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Training for Family Medicine

To the Editor: In response to the editorial of De Villiers I wish to make some comments[1]. Being in agreement with most of his sentiments I wish to congratulate him and all those who worked so tenaciously to achieve the establishment of Family Medicine as a speciality.

Two issues induce me to comment. He says we need to tackle, "what would be relevant training for Family Medicine (content, context, scope and duration)…..". In my view the process and context of training are greater determinants of outcome than content, scope and duration. The latter three need our full attention but should not drive the training to the detriment of process and context. Practice based and patient based processes of training, skilfully applied, deliver family physicians that have lifelong learning skills. They can adapt to almost any context and scope required in a new situation.

Secondly I wish to give an alternative perspective on the perception that initially we,

"……mainly followed the so-called 'McWhinney' (developed world model)…."

After time at McCords Hospital in Durban and Livingstone Hospital in Port Elizabeth, practicing procedural skills in rural Eastern Cape was my bread and butter for ten years. However the context also drove me and others to spend more and more time in the district on community based issues improving access and caring for people as close to their homes as possible. Then Howard Botha introduced me to Mc Whinney's seminal article on the Foundations of Family Medicine in 1975[2]. In 1976 I hosted his one month visit to South Africa and spent much time with him. My experience of the principles was one of a liberating process. I felt no hesitation in seeing the principles as universal rather than as a Western/developed world model. Ted Germond after 27 years experience in Lesotho had the same reaction[3]. It was not this model that prevented us from teaching procedural skills. It was the power of people in administration, public health and nursing that prevented us from establishing our training in an appropriate context. We made many attempts at Medunsa in the years from 1977 onwards to establish the Department in association with a health district including a district hospital. We were thwarted each time.

By labelling the principles as "developed world principles" they loose some of their considerable impact. The principles need not block any person with an open mind from responding adequately to every context family physicians may find themselves in.

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