Members of the South African Academy of Family Physicians, colleagues, ladies and gentlemen. It is a great honour and privilege for me to deliver my report to the 27th annual general meeting (AGM) of the academy. Let me begin by offering my apology to you for the delay in convening this AGM because of our auditor’s inability to complete and provide us with the financials in time for the last planned AGM. This resulted in a postponement not only of the AGM, but also of the elections for the new council of the academy.

I am pleased to report that we have finally had the elections and the new council is composed of Bob Mash, Gboyega Ogunbanjo, Jimmy Chandia, Jannie Hugo, Cyril Naidoo, Hannes Steynberg, Ian Couper, Neethia Naidoo, Bruce Ilsley and myself. The rest of the 18 member council is still to be filled by representatives from family physicians in private practice, associate academy members, family medicine registrars and the Rural Doctors Association of South Africa (RUDASA). The new council will soon convene to elect an executive consisting of president, vice-president, secretary, treasurer and two other council members.

This of course means that this is my last report as president of the academy. It has been a huge challenge to lead the organisation over the past years. It has, however, also been quite a privilege and an exceedingly rewarding experience to work with my colleagues during the process of transformation of the academy during this period. The organisation is now poised to play its rightful role in the development of the domain of family medicine in South Africa and the continent.

Since the last AGM, the academy has become affiliated with the South African Medical Association, a step that will enable us to make use of the organs of SAMA to participate in the professional and political discourse in the country. The academy will have representations in both public and private practice committees of SAMA. I have already been participating in the private practice committee to begin to shape the role and remuneration of family physicians in private practice.

The academy is also poised to play a big role in the discourse about the introduction of the national health insurance (NHI) in South Africa. While I fully endorse the need for full access of quality and affordable health care to all South Africa’s citizens, I have my doubts as to South Africa’s readiness to afford a free health care service for all its people at this point in time. The truth, however, is that whether or not NHI gets introduced in South Africa, the greatest health care delivery need in the country is primary health care delivery, which is in the domain of family medicine. Our discipline is therefore a major stakeholder in any plans to improve the delivery of health care in South Africa.

We chose the term “academy” for our organisation for a reason. Academy implies higher learning, research and intellectualism. Intellectualism is about mainly, if not wholly, deriving knowledge from pure reason and this means cultivating wisdom. The current challenges facing health care delivery worldwide, including here in South Africa – increasing burden of disease and escalating cost of health care delivery – is crying out for wisdom in its clinicians and not just scientific knowledge. The academy and family physicians have a leading role to play in interrogating our medical paradigm and in search of a new paradigm to enable us to deal with the challenges of delivering modern health care.

Well, colleagues, allow me to close my address with special thanks to the academy board for devoting a lot of their precious time to the affairs of our discipline. I would like to extend tons of gratitude to members of the executive with whom I have worked very closely in navigating all the hurdles that go with running an organisation of doctors – Khaya Mfenyana, Neethia Naidoo, Cyril Naidoo and Bruce Ilsley. Two other individuals have over the years earned my respect and gratitude for their boundless energy and willingness to serve their profession – Pierre de Villiers and Gboyega Ogunbanjo. While I am thanking these two for their availability to me in carrying out my task as president of the academy, I would also like to express my appreciation for the sterling work they do in delivering a superb academic journal for family medicine – South African Family Practice. My last thanks go to the academy staff members Lucille Pick and Charmalin Simpson who run our Johannesburg and Cape Town offices, respectively.

With that, let me thank you all for your attention and have a good academic meeting this afternoon.

Shadrick Mazaza
President and Board Chairman: South African Academy of Family Physicians