

# SAPC: scotching the myths

The Annual Scientific Meeting of the Society for Academic Primary Care will be held in Gateshead, July 2005. This is the premier UK and Ireland conference for teaching and research in primary care, and will have much of interest for anyone who works in primary care. You are invited. See [www.sapc.org.uk](http://www.sapc.org.uk).

Academic medicine is all very well in its place, but does it really interest those practising in the 'real world'? While GPs are up to their knees in mucus and blood, prescribing budgets and quality indicators, are the academics swanning around debating ethereal points about scientific methodology, hermeneutic phenomenology and the psychology of learning?

No, that is Myth number 1, as will be demonstrated. Myth number 2 is that there are not many GP academics at all, which we will also discuss. Both myths stem from our undergraduate experiences in bygone eras, when general practice was a marginal component of the curriculum. However, primary care is now at the top of the policy and service agendas, and academic primary care has a major role. Are the two in any way connected?

The evidence that underpins clinical practice in primary care is short in many areas.<sup>1,2</sup> Much of our clinical work is based on anecdote and experience. Sometimes this is beneficial; sometimes it leads to unhelpful treatments or advice, to inefficiencies in prescribing or service provision, and unnecessary extra work. We need research to sort the good from the not-so-good.

Some of this has already happened. For example, we complained (above) about mucus reaching our patellae. At least we know now that the colour of the expectorated mucus does not reflect its aetiology, nor should it affect its treatment; that it will almost certainly disappear without the use of antibiotics, and how we might communicate this with our patients.<sup>3</sup> But basic evidence such as this has not been available until recently.

Recent and current research provides overdue evidence about the causes,

treatments and natural history of many common conditions, how to address these with our patients, and how to develop the services we provide to greatest advantage. Primary care research has provided the basis for the quality indicators in the new GP contract in the UK, and more work is now planned to refine these. The research aspect of academic primary care is crucially important to us all.

The other side of the academic profile is teaching and learning. We have all been taught, and all have opinions on how it should be done and expertise to a greater or lesser extent. However, undergraduate medical teaching is a professional activity that requires continual personal development and appropriate resources. Medical teachers and course organisers cannot do this in isolation, but it has taken some a long time to recognise this and provide for it. Without it, tomorrow's doctors would not receive the training they require.

So academic primary care is of central relevance for us all. A teacher or researcher in primary care can influence the lives of many times more patients through his or her students or research than through a career of surgeries or clinics. And many of us are involved in academic primary care — most of us are involved in at least one research project in our practice, and/or spend some of our time with undergraduate or postgraduate learners. These learners may be medical students, registrars, student nurses, or other professional trainees. So, although the proportion of GP academics is much smaller than the proportion for other clinical disciplines,<sup>4</sup> the number is increasing, as is their scope and ambition. Academic activity brings rewards but also challenges. These are both better if shared with other academic colleagues.

The Society for Academic Primary Care (SAPC) exists to promote excellence in teaching and research in primary care in the UK and Ireland, and to raise the profile of academic primary care. Membership is open to all, including you. Formerly the Association of University Departments of

General Practice (AUDGP), SAPC now goes beyond medical boundaries, and covers teaching and research outside universities. The SAPC represents the interests and concerns of academic practice — locally, nationally, and internationally. On our own, our academic activity is vulnerable in the face of NHS and political interests. However, together we have a voice that cannot be ignored. SAPC has helped put academic primary care, whether in the health centre or on the campus, firmly on the map.

The Annual Scientific Meeting showcases SAPC and its members. It has the latest research from some of the leading research teams in the world. It highlights innovations in medical education. You can meet other colleagues who share your interests, and participate in discussion, debate and hospitality. This conference has great value for all primary care professionals, and attendance contributes to your own professional and social education. Membership of the SAPC is included in the conference fee. You can also join the Society direct (for less money but with less excitement) at [www.sapc.org.uk](http://www.sapc.org.uk), or by contacting Sue Stewart, SAPC Secretariat, 4 Manor Farm Barns, Church Lane, Charlton-on-Otmoor, Oxon OX2 2UA, UK.

We look forward to meeting you.

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## Conflict of interest

The authors are on the Executive Committee of the Society for Academic Primary Care

## REFERENCES

1. Mant D. *R&D in primary care: National Working Group report*. Leeds: Department of Health, 1997.
2. Mant D, Del Mar C, Glasziou P, *et al*. The state of primary care research. *Lancet* 2004; **364**: 1004–1006.
3. Holmes WF, Macfarlane JT, Macfarlane RM, Hubbard R. Symptoms, signs, and prescribing for acute lower respiratory tract illness. *Br J Gen Pract* 2001; **51**: 177–181.
4. Society for Academic Primary Care (SAPC). *New century, new challenges: a report from the Heads of Departments of General Practice and Primary Care in the Medical Schools of the United Kingdom*. London: Royal College of General Practitioners, 2002.