

Cum scientia caritas
'with skill, tender loving care'

The Robyn Cronnolly Bequest Essay

By Fay Woodhouse



The Royal Australian
College of General
Practitioners

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Fay Woodhouse, July 2010

Introduction

In 2007, the family of the late Robyn Cronnolly bequeathed to the RACGP a sum of money to be used for a history project. Robyn was a member of staff from 1994 until her untimely death in 2006. At the request of her family, this essay has been commissioned to celebrate the positive contributions made to the College by its staff and Members since its inception in 1958. The scope of this project has enabled only a small number of staff who have made their own significant contribution to the College to be highlighted. It is hoped that a much larger and updated history of the College would allow the time and space to more fully explore the contributions of a wider range of people who have influenced the College by their presence, their dedication and their individual initiatives.

The following essay outlines some of the major milestones in the College's 52 year history. It briefly describes the earliest days of establishment and highlights periods of triumph, achievements in educational training, and the need to embrace challenge and change. From the outset, the College has responded to economic realities and shifts in social and political thinking. It therefore follows that individuals associated with the College have also responded to these contingencies. The individuals highlighted in this essay are among the great number of staff and Members who have given 'above and beyond' the expectations of the College, and as such, are honoured here.

Histories past

Previous histories of the College have, by and large, explored the organisational and corporate history, highlighting events and achievements as well as the earliest, and subsequent, programs, presidents and other personnel. Published in 1979, *The Royal Australian College of General Practitioners 1958–1978* documents the first 20 years of the College in a clear and concise manner. This work provides snapshots of the first presidents and the way in which the College set about undertaking its charter. It also examines the early history of the state faculties and their milestones.

Following close on the heels of this publication, in 1983 Ronald Winton examined the first 21 years of the College in his work, *A'Body's Body*. In its opening pages, he explains the origin of his title:

There is the story of the old Scottish country doctor who sought to dissuade a young doctor from the life of a general practitioners with the warning “you are just ‘a’ body’s body’.” That is ‘everybody’s body’.¹

Dr Winton wished to paint ‘a broad picture’ of the College; it includes a fascinating historical essay examining medical practice in Sydney from the time of the First Fleet. The work then illuminates the challenges faced by, and the achievements of, the College in its first 21 years.

The College’s third history, *The Royal Australian College of General Practitioners 1978–1988*, was published in 1990. By addressing the period 1978–1988 alone, the editors ‘let as many as possible tell their own story as they see it’.² Various authors reported on education, accreditation, research, preventive and community medicine, practice management, medical organisation and communications as well as faculty activities. College administration and finance, as well as submissions to government and government bodies, were also covered. This wide ranging history offers the reader an insight into the workings of the College. In addition, the individual reflections on the decade are heartfelt and capture the immediacy of the time.

The first publication to address one discrete aspect of the College’s history was Sally Wilde’s 1998 publication, *25 Years Under the Microscope: A History of the RACGP Training Program 1973–1998*. As Richard Nowotny, then Assistant Secretary General (Education and Training) wrote in his foreword to the work:

...two groups of doctors have been the heart of the RACGP Training Program – the GP supervisors (and mentors) and the registrars. They are its real history, its present and its future.³

Sally provides the back story to the development of the Family Medicine Programme and examines the first two phases of the program from 1973 to 1982 and from 1983 to 1989 as well as the initiative for, and the running of, the RACGP Training Program.

All of these publications document the historical events and some contain personal testimony. As the Chairman of the Archives Committee, Dr Eric Fisher, noted in his preface to *The Royal Australian College of General Practitioners 1978–1988*:

Shakespeare wrote in *As You Like It*, ‘All the world’s a stage, and all the men and women merely players, they have their exits and their entrances’.⁴

This essay examines some entrances and exits to and from the College. In particular, it highlights the work of Dr Bill Corlis, Dr Monty Kent-Hughes and Robyn Cronnolly, and the reflections of Associate Professor Neil Spike and Professor Claire Jackson.

¹ Ronald Winton, *A'Body's Body*, The Royal Australian College of General Practitioners, Melbourne, 1983, p. 22.

² *Op. cit.*

³ *25 Years Under the Microscope: A History of the RACGP Training Program*, RACGP, Melbourne, 1990, xiii.

⁴ N Anderson, A Chancellor, E Fisher, H Norton (eds), *The Royal Australian College of General Practitioner 1978–1988*, RACGP, Melbourne, 1990, ix.

The early days

In 1958 when the Australian College of General Practitioners (ACGP) was formed, its stated aim was to improve the health and wellbeing of all Australians by supporting general practitioners.⁵ This remains the College's primary role. Dr William Arnold (Bill) Conolly was elected the first president and became ex-officio, the College's first Fellow. Located at 203 Macquarie Street, Sydney, in its first year the College attracted 874 foundation Members.⁶

The ACGP succeeded the state based faculties of the British College of General Practitioners, a body which had itself only been formed in 1952. In Australia, similar specialist bodies, such as the Royal Australasian College of Surgeons and the Royal Australasian College of Physicians, had been established in 1927 and 1938 respectively. In their desire to be associated with the British College of General Practitioners, as early as 1953, New South Wales and Queensland established their own state faculties of that organisation. Faculties were subsequently established in Western Australia (1956), Victoria (1956), Tasmania (1957) and South Australia (1958), and together with Queensland and New South Wales, they formed the Australian Council of the College of General Practitioners.⁷ The Council surveyed its Members in 1957 and decided that the formation of an autonomous Australian College of General Practitioners was appropriate. A Memorandum of Association under the *New South Wales Companies Act* was submitted on 17 December 1957 and the Australian College was incorporated on 4 February 1958. The interim Council adopted provisional regulations prescribing the criteria and procedures for admission. Members had to have been graduated for 7 years and had to have been in general practice for at least 5 years. They had to promise to undertake and continue approved postgraduate study while they remained in active practice.⁸

The inaugural College Council was made up of representatives from each state faculty and the first office bearers were elected. They were: William Arnold Conolly, Chairman; David Zacharin, Deputy-Chairman; and Howard Morris Saxby, Acting Honorary Treasurer and Honorary Secretary.⁹ The first annual general meeting was to be held on 21 November 1958 but was adjourned until 20 March 1959 to allow Dr Ian Dingwall Grant, President of the British College of General Practitioners, to attend.

Standing committees of Council were immediately established and included Undergraduate and Postgraduate Education, Research, Preventive Medicine, and Publications. Following applications, Members were approved, and deliberations commenced on the design of a Coat of Arms.

