Past, present and future

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Thirty years ago, we the General Practitioners were an unrecognised group of doctors and were at the lowest step in the medical hierarchy in South Africa. The achievements of the general practitioner were unrecognised and he received little or no respect from his colleagues and patients. However, the young general practitioners of that era fought and strove for recognition, particularly from the academics at the Medical Schools.

In 1958 Dr Ian Grant, a doyen in Family Practice from Edinburgh visited South Africa — thereafter five regions of the Royal College of General Practitioners were established in South Africa.

After a decade or more we formed the South African College of General Practice. In 1970 we joined the then College of Physicians, Surgeons and Gynaecologists to form a single College in South Africa involving all of the medical disciplines, we then became the Faculty of General Practice of the college of Medicine of South Africa.

In 1981 we formed the South African Academy of Family Practice/Primary Care which is our present academic body. We formed this body mainly because we had lost our autonomy within the College of Medicine, and by and large very few General Practitioners had written the membership examination of the College, however we still maintain strong ties with the College of Medicine. They are our examining body.

As an Academy we must have cordial relationships with the Medical Association, the Universities, the State and City Health Departments. Our relationship with the College of Medicine must be on a basis of cooperation and understanding, both the Academy and the Faculty of General Practice must stand together as a single body. For together with the National General Practitioner group, we the General Practitioners can utilise a single voice and be the most powerful medical discipline in South Africa. Together we will improve the status of the General Practitioner in our country.

The General Practitioners of South Africa have made tremendous strides since 1958. We are recognised in the international field as being General Practitioners of the highest ability, our standards of practice are equal to any in the world. Being active members of the world organisation of national colleges and academic organisations or of General Practitioners/Family Physicians (WONCA). The South African General Practitioners have made outstanding contributions to this international body, not only in the scientific fields but as well as being members of the standing committees and executive councils.

Let us not be complacent for these achievements both in South Africa and overseas, as they have been made only by a few devoted and interested General Practitioners — it is time that you, the General Practitioners — particularly, the young energetic Practitioners — take part actively in your discipline by joining the various committees of the Academy. We have reached a stage in our development where the older members of the Committee should act in an advisory capacity and leave the handling of the Committees to the young members of the Academy.

By and large you the General Practitioners are a disinterested group of doctors who are prepared to leave the organisation of the Academy, its meetings and its future in the hands of a chosen few. Certainly you attend meetings where a meal is offered as an incentive, but if no meal is provided then attendances at meetings drop considerably. It appears that the input of food and drink is far more important than the input of knowledge.

One must not adopt an attitude of “What do I get out of it” — surely by attending the academies continuing medical education programme and preparing yourselves to sit the higher examinations either the M.F.G.P. or the M.Prax.Med. is important, not only for you as doctors, but for your patients as well — personal gain is of no importance. The academy provides a forum for discussions, the holding of seminars, lectures and post graduate teaching — it is up to you as individuals to participate.

In general practice there are three major educational policies which should be implemented to improve our status as well as our patient care. Firstly, vocational training for the General Practitioner should be made a statutory requirement for doctors who intend entering General Practice.

Secondly, each university should establish departments of General Practice — the chair of the University of the Witwatersrand is now a reality and very soon will be advertised.

Thirdly, it is the belief of the Academy that the competence of its members can be fully measured by the examination as presented by the College of Medicine of South Africa. Hopefully this examination will be improved and expanded to the level of the General Practitioner Colleges overseas.

A specialist in general practice must never be envisaged in South Africa. We must have highly qualified deliverers of primary care and we will leave specialisation to our learned consultants.

Primary Care/General Practice is an essential level of care in all health systems and must form the basis of all medical care; to provide excellent primary health care we require: clear definitions of roles and objectives; effective education for those entering and those already in practice; appropriate numbers of primary care physicians and supportive staff; adequate premises and facilities for diag-
nosis and treatment; supportive hospital facilities; stimulating incentives and rewards; sabbatical leave and attendance at courses overseas; ongoing research and evolution is essential for the future development of Family Medicine in South Africa.

To achieve these aims it is necessary and incumbent upon our Government to fund for these provisions and establish departments of Primary Care at all medical schools in the Republic. The Minister of Health should not sit in judgement as to what we as doctors should earn. He should rather cast his eyes in the direction of the medical aid societies and tax their profits to provide for Primary Care resources in South Africa.

We in South Africa are lagging behind in the dramatic events of education and training for General Practice which has taken place throughout the world in the last two decades. We seem to be thwarted in every direction for our medical council have failed to accept and recognise General Practice as a field requiring special education and training. The future requires a spread of the concept of vocational training and Primary Care education and must be accepted by all those who choose to enter the field of Primary Care, be they doctors, nurses, social workers and other members of the Primary Care team. Having achieved such acceptance it will be necessary in the future to improve the standards and qualities of training programmes.

Programmes for vocational training for new recruits into General Practice is an urgent requirement in South Africa as is the teaching of General Practice to undergraduates and the continuing education programmes for the active General Practitioner.

With regard to the latter the Academy has established "small cell" teaching groups within the larger regions. These "small cell" groups meet regularly and members can meet and know one another and talk freely and thus enable members to have a greater input than if they were in large groups.

I cannot continue this address without mentioning the fragmentation of medical politics in our country. I plead with all doctors to become and remain members of the medical association who represent you in more ways than you realise — fees is only one fraction of their work. There are about 18 General Practitioners who serve on the Federal Council of the Medical Association and serve the interests of all General Practitioners in South Africa.

Formation of splinter medical societies only cause unnecessary conflicts and less of political power. The Medical Association is one of a number of organisations which has formed the Health Strategy Group. This group has created the South African Health Foundation which will in future co-ordinate and promote the health care system in South Africa, so that liaison and cooperation between the Government and the private sector will be an absolute necessity for the future health care providers in the Republic.

This may mark the turning point in the future of medicine in South Africa.

While we in South Africa must meet our own challenges, solve our own problems and direct our own affairs, it would be most undesirable for us to break of the harmony and cooperation we receive from overseas colleges, associations and countries. These historical limbs must be maintained at all times, for these links are vital for the future of South Africa and its doctors.

Human nature being what it is, self interest rather than morality is often the guidance to the General Practitioner — hence, one hears of overcharging, ignorance of recent advances in the medical field and poor quality of medical care and most of all poor communication with patients.

As members of the Academy you commit yourself to practise the highest standards and ethics of practice as well as to a certain minimum continuing medical education — this can easily be achieved by attending regular symposia and meetings as organised by the Academy.

It may be possible for you to be an active member of one of the various committees — what really matters is that when working in your consulting rooms you display your certificate of membership of the Academy — for then it demonstrates that you share in the ideals of the Academy and offer your patients a service of excellence.

Academy membership offers certain advantages to members — but