessness, refugee health or domestic violence. In year 5, students do their general practice attachments and groups come to this department as well as to the campus for tutorials on topics such as communication skills, understanding prevention, and practical skills such as prescription writing and dealing with emergencies in general practice. Teaching activities also include supervision and teaching of general practice registrars working in the department and contributing to teaching activities of the Institute for General Practice Education, our regional GP vocational training provider. The department has close relationships with the five divisions of general practice in southwest Sydney and this involves contributing to their continuing professional development activities as well as collaborating on research and evaluation projects. For example we have recently completed an evaluation for Macarthur Division of General Practice of the GP After Hours Service located at Campbelltown Hospital.

Clinical work

My clinical work takes place at the department's clinical service. It is predominately focussed on my special interest areas of drug and alcohol use, smoking cessation and travel medicine. There is a large community need for doctors prepared to treat patients with opiate addiction and since coming to southwest Sydney I have done both the methadone and buprenorphine prescribing courses. The patients I treat for opiate addiction are generally long term patients being transferred from a public clinic to a community prescriber, or women coming through the drugs in pregnancy service.

Special interests

An interest that cuts across research, teaching and clinical work is smoking cessation. Professor Robyn Richmond from the UNSW and I have been involved with the Cancer Council Victoria, GP Education Australia and Flinders University in developing smoking cessation guidelines for Australian general practice. I have tried to 'reality test' the guidelines by using techniques such as 'stage of change' assessment and motivational interviewing in my own clinical practice and reflecting on what worked and what did not. I have also had to face the fact that, despite what most guidelines suggest, even with a strong interest it is difficult to take every opportunity with every patient to raise the issue of smoking. Another clinical interest is travel medicine and immunisation and I continue to see travellers as well as write and teach on this topic. It is an area where there is always more to know and where, given the complexity of the subject matter, frequent revision is needed. In keeping with the adage 'see one. do one, teach one' I have found that writing about a topic for others is also a good way of expanding and reinforcing my own knowledge.

Administration

As well as the activities described above there are of course both university and area health service committees to attend and management and administrative work to attend to.

Conclusion

The diversity of roles may sound overwhelming (as it did to me when writing this). However, working in a team with support from other academic, clinical and administrative staff makes it possible. The future of academic general practice is in identifying and helping to support people who may want to take on these roles in the future. The academic registrar posts funded on a competitive basis by General Practice Education and Training are one way to introduce younger GPs to academic general practice. We are always looking for new talent so if you are a general practice registrar with an academic interest, please get in touch.

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