The first annual general meeting of the College was held on 20 March 1959 in the Great Hall of the University of Sydney. Dr Ian Grant, President of the British College of General Practitioners, London, gave the first occasional oration. Dr Grant, Dr John H Hunt (later Lord Hunt of Fawley) and Dr William Pickles, all of the British College, had Honorary Fellowships conferred on them.¹⁰ By the end of the College's second year, membership had reached 963. A Coat of Arms, with the motto 'Cum sciantial caritas – 'with skill, tender loving care' was approved by College Council in 1960; it was granted by the College of Arms in May 1961.

⁵ The Australian College of General Practitioners Second Annual Report, 1959, p. 2.

⁶ Historical Timeline of the Royal Australian College of General Practitioners, RACGP website: <http://www.racgp.org.au/timeline/1950s>

⁷ Ronald Winton, *A Body's Body: The first twenty-one years of The Royal Australian College of General Practitioners, The RACGP, 1983*, pp. 17–18.

⁸ Historical Timeline, *op.cit.*, p. 1.

⁹ The Australian College of General Practitioners, First Annual Report 1958, p. 5; Winton, *ibid*, p. 12.

¹⁰ *Ibid*.

The 1960s were a very productive and rewarding time for the new College. On 24 March 1969, Her Majesty the Queen was pleased to grant the prefix 'Royal' to the Australian College of General Practitioners. The College's name was appropriately changed to The Royal Australian College of General Practitioners.¹¹ The third annual general meeting and first Australian General Practitioners Convention was held in October 1960 at the Chevron Hotel, Melbourne. The academic session was held at the Wilson Hall of the University of Melbourne. Dr KM Foster of the British College of General Practitioners delivered the occasional oration 'Let us now praise famous men'. Fellowship was conferred on Dr Howard Morris (Shad) Saxby for services rendered as Honorary Secretary of the College on the recommendation of the Queensland faculty. Shad Saxby is described as a man of dynamic and kindly personality whose 'joie-de-vivre and... magnetic personality' endeared him to all.¹² He was the College's second Fellow.

The first executive of the College – William Arnold Conolly, David Zacharin, and Howard Morris Saxby, were fully committed to the practical pursuit of their specialisation, as well as their commitment to the Australian public. Only 4 years after the College's establishment a vital element of training, the Postgraduate Fellowship Plan, was instigated. Postgraduate education and training, one of the major aims of the College, has underpinned the activities of the College for the past 52 years.

The Postgraduate Fellowship Plan

The objectives of the Postgraduate Fellowship Plan were adopted by College Council at its meeting in October 1962.¹³ The Postgraduate Fellows would become a resource to assist in raising standards in general practice. By 1965 the College saw the need to fund the appointment of Postgraduate Fellows, so in 1966 the Fellowship Plan was implemented. The major focus was assisting and advising both metropolitan and country practitioners on any problems that they had concerning their continuing postgraduate education, the ACGP and administration and management of their practices.¹⁴ Applications for the positions of Postgraduate Fellows were invited and the first appointees were:

- Dr WL Corlis (New South Wales)
- Dr WA Pryor (South Australia)
- Dr BN Adsett (Queensland)
- Dr AS Fedderson (Tasmania) (6 months only)
- Dr RF Harbison (Victoria).

The overall directive to Fellows was to concentrate on country general practice. As far back as the 1960s it is clear that general practitioners in rural locations were greatly in need of assistance and support in their work. This was to be achieved by input from the newly established ACGP.

¹¹ Ibid.

¹² The Royal Australian College of General Practitioners 1958-1978, RACGP, 1979, p. 9.

¹³ The Plan's aim was that elected personnel would be trained to act in an executive and advisory capacity for a period of one or two years full-time and thereafter in a part-time capacity once they returned to full-time general practice.

¹⁴ Through this work they hoped to overcome the shortage of doctors in general practice, particularly in country areas. W L Corlis, W A Conolly, 'Postgraduate Fellowship Plan' in The Royal Australian College of General Practitioners 1958-1978, RACGP, 1979, p. 75.

Dr Bill Corlis

An outstanding medical educator

Wilson Leighton (Bill) Corlis was a natural choice for the postgraduate initiative; the Postgraduate Fellowship was an appointment he carried out with distinction. Bill was appointed for 12 months full-time from 1 July 1966, with subsequent re-appointment for a further 12 months.

Wilson Leighton Corlis was born in 1904 in Ballina, New South Wales, the son of a country general practitioner. He graduated in Medicine at Sydney University in 1921 and served as resident medical officer for 1 year at St Vincent's Hospital, Sydney. This was followed by 2 years at the Coast Hospital, Sydney (now Prince Henry Hospital). He then commenced general practice in Lismore, New South Wales, where he was soon appointed Honorary Deputy Medical Superintendent. He was also appointed to the hospital Board of which he became Honorary Secretary, Honorary Staff Surgeon and Co-ordinator of Emergency Services during World War II. Following his time in Lismore, he then enjoyed 18 years in general practice in Petersham, New South Wales.¹⁵

It was in 1960, after nearly 40 years in practice and only 2 years after its establishment, Bill stepped onto the Australian College of General Practitioners stage. His contribution was not that of a minor actor; rather, he was a major player, a giant in the early days of the establishment of postgraduate teaching within the College. Bill was a general practitioner who has been recognised globally for the principles of learning that he espoused.¹⁶

While an early member of the College, Bill's serious involvement only began in 1966 with his appointment as one of the first Postgraduate Fellows of the New South Wales faculty. Eric Fisher recalls that he had all the necessary attributes – extensive experience in country general practice (including surgical skills) and experience in city general practice, as well as a firm grounding in educational principles.¹⁷ Following his appointment he, along with his colleagues from other states, attended the Postgraduate Fellows Conference in Melbourne conducted by Monty Kent-Hughes, Cliff Jungfer, Laurie Shears and James Clough. The New South Wales faculty then set up an ad hoc committee, which Bill Corlis chaired to assist the Postgraduate Fellows. It supported him in his endeavours to establish educational programs that would distinguish itself 'from the didactic into self learning and discovery learning through group interaction'.¹⁸

It was no doubt disappointing for the College that Postgraduate Fellowships ended, due to lack of funds, in 1970. This occurred in all faculties except New South Wales where, through the direct support of the New South Wales Minister for Health the Hon Mr H Jago, the New South Wales state government continued to make an annual grant of \$10 000 (increasing in 1978 to \$15 000) to allow the Fellowship to continue. Bill carried on as Postgraduate Fellow until December 1973 when he resigned to take up an appointment in Wollongong, New South Wales.¹⁹

In 1978, when assessing the importance of the Fellowship Plan for the history, *The Royal Australian College of General Practitioners 1958–1978*, Bill Corlis and Bill Conolly together concluded that the most important and successful activities of the NSW Fellowship were:

¹⁵ Neville F Babbage, 'Outstanding Medical Educator', RACGP Archive, p. 1; Eric Fisher, 'Wilson Leighton Corlis OAM, An Obituary', RACGP Archive, p. 1.

