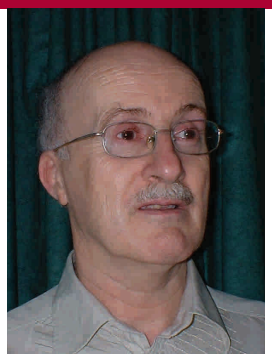

Training Family Physicians: Opportunity Knocks for the Private Sector

Post-graduate training will be mandatory for doctors wanting to work as independent family physicians from 2009,[1] yet my impression is that most general/family practitioners in private practice (GPs) seem unaware of the training proposals and the fact that they can still influence their formulation. The process for family medicine specialty training was initiated by FaMEC (South Africa's Family Medicine Education Consortium), assisted by ICHO (the inter-universitary consortium for Family Medicine training, Flanders, Belgium).[1] When Family Medicine was recognized as a Specialty in October 2003 by the Health Professions Council, the Medical and Dental Board tasked the General Practice Committee to advise it on training requirements. The committee's chairman, Professor Jannie Hugo, has consulted widely with doctors organizations to formulate training proposals. A major consultative meeting was held at the Sizanani Conference Centre, Bronkhorstspruit, in December 2003. The training process was outlined in a SA Family Practice Editorial.[2] Family practitioners will be trained in the public health sector, within the district health system. The overall control of post-graduate training will be vested in the eight university family medicine departments. The public sector stands to gain immensely from the increased number of staff and the strengthening of a career pathway in family medicine. GPs will have a role in post-graduate training as district, sub-district or local area family physicians.

The majority of general medical practitioners in South Africa is in private practice[3] and constitutes an enormous untapped training resource. As GPs, we need to make concrete proposals as how we can assist in training. We can be involved in the public sector and/or offer training in our practices. In countries with well developed private sectors e.g. Ireland and Australia, training is done by GPs under the control of a training authority. From personal experience in Ireland, I am convinced that standards of family medicine have improved by the involvement of non-academic GPs in both the training and examination/certification of GP trainees. They are part of a cycle of continuous assessment and improvement of their practices. I am not aware of evidence that academic departments of family medicine provide better training than that provided by GPs. I would hope that after some years when we've demonstrated our capacity to do vocational training in our practices, the control of training would be devolved to a General Practice Training Authority. This would oversee GP training and comprise representatives of HPCSA, FaMEC, consumer groups, GPs groupings and the Department of Health (DOH).

We need to be innovative in devising training structures that could take GP trainees into our practices. To date, training schemes that have been undertaken in Cape Town and in KwaZulu-Natal have not placed registrars/trainees in private practices. Funding is a major issue. The DOH should fund the GP trainee (registrar) while undergoing training in a practice and pay the GP as a part-time lecturer. In the meanwhile, we could consider offering training placements as part of university family medicine programmes by hiring a trainee as an assistant and setting aside structured time for teaching.

Reasons for more involvement of GPs in training include the Government's intention to increase access to private care through the Social Health Insurance plan. Also, as general standards of living improve, more patients will access private health care. Furthermore, GP trainees should have some training in a sector with better material resources and where long-term doctor-patient relationships are the norm.

There are many other issues that need to be decided upon. With the introduction of mandatory post-graduate training in Ireland, all GPs were invited to be foundation members of the Irish College of General Practitioners and given automatic specialty status. An inclusive approach to family medicine specialization is surely a better ideal that the top down approach currently planned in South Africa. It is not too late to lobby for a new College of General Practitioners. We should not have two tiers of GPs, those with formal qualifications and those without. Such a situation has left a legacy of division among GPs in the UK.[4]

We need clarity on the format of a Specialty Examination. It seems that the Colleges of Medicine is set to abolish the MCGP in favour of a Fellowship examination. The universities will continue with the M FAM MED. Is there to be a two-tier system of Specialist qualifications with a College Fellowship considered to be inferior to M FAM MED? Will GPs in private practice before the cut-off date for the requirement of post-graduate training need to be accredited by means of practice inspection? If so, who does the inspection and are public health facilities also to be inspected to the same standards?

I urge all GPs to urgently consider the issue of postgraduate training and accreditation. We must make our views known and lobby to ensure that we have the most appropriate system for South Africa. This is an exciting opportunity to be involved in a new phase of development of family medicine. The General Practice committee of the HPCSA would also welcome our input.

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