



Pierre JT de Villiers

Building the new specialty

It is often said that the only constant thing in the universe is change. That indeed also applies to our discipline, family medicine. On 17 August 2007 regulations were promulgated making family medicine a medical specialty in South Africa, following the example of many other countries.¹ This has far reaching implications for the discipline, such as education and training, and for the delivery of health services in the private and public sectors. Since the publication of these regulations registrar training programmes had to be developed and accredited by the Health Professions Council of South Africa (HPCSA), to be in time for the new academic year in 2008. Fortunately, we could lean on the excellent groundwork done in the development of vocational training and masters programmes in family medicine over the previous two decades.

The good news is that a number of universities managed to partner in time with the provincial health authorities, and programmes have already started in some of the provinces. A good example of such excellent collaboration is the Western Cape Province (WC). In this province, 20 new registrar posts were created for 2008 in the provincial Division District Health Services and Programmes, organised in 3 rural and 2 metro training complexes. Registrars follow the MMed (Fam Med) degree programmes of the universities of Stellenbosch and Cape Town. The registrar training programme is managed at operational and strategic levels through joint (provincial and university) management structures. The academic programmes are already in full swing and all posts were filled. Planning is also underway for the 2009 intake of another 20 registrars.

Whilst the new entrants into the specialty are settling in their training programmes the HPCSA is still grappling with the "grandfathering" of practitioners who qualified as family physicians before the publication of the regulations, and those in training at the time of publication. It has been assumed that all practitioners registered in the old "category" of family medicine (independent practice and public service) would be registered as specialists, following a decision to the effect by the Medical and Dental Professions Board on 4 October 2005², but at this stage only practitioners linked to one of the university training programmes will be registered until such time that the grandfathering process is finally sorted out. Practitioners are advised to wait for a formal announcement in this regard before applying for registration as a specialist family physician.

A new South African family Practice journal (SAFP)

Readers will note a new look SAFP, commencing with the celebration of our 50th year of publication. The story started with the publication of *Geneeskunde/The Medicine Journal* in 1958, and somewhat later *SA Family Practice/ SA Huisartspraktyk* in 1983. These two publications

"The times are a-changin'"

*Then you better start swimmin'
Or you'll sink like a stone
For the times they are a-changin'.*
Bob Dylan

were joined under the title **South African Family Practice** in 2003. Over the years SAFP has developed as the flagship academic journal for the discipline of family medicine both in South Africa and on the African continent. The advent of the specialty required a new commitment to the development of the discipline through research and the dissemination of knowledge through continuing professional development (CPD). The new SAFP will therefore be a bumper bi-monthly issue focusing on locally relevant CPD and new research. The full text of the CPD articles will be in print and online (www.safpj.co.za), whilst the research papers will have the abstracts in print and the full text online (print short, web long). We trust our readership of more than 15,000 (print and online) will enjoy the new SAFP.

Editor's choice in this issue

The **art of jazz music** is compared by Steve Reid to the art of consulting as a family physician in a fascinating article.³ Both jazz musician and family physician follow familiar patterns in their practice but require adaptation with every performance or consultation in order to achieve the best results. Music lovers will appreciate his ideas and metaphorical wordplay between music and medicine.

In view of the new specialty training programmes the questions asked by Dippenaar and Steinberg⁴ about the **relevance, validity and reliability of the final examination of the masters in medicine (family medicine) programme** at their university are very relevant. The reader will decide about the validity of their very positive conclusions.

Jaschinski and De Villiers investigated the **learning of practical skills by interns** during their year of internship.⁵ Using a qualitative approach, the perceptions of interns were tested. The value of training in a regional hospital with adequate supervision was emphasised. It would be very interesting to repeat this study with the new two year internship.

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Editor

References

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