¹⁶ Fisher, op.cit., p. 1.

¹⁷ Fisher, ibid., p. 1.

¹⁸ Fisher, ibid., p. 2.

¹⁹ W L Corlis, W A Conolly, 'Postgraduate Fellowship Plan' in *The Royal Australian College of General Practitioners 1958-1978*, op.cit., p. 76.



- bringing about an involvement in College activities of general practitioners in country areas, and
- the liaison and public relations work with personnel in universities, medical schools, health departments, other hospital commission paramedical groups, hospitals special community services, resident medical officers, and medical students and educationists from academic and other educational organisations.²⁰

Bill Corlis' personal contribution to the role of Postgraduate Fellow was later assessed by Neville Babbage in the following terms:

He rapidly demonstrated an extraordinary gift for designing, organising, and conducting an almost continuous series of regional postgraduate training workshops.²¹

Furthermore, Neville illuminates the tremendous impact these workshops had on general practitioners and the lengths Bill went to in order to achieve the highest standards for the College:

He also personally approached a vast range of professional and non-professional people mostly intimately involved in primary healthcare – to attend as registrants – mostly general practitioners, but also secondary care specialists, nurses, social workers, dentists, pharmacists, legal practitioners, wives and heads of academic departments of the Sydney and New South Wales medical schools. He even had four Deans of medical schools. He also similarly organised 13 country clinical weekends workshops and a number of group learning programs in the metropolitan area.

The impact of these seminars was felt far and wide – first in Australia and then in a number of overseas countries. He was invited as guest resource person to the RACGP Queensland Faculty workshop at Bribie Island in 1972 and the Western Australian Faculty seminar at Busselton in 1975.

Overseas, he was invited to participate in the Royal College of General Practitioners (UK), East Anglia Faculty Evaluation Workshop at the University of Cambridge in 1977. He was a member and participant at the regional teachers training planning workshop for the Western Pacific Region, World Health Organization, as the only extra curricular member.

Neville Babbage believes that Bill Corlis made one of the two greatest contributions to medical education in general practice in Australia in the 20th century – the other was former President, Dr Monty Kent-Hughes.

Eric Fisher, in his Obituary of Corlis in October 1994, exposed another side of the man. While praising him and his background, Fisher explained that: 'Medicine was in his blood. His father, his grandfather and grandmother were general practitioners, as was an uncle'.²² He is remembered by Members of the College, as Fisher also pointed out, either as an 'inspiration' or as a 'hair shirt'. To quote Fisher again, he was 'a thinker', and he 'made other people think'. In short: 'He was not there to give answers he was there to help you find answers yourself'.²³

Bill Corlis spent his life as an educator helping general practitioners uncover that knowledge for themselves by interactive learning. According to Eric Fisher, his slow smile and twinkling eye are remembered as much as his energy and enthusiasm.

Bill, it appears, in everything he did for the College, epitomised the College motto by teaching

²⁰ Ibid., p. 77.

²¹ Neville Babbage 'Outstanding Medical Educator', op. cit., p. 1.

²² Fisher, 'Wilson Leighton Corlis OAM: An Obituary', op. cit., p. 1.

²³ Ibid., p. 3.

and practising medicine: 'Cum sciential caritas – with skill, [and] tender loving care'. In 1987 the RACGP bestowed on Bill Corlis, its highest accolade, the Rose-Hunt Award for services to the College – at the time it was awarded he was the oldest recipient of the award. Bill Corlis died October 1994. He was survived by his wife Marjorie and two of his three sons. One further mark of respect has been accorded to Bill Corlis: in 2009 College Council established Corlis Fellows of the College.

The 1970s – Years of change

One chain of events beginning in the late 1960s and continuing through in to the 1970s impacted heavily on the College and its Members.²⁴ In March 1970, the Minister for Health, Dr AJ Forbes, announced that the Nimmo Committee's recommendations to introduce the concept of a common fee-for-service had been accepted by the Government. The Prime Minister, John Gorton, announced that the cost of any consultation would be covered by the scheduled fee less an amount of \$5.00. The College regarded this as inequitable and that the fee would divide professional services into two levels; those carried out by general practitioners and those carried out by specialists, thereby setting up discrimination in payments.²⁵

A plebiscite of College Members in March 1970 overwhelmingly supported the College's view that the fee proposals were inequitable.²⁶ This was against the Australian Medical Association (AMA) view, which supported the proposal. The College's decision to oppose the fee proposal caused a schism in the relationship between the two bodies that continued for some years.²⁷ Council decided to campaign on behalf of general practitioners to oppose the fee proposal. Meetings and press conferences took place from March until June 1970; RACGP spokesmen were frequently interviewed on television and their opinions reported in the daily press. After a series of meetings and visits to Canberra where agreement with the AMA could not be reached, the Bill was passed by both Houses of Parliament and became the *National Health Act 1970*, effective 1 July 1970. Members of colleges were justifiably angered by the decision and the College emerged feeling battered and bruised by the experience.

Moving past this event, positive and productive collegial relations were later re-established when, on 7 November 1970, a meeting of representatives of the AMA and the four royal colleges²⁸ in Australia reached agreement on other strategic matters. That:

- The plans of the College to promote, reinforce and upgrade general practice should not be opposed by the other colleges
- Obstetrics should remain accepted as a valid component of general/family practice
- All should work for a more realistic undergraduate education.

The Royal Colleges all established Specialist Recognition Appeal committees on which the RACGP had a seat. However, the College repeatedly pointed out that when applicants failed to be recognised as a specialist that this did not automatically qualify them to be general practitioners.

24 http://www.aams.org.au/contents.php?subdir=library/history/&filename=nat_assn_med_spec#3

25 In 1968 the Liberal-Country Party Gorton Coalition Government set up the Commonwealth Committee of Inquiry into Health Insurance under Justice Nimmo. The Nimmo Committee found that the existing health insurance scheme was deficient in some areas and extremely complex.

