



**Pierre JT de Villiers**

### History

South Africa embarked on the road to establish family medicine as a medical specialty during the early 1990s. A special registration category of “family physician” was created to give recognition to practitioners who have completed postgraduate education in family medicine, such as the MFamMed or MCFP(SA). In 2000, a compulsory period of vocational training for registration in this category was introduced, which meant a period of supervised clinical training in an approved clinical training position. Applicants for registration in this category were screened and accredited by the Committee for Family Medicine (CFM) of the Medical and Dental Professions Board (MDPB).

In 2003, the MDPB resolved that family medicine would become a medical specialty and the CFM was tasked to make preparations and policy proposals to the MDPB. During 2005 the MDPB accepted the proposals of the CFM, inter alia that the “regulations relating to the specialties and subspecialties in medicine and dentistry should be amended to include family medicine as a specialty”, and in terms of grandfathering resolved that “when regulations were published, all practitioners registered as Family Physicians: Independent Practice and Family Physicians: Public Service would be registered as Specialists: Independent Practice (Family Medicine) and Specialists: Public Service: (Family Medicine) respectively”.

### Training requirements

The regulations on the specialty of Family Medicine were finally promulgated in Government Notice R717 of 17 August 2007. These regulations made provision that in addition to the required postgraduate qualification (MMed in Family Medicine or the Fellowship of the College of Family Physicians), “a person shall have obtained at least four years’ education and training, three years of which shall be in an accredited registrar’s post.” This meant that family medicine was now on par with other medical specialties in terms of training requirements. The only way to become a specialist in family medicine is through an accredited full-time postgraduate education and training programme, i.e. successfully completing the MMed (Fam Med) programme of a university.

The outcome of this training would be a medical generalist who would be able to function independently at the district level of healthcare, including the level 1 (district) hospital. The implication is that training has to take place in community health centres, district hospitals, and when needed for specific skills, in secondary hospitals. Training has

## Becoming a family medicine specialist

to take place under supervision of specialists. In district hospitals that means supervised by a registered family physician, and in secondary hospitals supervised by the specialists in other clinical disciplines during rotations. The emphasis of training is however not on rotations in other specialties, but rather on the attainment of skills. Some district hospitals will be able to offer the full package of skills, whilst in some instances it may be necessary to obtain those skills in targeted rotations in other specialties. For each registrar, a four year training plan will need to be drawn up by the training complex coordinator in consultation with the registrar, taking into account the pre-existing skills and the gaps that still exist in terms of the intended outcomes.

### Grandfathering

A new specialty needs trainers, and there are many competent family physicians in the country that may also want to be registered in the new specialty. In April 2008, a task team representing the SA Academy of Family Practice/Primary Care (Academy), the College of Family Physicians and the university family medicine departments/divisions made a proposal to the Subcommittee for Postgraduate Education Training Medical (PETM) of the MDPB regarding the grandfathering for specialists in family medicine.

The PETM accepted the core of the task team’s proposals, namely: All practitioners who were registered and/or were eligible to register in the categories Independent Practice/Public Service (Family Medicine), i.e. known as family physicians in the old dispensation, would be registered if they met one of two criteria: (1) they are involved in the postgraduate (MMed) training programme in family medicine of a university as a tutor/supervisor, or (2) they are qualified with the MFamMed/MMed in family medicine and satisfy the vocational training requirements of that university for the qualification.

A grandfathering period of 5 years would apply, up to 17 August 2012. Applicants need to complete the application forms, which are obtainable from the HPCSA, and pay the applicable once off fee. One of the forms (57 FAM) needs to be completed by the university where the MFamMed was obtained.

I would like to encourage all practitioners who would qualify in terms of the grandfathering criteria to apply. Call the secretary of the Subcommittee for Postgraduate Education and Training (Medical) at 012-3389329 to obtain all the forms.

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Editor