Teaching for Change

In his inaugural lecture\(^1\) Jacques Kriel argues that the practise of medicine has a greater influence on teaching and training than the converse. So often teachers feel they are building the future of medicine. In reality, much of what we are about, is rather a protection of the past.

Academy members should all have received our Booklet Series No 5 by now. The report is about a workshop held to discuss “Relevant undergraduate medical education for southern Africa — with the Transkei as a Case Study”\(^2\). (It is available on request from SA Family Practice.) A strong theme comes out of this workshop which is also supported by findings of the Wits Workshop\(^3\) on alternatives in Medical Education held in December 1988. The conclusion is that the context in which teaching takes place is a major determinant of what gets learnt. Perhaps, another way of saying this, is that the practise of medicine is very important to teaching.

If Family Medicine/Primary Health Care is to receive adequate newly trained practitioners into its ranks, then both undergraduate and postgraduate training should give far more attention to where they are being trained.

In spite of all the talk about the importance of general practice/primary health care, almost all our training is still happening in specialist, tertiary care settings inappropriate to our discipline. The Academy has made a small but significant contribution here with its vocational training programme that is now functioning in KwaZulu, the Border and Ciskei area and in the Western Cape. Doctors are being trained in the areas and kinds of work where they are needed and may actually end up practising.

At the Wits Conference an informal network was established to promote the concepts of Community based and problem based learning at the undergraduate level. The group will report on progress in July 1989. We look forward to its progress. Perhaps such teaching can influence future practise.

References:
3. See “From the Medical World” in this issue.