26 In total, 1350 members responded to the three questions posed in the plebiscite: on undertaking a political campaign, which would oppose the 'common fee' list; on differential rebates; and on the college pursuing its own independent campaign. The response was overwhelmingly affirmative, with approval ratings ranging from 77–91%. For further details see 'Valuing the General Practitioner', www.racgp.org.au

27 Historical Timeline of the Royal Australian College of General Practitioners, op. cit. p. 8.

28 Royal Australasian College of Surgeons (1927), Royal Australian College of Physicians (1938), Australian Council of the Royal College of Obstetricians and Gynaecologists (1949) and Royal Australian College of General Practitioners (1958).

The issue of the nature of consultations and adequate remuneration was still active in 1972 when the Mason Inquiry was held into the Schedule of Common Fees. At this Inquiry, the College argued that a general practitioner consultation could not be a stereotyped unit of service and should be recognised for its complexity. As a result, four grades of consultation length were recognised in the existing health benefit schedule. This occurred before the introduction of Medibank, an initiative of Labor leader, Gough Whitlam.

The Rose-Hunt Award and Prince Philip awarded Fellowship

Dr John G Radford was inducted as the seventh President of the College at the academic session of the 15th annual general meeting in Melbourne on 5 October 1972. On this occasion the Royal College of General Practitioners, London, through its president, Dr GI Watson, presented 12 silver medals to the Australian College commemorating two of its founding Members – Lord Hunt of Fawley (Dr John Hunt, first Honorary Secretary) and Dr Fraser Rose. Designated the Rose-Hunt Award, from that time it has been awarded to any person to render outstanding service in the promotion of the aims and objectives of the College. The one restriction imposed has been that it could not be awarded more than once each year.

The year 1972 was a long and eventful one in Australian history. Rising prices, increasing unemployment and escalating oil prices all created a feeling of insecurity that had supplanted the general optimism of the long post-war boom. An unsettled political environment and increasing challenges to traditional practices and values contributed to the uncertainty.²⁹ The Honourable Gough Whitlam, Member for Werriwa, was swept into government at the Federal election; he was sworn in as Prime Minister of Australia on 5 December 1972.³⁰ The Labor government, the first in more than 2 decades, set out to change Australia through a wide ranging program of reforms, including health reforms.

The following year, 1973, His Royal Highness, Prince Philip Duke of Edinburgh, President of the Royal College of General Practitioners, gave the occasional oration at the academic session of the RACGP Annual General Meeting held at the Lakeside Hotel, Canberra. In his speech, Prince Phillip announced that he felt well qualified to be RCGP President, because as a father, he had the care of the welfare of his family. Whether he had been briefed on the recent disharmony between the various medical organisations and the anticipated institution of health reforms that Gough Whitlam was keen to instigate, Prince Philip made a strong plea for the need for general practitioners to provide continuing service to their patients. While there is no evidence that general practitioners would have discontinued their services, the point was no doubt made. The President of the College admitted Prince Philip as an Honorary Fellow of the College.

National healthcare was on the government's agenda. Education and training, pivotal elements of the College's constitution, saw vocational education and training for general practitioners formalised in 1973. This occurred with the introduction of the Family Medicine Programme. After a decade of work developing methods of training general practitioners, in July 1973, Council submitted a working party document for consideration.³¹ It was approved by Council on 27 July 1973 and submitted to the Hospital and Health Service Commission.³² The

²⁹ <http://www.naa.gov.au/collection/explore/cabinet/by-year/1971-events-issues.aspx>

³⁰ The overall swing to Labor on 2 December was just 2.5 per cent. Labor lost four seats while gaining twelve and its majority of nine was only two more than Gorton obtained in 1969.

³¹ Council minutes of 1 June 1973 note that the document, known as Study 10, was the work of Drs A Rose, P Stone and M O Kent-Hughes.

³² The Royal Australian College of General Practitioners 1958-1978, Royal Australian College of General Practitioners, 1979, p. 60.

submission was successful and the College was offered \$1.1 million to set up a training scheme under the Community Health Programme Project. Council almost decided to reject the money, however, Wes Fabb and Neil Carson persuaded them to say ‘yes’ and the Family Medicine Programme was established; the first phase of the program continued until 1982.³³

Following mounting dissatisfaction with the existing voluntary health insurance scheme, major changes to Australia’s healthcare system were introduced by the government. After passing the legislation by a joint sitting of Parliament on 7 August 1974, the *Health Insurance Bill 1973* was the main Bill that established Medibank. The new national health insurance scheme began on 1 July 1975.³⁴

Whitlam’s term as Prime Minister ended abruptly. At 1.00 pm on Remembrance Day, Tuesday 11 November 1975, the Governor General, Sir John Kerr, dismissed the Whitlam Labour Government because they could not guarantee supply and for refusing to recommend a double dissolution of Parliament. Malcolm Fraser was sworn in as caretaker Prime Minister on the same day.

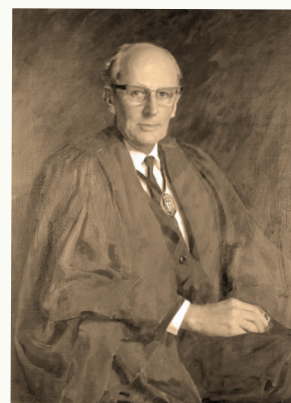
Dr Montague Owen Kent-Hughes *An indefatigable man*

Sadly, for Australian medicine and for the College, in January 1976, Dr Monty Kent-Hughes died. His contribution to the College had been enormous, and the College mourned his loss. Montague Owen Kent-Hughes, born 1907, was awarded MBBS from the University of Melbourne in 1930. He was appointed RMO at Melbourne Hospital 1931, RMO at the Children’s Hospital 1932, and Registrar 1933; Surgical Clinical Assistant 1934–1936. Monty enlisted as Major in the AAMC Reserve in World War II, 1941–1946. He was a member of the British Medical Association and Victorian Branch Council member 1939–1941 and 1950–1957.

Monty Kent-Hughes was invested fifth President of the College at the annual general meeting held in the Wilson Hall at the University of Melbourne on 10 October 1968. His Presidential address ended with these words:

We have a responsibility to our patients to see that they are always treated with the kindness and sympathy due to them and one of our special roles is to teach the humanistic side of medicine.³⁵

This dictum, as well as the College motto ‘with skill, tender loving care’ appears to have been truly upheld by the man. Monty is described as ‘indefatigable’ in his attendance at meetings; alternatively he is described as ‘a goad to action or as a dispenser of ideas’. By all accounts, he was a man who ‘livened every gathering’.³⁶ Council decided to recognise his major contribution to general practice and to the College by establishing the MO Kent-Hughes Memorial Medal. It is awarded to the candidate with the highest mark in the College examination each year.



