



Rachel Lee

# Take heart general practice

There has been recent passionate email discussion by members of the Australian Association for Academic Primary Care about the 'invisibility' of general practice research.

In a nutshell, this 'invisibility' seems to occur at three different levels: within general practice as general practitioners decline research roles<sup>1</sup> and some eschew evidence based practice; from the wider medical profession as GPs still produce far less research than their sub-specialist colleagues<sup>2</sup> and struggle to find appropriate grant categories for primary care research; and finally in the broader arena as departments of general practice and researchers struggle to get their messages to the general public and policy makers.

Certainly there is a lot of work to be done until academic primary care gets the funding and recognition it deserves. Yet I find myself optimistic about the future of general practice and academic primary care. Indeed, I'm proud of our profession's recent achievements – take heart general practice!

Unlike some other medical specialties, general practice has a cadre of trained medical educators and supervisors who are passionate about teaching. Research practice networks are gathering momentum<sup>3</sup> and the quality of primary care research submitted to *Australian Family Physician* has improved markedly over recent years. The new Royal Australian College of General Practitioners (RACGP) curriculum statements now include 'GP's as teachers and mentors' and 'Critical thinking and research'<sup>4</sup> and the newly elected RACGP President has a very strong academic background. Training places for general practice registrars continue to expand and increasing numbers of junior doctors will be exposed to a general practice rotation in their prevocational years,<sup>5</sup> enhancing their understanding of what general practice is all about. The Federal Health Reform agenda

acknowledges the importance of general practice and primary care.<sup>6</sup> The message from recent policy work is clear – primary care is a central part of the health system and the reform solutions. Academic general practice is critical to ensure these changes and the care delivered is effective and evidence based and the future primary care workforce is well taught and supported.

The time is ripe to expand the scope and increase the presence of Australian academic general practice.

Just as the causes are complex the solutions will also be multifaceted and require significant co-ordination and collaboration. Australia is well supplied with departments of general practice, rural clinical schools, regional training providers, divisions of general practice and many national organisations, including the RACGP, that support different aspects of primary care and general practice. These bodies will need to work together to ensure that academic general practice is firmly on the agenda and will need to develop different programs and ways of working to adapt to the demands of the new environment.

There is a growing base of enthusiastic registrars who are ready to be engaged. The presentations from the academic registrars at the recent General Practice Education and Training convention were outstanding, the two registrars working with at *AFP* as Publications Fellows this year have also been fantastic, and I have met a increasing number of registrars who have taken on junior medical educator roles. We clearly need to nurture this interest and support academic general practice activities before, during, and after the training program. As a start we need clear career pathways for researchers and educators. This would enhance the visibility of academic general practice and may increase the attractiveness of a career in general practice for junior doctors.

So academic primary care practitioners, there is good reason to take heart and even better reason to take action!

This edition of *AFP* covers key aspects of managing patients with heart failure. Baird's article discusses the latest approach to the management of acute pulmonary oedema. Sindone and Naoum consider chronic heart failure, and Prior and Collier outline the principles underlying echocardiography and how this tool can best assist GPs in managing heart failure. Davidson and colleagues provide guidelines for managing the palliative phase of cardiac failure, and Stewart discusses the multidisciplinary team approach to heart failure. Together we hope these articles provide a thorough update about this incredibly important and common syndrome.

## Author

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