To the Editor: We recently had some interesting discussions in our Department about what to answer MBChB VI students who ask us why they should specialise in family medicine and what makes it different from being a general practitioner (GP).

One of my colleagues was fascinated by my short response: “the Calgary-Cambridge Observation Guide and the three-stage assessment”. I then sent him this model to show him how I define a family physician to my students. Maybe other GPs will also find it interesting.

In a world where crime seems to be an everyday part of life, at all levels, I try to encourage my students to always stay on the straight and narrow. It may not make you rich in a monetary sense, but at the end of your life you will know that people respect you. So the umbrella ‘over’ all doctors is ethics. Biomedical knowledge is of vital importance. You cannot diagnose something that you do not know of. We may ‘doctor’ our patients well, but when it comes to talking to them, we do not fare nearly as well. Students always complain that the family medicine way of consultation takes much longer. To this I answer that if you streamline getting the correct and relevant information and organise it appropriately, you will be more efficient and effective.

This year Family Medicine launched a new four-year registrar training programme since it is evolving as a specialist discipline. South Africa needs skilled generalists more than anything else. Hopefully Family Medicine-trained doctors will help fill this very important need in our developing country.

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