³³ Wilde, op.cit., p. 7.

³⁴ There were also several accompanying bills, including the Health Insurance Commission Bill 1973. The Health Insurance Bill 1973 and the accompanying bills were rejected by the Senate on three occasions (12 December 1973, 2 April 1974 and 18 July 1974) but were subsequently passed at the joint sitting of both Houses (6-7 August 1974) following the May 1974 double dissolution election. <http://www.australianpolitics.com/elections/1974/dissolution-proclamation.shtml>

³⁵ The Royal Australian College of General Practitioners 1958-1978, op.cit., p. 22.

³⁶ Ibid., p. 24.

The 1980s and 1990s

In economic policy, the Fraser Government pursued the goals of reducing expenditure, streamlining the public service and providing responsible economic management. Although economic rationalism was introduced in policy debate by the Fraser Government, more traditional principles of financial management and fiscal policy marked the reality of Malcolm Fraser's prime ministerial term.³⁷

Part of the Fraser Government's principal of financial restraint was an examination of the College's Family Medicine Programme, established in 1973 by the Whitlam Labor Government. In 1982, the Fraser Government revisited the 1973 decision and asked whether training for general practice was really necessary and if so by whom?³⁸

Commonwealth funding for the financial year 1981-1982 was made contingent upon an external review of the program. The subsequent 1982 Hurley-Cummins Review supported vocational training for general practice – but within a shorter timeframe.³⁹ This decision made it clear to the College that future funding of the program could not be taken for granted.

In response to criticism during the Hurley-Cummins Review of Council's inadequate supervision of the Family Medicine Programme, at the first meeting of the College's 25th Council, the Family Medicine Committee of Council was formed to advise on the program. It was from this point that the Family Medicine Programme Mark 2 was developed.⁴⁰ Financial constraints imposed by government funding dictated that only half the number of places previously offered would be available; this spelled the beginning of the end for this program.⁴¹ In the following financial year the Family Medicine Programme was removed in cuts to Federal health funding. However, in an unexpected turn-around, the successful lobbying by the RACGP and the Minister for Health, Dr Neal Blewett, resulted instead in an increase in funding by \$1.1 million to \$6.65 million.⁴² In 1984-1985, as the first step toward accreditation, a Certificate of Satisfactory Completion of Training was introduced.⁴³ In March 1987, two Council resolutions were agreed: first, that the endpoint of Family Medicine Programme training should be Fellowship of the College, the FRACGP. Secondly, that by 1992 Fellowship of the College would only be attained following the undertaking of 'an approved course of training', that is, the Family Medicine Programme.⁴⁴ To assist the transition from Family Medicine Programme training to attaining Fellowship of the College, work had to be done.

Associate Professor Neil Spike *An interest in teaching*

Neil Spike graduated from the University of Queensland in 1978 and, following his internship at the Royal Brisbane Hospital, worked in his own solo general practice in Brisbane from 1981. He was awarded Fellowship of the RACGP in 1983, and was invited to join the RACGP Board of Examiners the following year. He reflects that he: 'started to become interested in teaching so I took medical



37 <http://primeministers.naa.gov.au/primeministers/fraser/in-office.aspx>

38 Wilde, *25 Years Under the Microscope*, op.cit., p. 21.

39 In 1981, M J R MacKellar, Federal Minister for Health appointed Dr T Hurley, OBE, an eminent Melbourne physician and Dr C J Cummins, former Director-General of Public Health and Chief Medical Officer to the Government of NSW, to conduct a review of the FMP.

40 The training programme's curriculum was 2 years' hospital experience; two 13-week terms of subsidised experience in a teaching general practice; a further period of experience in general practice under supervision; and, concurrent with in-service training, a two-year cyclical programme of educational courses accredited by the RACGP. Historical Timeline 1980s, op.cit.

41 RACGP Family Medicine Programme Annual Report 1982-83, p. 2.

42 History of the Royal Australian College of General Practitioners, Chronology, p. 31.

43 RACGP Family Medicine Programme Annual Report 1984-85, p. 5.

44 RACGP Family Medicine Programme Annual Report 1987-88, p. 2.

students and registrars into my practice'.⁴⁵ His interest must have been evident, because Clarke Munro, who was the then Censor-in-Chief, invited him to one of the Board of Examiners meetings in Melbourne as an observer. Neil came home from that meeting as National Co-ordinator of the Physical Examination segment; his response to this event was, 'what have I agreed to?'⁴⁶ This was his first official position with the examination area of the College. Since that time he became involved in the Queensland faculty in their Education Committee and Accreditation Committee and Research Committee.

Neil's Queensland practice was busy, but RACGP work, university commitments and the presence of registrars in his practice, meant that he needed an assistant to help out in the practice. However, when a patient commented that she would see him 'today because Dr Brown's not here', he realised that he needed to decide on his career path. Rather than devote more time to his practice, Neil made a decision to throw himself into medical education, knowing that if it didn't work out he could go back to general practice. Neil became a full-time medical educator with the Family Medicine Programme, Queensland, during 1992, before moving to Melbourne to become Director of Assessment with the RACGP in 1993. After 5 years in this position, he was appointed Executive Director of Standards for the College, with responsibility for all College assessments, the Quality Assurance and Continuing Medical Education Program, and for the development of practice standards used in the accreditation of general practices. Clearly Neil loved teaching and excelled at it.

Reflecting on his time with the College, Neil believes his major contribution to the College was the redevelopment of the Fellowship examination. At one Board meeting, Neil recalls that he said he felt the College was taking a 'bandaid approach, rather than a clean slate approach' to the issue. The Board's response was: 'okay, that's good, go ahead and do it'.⁴⁷ This meant that he had to come up with a plan to redevelop the Fellowship examination. In his development of the examination he used his networks and overseas contacts. In this process he met with Professor Cees Van der Vleuten of Maastricht University, The Netherlands. Neil remembers sitting in a meeting with Van der Vleuten, giving him the document that he had written for the redevelopment of the examination. Not saying anything, Van de Vleuten handed it back and said, 'You have developed the gold standard assessment in general practice around the world'. Professor Van der Vleuten was not the only international medical professional to comment in this way. In a recent interview, Neil stated: 'I think that was my proudest achievement'.⁴⁸ To date, he believes, the Fellowship examination has stood the test of time. Neil reflects that when the College developed the examination and the Fellowship process, 'we set up clear criteria for consistent, accurate decisions with appropriate documentation, which I think was what needed to be done to give all candidates a fair go'.⁴⁹

In 1999 the College saw the successful introduction of the new format examination. The revised format had been trialled in late 1998 and used fully for all 'first up' candidates in early 1999. As Censor-in-Chief, Dr Tim Flanagan reported in the 1999 Annual Report, 'The key strength of the College examination is that it has always belonged to general practitioners, and has reflected general practice. The new examination continues this ethos, but couples it with newer assessment tools'.⁵⁰ However, one set-back both the College and Neil experienced was that the work he had undertaken in developing alternate pathways to Fellowship had to be put on hold 'owing to lack of government funding'.⁵¹ This was unfortunate, according to Tim Flanagan, because it:

45 Interview, Neil Spike, 11 January 2010, transcript p. 2.

46 *Ibid.*, p. 2.

47 *Ibid.*, p. 7.

48 *Ibid.*

49 *Ibid.*

50 RACGP Annual Report, 1999, p. 7.

51 *Ibid.*

...would have appealed in particular to doctors outside the training program, including other medical practitioners and overseas trained doctors, to progress towards attaining Fellowship without having to sit the existing examination.⁵²

Working alongside Neil in the Examination Department were Ilse Quantrell and Patricia Ritchie. Between them, these women had 45 years experience at the College. Ilse Quantrell was the senior administrator within the Examination Department; she had joined the College in 1978. Patricia Ritchie had been with the College for 22 years, commencing in 1980.⁵³ Neil remembers these women fondly and had great respect for their work. According to Neil:

These staff members would work above and beyond the requirements of their positions because they enjoyed it and it was such a good team that we'd developed. ...Nobody truly recognised the contributions that they made.⁵⁴

The College awarded both women with an Honorary Membership of the College. Ilse Quantrell received her Honorary Membership in 1997 and Patricia Ritchie was honoured in 2001.

Neil Spike left the College in 2001 and worked as a consultant for several organisations including the New South Wales Medical Board, the Department of Health and Ageing in Canberra, and the Department of General Practice, Monash University. He also worked as the Assessment Consultant for the Faculty of Medicine, Nursing and Health Sciences at Monash University to develop assessment guidelines and processes for the new 5 year curriculum. Part of this role was to run professional development workshops for staff involved in assessment. Neil was awarded the Rose-Hunt Award for services to the RACGP and general practice in 2002.

The late 1990s – Winds of change and challenge

While the period of the 1970s and 1980s can best be characterised as a time of consolidation of College programs, by the late 1990s the winds of change and challenge were blowing the College in a different direction. In her second year as President, Dr Margaret Kilmartin, wrote in the 2000 Annual Report that:

The future of the RACGP will be dependent on our capacity to come to grips with emerging issues, to provide sound advice and support to Members, and to provide profound leadership for the profession.⁵⁵

The College was now 'moving in new directions'. By 2001, incoming President Dr Paul Hemming, reported that external consultants had been appointed to 'achieve a strategic refocussing of the RACGP, greater organisational cohesion, strengthened organisational management, and improved financial performance'.⁵⁶ A new Chief Executive Officer, Liz Furler, was appointed to implement the changes and to refocus the College's operations. Enjoying a membership of in excess of 10 000 general practitioners Australia wide, the RACGP prided itself on being the only truly independent national organisation representing general practitioners. The College clearly felt well placed to embrace the 21st century.⁵⁷

⁵² Ibid.

⁵³ Correspondence from HR department confirming start and end dates for Ilse Quantrell and Patricia Ritchie 5 March 2010.

⁵⁴ Neil Spike, Interview, 11 January 2010, transcript p. 10.

⁵⁵ President's Report, Annual Report 2000, p. 3.

⁵⁶ President's Report, Annual Report 2001, p. 3.

⁵⁷ Ibid.

Embracing the 21st century 2001 and beyond

On 26 May 2001, Council endorsed the strategic direction and recommendations flowing from the organisational review, providing a solid foundation for detailed business planning and organisational restructuring which has commenced and will continue throughout 2001–2002.⁵⁸

Dr Paul Hemming, President

Significant steps were taken during 2001–2002 in anticipation of the new and exciting directions the College saw itself heading in. The annual report detailed aspects of the College's new strategic direction:

- Resources were allocated to provide support for the President of the College and others to work more effectively in the political and public domain representing general practitioner interests
- Resources were allocated to begin planning for the provision of a comprehensive range of membership services, that is, add-ons that general practitioners could see as an immediate return for their membership fee
- Additional resources were allocated to undertake market research with the aim to better inform Members of College policies and to better communicate with politicians and the media
- As a consequence of decisions taken by the Commonwealth Government to establish new, competitive arrangements for general practice vocational training, the College separated out the training program from the rest of the College's core business. Vocational training service provision was transferred to General Practice Education Australia (GPEA). This strategic move was aimed to 'enable the College to both remain as the national standard setter for vocational training and practice in Australia, while retaining some involvement in the actual provision of vocational training through its arms-length company GPEA'.⁵⁹

However, the preliminary steps taken came at a drastic cost to the College. The Council decided in May 2001 to 'remove the executive director layer of senior management under the CEO'.⁶⁰ A review by external consultants indicated that the College was 'unable to sustain the top heavy layer of senior management that had been put in place in the previous 2 years'. Consequently, long serving staff such as Associate Professor Neil Spike, Professor Lindsay Heywood and Professor John Murtagh left the organisation in July 2001.⁶¹

⁵⁸ Annual Report of the Chief Executive Officer, Annual Report 2001, p. 10.

⁵⁹ *Ibid.*, p. 11.

⁶⁰ *Ibid.*, p. 11.

⁶¹ *Ibid.*, p. 11.

Turbulence, turning points and turn-around

Such drastic changes in direction and structure of the organisation must have resulted in a state of instability for Members and additional workloads for staff. A College wide voluntary redundancy program, introduced as part of the restructure of the College, led to a significant loss of staff and corporate knowledge. Financial losses exacerbated the climate of uncertainty among staff and Members. In July 2002, Liz Furler stepped down as CEO. However, as a consequence of the College's rapid growth, restructure and change of direction in 2001–2002 it was left with a significant financial loss. The huge task of rebuilding was needed to regain the confidence of Members. The election of Professor Michael Kidd as incoming President and the appointment of Acting CEO, Dr Philip Hegarty, to steer the College back to financial stability and its 'core businesses' around education, training and standards in general practice, was welcomed by Members.

In response to the startling news in 2002, Philip Hegarty, a long term Member of the College, let Council know that he was happy to help. As well as being an experienced general practitioner, Philip also held an MBA. His unexpected gesture was the turning point for the College when he advised Council that he would try to work on a complete restructure of the finances because he knew 'the College must survive'.⁶²

Both Michael Kidd and Philip Hegarty were widely respected in general practice and shared a rapport and straightforward approach with Members and staff alike. They set about the slow and arduous task of rebuilding the faith of Members, and in particular Fellows, in the stability and future of the College.

It was due to Philip's abilities and those of Dr David Thompson, Chair of Finance, that they were able to bring about a turn-around. The two of them tirelessly for months for the restructure and survival of the College. The dynamic duo was joined by a third member, Ruth Owens, to form a formidable triumvirate. Ruth joined the team as Finance Manager, employing her expertise, convincing the banks not to shut down the College. The efforts of these three individuals, together with the inspirational leadership of President Michael Kidd, enabled the College to restructure.

The CEO's report in the 2003 Annual Report⁶³ reflected on the situation and the rebuilding of the College. They were straightforward with staff and Members and wrote:

This has been a particularly turbulent year for the RACGP. After a trading loss of \$7.3 million last year, the RACGP needed to make significant changes to its operations. Over the past year the organisational structure of the RACGP has been achieved with the appointment of new national managers in the areas of finance, human resources, education, corporate affairs, QA&CPD, assessment and information technology.

Unfortunately, the RACGP also needed to reduce its staffing levels by about 30% and sell its building in Hartwell, the office of the Victorian faculty and General Practice Education Australia (GPEA). This has led to the RACGP being a much more streamlined organisation, able to reaffirm its role in setting standards, and defining quality in general practice.⁶⁴

This loss empowered Council and Members to reaffirm the College's core responsibilities: to improve the health and wellbeing of all Australians by supporting general practitioners,⁶⁵ to improve general practice standards, and to engage in education, training and research.

⁶² Interview, Claire Jackson 14 January 2010, transcript p. 4.

⁶³ Written by Dr Philip Hegarty (Acting Chief Executive Officer 2002-03) and Mr David Wright (Chief Executive Officer from March 2003).

⁶⁴ Annual Report 2003, p. 4.

⁶⁵ The Australian College of General Practitioners Second Annual Report, 1959, p. 2.

Professor Claire Jackson

'The extraordinary teamwork'

Professor Claire Jackson has enjoyed a long and distinguished association with the RACGP. Claire chaired College Council during 2002–2003, and on 11 June 2010, the College announced her appointment President-elect.

As Director of the University of Queensland Field Support Service, Claire was heavily involved in the development of Australian Divisions of General Practice in the mid-1990s. She has been a member of Queensland's General Practice Advisory Council, and is past Chair of the RACGP Queensland Faculty. Claire served as a member of the Brisbane Inner South Division of General Practice and South East Alliance of General Practice Boards between 1999 and 2007, and was a member of the Management Committee of the Brisbane South Centre for Health Service Integration. In 2004 she was appointed to the 12 member National Primary Care Strategy Expert Reference Group and provided a commissioned paper for the National Health and Hospital Reform Commission on new models in primary care. As part of her full-time academic role as Professor and Head of Discipline of General Practice, Claire takes at least two sessions in general practice each week in Brisbane.

When recently interviewed for this project, Claire reflected on her period as Chair of Council. She recalls that 'during this time staff worked incredible hours, they stuck with us, even though it looked as if the College might fold'.⁶⁶ She greatly regretted that a decision had to be taken to let a large number of people go. Naturally, she recalls, the remaining staff worked extraordinarily hard: 'No-one complained or whinged, we knew it was survival; that was the name of the game'.⁶⁷ Claire summarised her assessment of the College and its resilience during 2002:

It really reinforced to me just what a fabulous organisation it is. It values standards and training above all things, and there are hundreds and hundreds of Members, and hundreds of staff members, who just put all their heart and soul into that organisation. Although it was a horrible time to live through, the silver lining riding on all of that is to realise what an extraordinary bunch of people we were working with.⁶⁸

Claire elaborated on her vivid memories of College staff and Members contributing above and beyond their normal responsibilities:

I can remember [that] Philip Hegarty and David Thompson ... would just spread out what seemed like hundreds of spreadsheets of projections and dollars and options for how we could reign back on the debt and keep the functions of the College going. ... I have a very strong visual image of the complexity of that and the importance of that, and how crucial Philip and David's roles were in providing advice to Council.

The other image I have of that time... is the extraordinary teamwork. The senior managers and College Council all divvied up particular tasks and worked very effectively together. In fact when I look back over that awful 12 months where we really had so little



⁶⁶ Ibid., p. 4.

⁶⁷ Ibid., p. 5

⁶⁸ Claire Jackson, Interview 14 January 2010, transcript p. 5.

funding and were cutting back enormously on staff, it would not have been incredibly obvious to many Members what services they were losing. I mean we were really doubling up things, and people were procrastinating on deliverables so that they could actually finish off the core business. We cut our travel back to almost nothing, apart from the President travelling around a lot; everyone's travel went from business class to economy, and no-one demurred on that at all, even if they were flying to Perth. Everyone just got on and did what had to be done. That's probably my strongest memory, the extraordinary teamwork and ability to have a common vision about survival, and just to get on and do whatever it took over the next 12 months to ensure the College's future.⁶⁹

When she was asked to summarise both her experience and the College's responses to the turbulent times, Claire concluded:

The thing that I would like to be recorded is a new culture of accountability, of corporate savviness, and a decisiveness around the College's business that I think the College has not lost since, and was ...one of the good things to happen out of all of this.⁷⁰

The RACGP Council was overwhelmed by the strong support of general practitioners around Australia during 2002. During this period membership dropped from over 10 000 to around 1000. However, by 2004, the RACGP was the largest medical college in Australia.⁷¹ This can only be accounted for by the tremendous dedication, drive and determination shown by staff members.

Professor Jackson also speaks of the effective work undertaken by Virginia Redding, who came to the RACGP in August 2001 as National Manager, Communications and Government Relations. In her initial role she assisted the CEO in revamping the media, government relations and stakeholder relations functions of the College. In July 2002 Virginia took on the role of General Manager, Corporate Affairs. This role, as well as managing legal services, communications and media, included developing a strategic approach to membership and membership marketing.⁷² The Membership Department, under the leadership of Virginia, achieved record membership levels of 11 689 in 2004. Virginia also established the 'Friends of the College'. Along with the Acting CEO, Philip Hegarty and, from March 2003 the incoming CEO, David Wright, Virginia assisted in developing advertising, media and communications campaigns and strategies to increase awareness of the RACGP and general practice as a profession.⁷³ By the time of her departure from the College in October 2009, the College's membership had grown to more than 20 000 Members, providing more than \$10 million in revenue from membership subscriptions.

69 Claire Jackson, Interview, 14 January 2010, transcript p. 10.

70 Ibid.

71 RACGP, Annual Report 2004-2005, Melbourne, p. 6.

72 Virginia Redding, Curriculum Vitae, p. 4.

73 Ibid., p. 2.

Robyn Cronnolly

'A terrific contribution to rebuilding the College'

Robyn Cronnolly began working at the College in September 1994 as a casual administrative assistant. She had joined the College after a 17 year career at Commonwealth Serum Laboratories where she held various positions in their financial accounting department. In 1995, Robyn was permanently appointed as Administrative Assistant with the Services Division of the College. She was then appointed as Membership Advisor in the National Membership Department.

Virginia Redding remembers Robyn as a person who was passionate and devoted to the College:

'The College was always much more than an employer for Robyn – it was an extension of her family. She developed enduring friendships during her 13 years at the College and was respected throughout the organisation by both Members and staff, for her dedication, professionalism and honesty. Members adored Robyn as they knew if she took their call on the RACGP Membership Helpline, that she would not end that call until their problem had been resolved. Robyn's personality was so sunny and reassuring – she had an infectious laugh and you would always hear Robyn before you could see her! This was a rare and wonderful quality to have in a staff member who had daily contact with Members – it was as though they could hear her smiling down the phone and even the most difficult callers relaxed as soon as they started talking to Robyn'.⁷⁴



As Membership Advisor Robyn processed applications from prospective new Members, liaising with state Medical Registration Boards and Regional Training Providers. Robyn had day-to-day responsibility for the management of the Membership Department, co-ordinated membership functions and events, and was the key liaison person with state faculties. She was also responsible for maintenance of membership records and its database with her close colleague and friend, Gay Guinto. Robyn possessed a strong knowledge and understanding of the College, its products and services. She was a team player who was always highly professional with Members and had a warm, friendly manner. More importantly, she was highly regarded by state faculty membership staff as an authoritative source of information on membership issues and procedures.

Professor Michael Kidd AM, reiterated this point in his dedication to her in 2006; he pointed out that Robyn was 'the warm friendly voice on the end of the telephone whenever our Members called with inquiries'. He believes she made 'a terrific contribution to the rebuilding of the College' and that she was 'admired and respected by general practitioners from all around Australia'.⁷⁵

⁷⁴ Conversations with Ms Virginia Redding, 19 February 2010 and 12 March 2010.

⁷⁵ Dedication to Robyn Cronnolly from Professor Michael Kidd AM, October 2006, p. 1.

Robyn, a keen sportswoman, played competition tennis from the age of 12. She also loved her home life, and spent many years lovingly renovating her home in Melbourne's west; a home she shared with a succession of pet dogs and cats. Robyn also loved to cook, and was the creator of a substantial number of winning prizes at the Royal Melbourne Agricultural Show.

According to her sister, Maree Jones, Robyn's baking was always eagerly welcomed by her work colleagues and friends. Much to their delight, Robyn would often arrive at work with a basket full of freshly baked muffins. Robyn's cooking skills were recognised more formally when she started to enter Royal Melbourne Show competitions: chocolates were her specialty.⁷⁶ In 17 years of submitting entries, she won 17 first prizes, 14 second prizes, 11 third prizes and three special awards and various commendations. She appeared in several news features and was always willing to give advice to those who were interested in show cooking.

Robyn, it appears, while neither quiet nor unassuming, was never one to brag or boast. She was, nevertheless proud of her accomplishments. While her work colleagues were well aware of the three loves in her life – tennis, pets and baking, they may have been less aware of her community work. Robyn became Area Co-ordinator of the Spotswood Neighbourhood Watch, producing a newsletter each month and was the driving force behind that branch. She also became a foster carer to a young disadvantaged child, a role she treasured, and one which truly reflected Robyn's wonderful kindness to others.

In recognition of her work with the College, in September 2005 at a ceremony in Darwin, Robyn received Honorary Membership of the RACGP.

Following a series of tests in early April 2006 Robyn was diagnosed with ovarian cancer. Robyn died on 22 October 2006. All who knew her mourned her untimely passing.



Conclusion

For the past 52 years, staff and Members of the RACGP have made major contributions to general practice in Australia. Bill Corlis demonstrated an extraordinary gift for designing, organising, and conducting regional postgraduate training. He and Monty Kent-Hughes are considered to be the two greatest contributors to medical education in general practice in Australia in the 20th century. Neil Spike redeveloped the Fellowship examination; Claire Jackson led the College during its turn-around in 2002, assisted by Philip Hegarty, Virginia Redding, David Thompson and Ruth Owens.

Because of Robyn Cronnolly's long and personally rewarding association with the College, her family felt it was appropriate to give something back to the College that she loved so much. This essay forms a formal tribute to Robyn, and also to the staff and Members of the College.

⁷⁶ 'The Dash in Robyn's Life', Eulogy, October 2006. I extend my thanks to Mrs Maree Jones for supplying this document.

References

Archives, books and annual reports

Anderson N, Chancellor A, Fisher E, Norton H. The Royal Australian College of General Practitioners 1978–1988, Melbourne, 1990.

Neville F Babbage. ‘Outstanding Medical Educator’. RACGP Archive, p. 1; Eric Fisher, ‘Wilson Leighton Corlis OAM, An Obituary’, RACGP Archive.

The Royal Australian College of General Practitioners, Annual Report, 1959–2009.

The Royal Australian College of General Practitioners. The Royal Australian College of General Practitioners 1958–1978, Sydney, 1978.

Winton R. A’Body’s Body: The first Twenty-one Years of The Royal Australian College of General Practitioners, Sydney, 1983.

Wilde S. 25 Years Under the Microscope: A History of the RACGP Training Scheme 1973–1998. South Melbourne: The RACGP, 1998.

Interviews

Claire Jackson, 14 January 2010.

Neil Spike, 11 January 2010.

Maree Jones, 19 February 2010.

Ronald McCoy, 5 March 2010.

Virginia Redding, 19 February and 12 March 2010.

Websites

Historical Timeline of The Royal Australian College of General Practitioners. RACGP website: <http://www.racgp.org.au/timeline>

http://www.aams.org.au/contents.php?subdir=library/history/&filename=nat_assn_med_spec#3

<http://www.naa.gov.au/collection/explore/cabinet/by-year/1971-events-issues.aspx>

<http://primeministers.naa.gov.au/primeministers/fraser/in-office.aspx>