

## Redefining "unity" – is there a third way?

The "historic compromise" reached by the South African Academy of Family Practice/Primary Care (Academy) and the Colleges of Medicine of South Africa (CMSA), supported by the Family Medicine Education Consortium (FaMEC) to bring about unity in academic family medicine, was announced on this very page of SA Family Practice just more than a year ago<sup>1</sup>. Unfortunately there is still no "unity" and no reason to believe that it will happen soon.

Frustrations are mounting since the negotiating process is dragging on into its sixth year. One can bemoan the fact that the CMSA is stalling the process, and carrying on as if nothing has happened. Such a response will probably not be entirely without merit. Some of us may also feel betrayed by the leadership of the CMSA who brokered the "7 point plan" deal with us.

Maybe the matter of merging the two organisations is more complicated than what was anticipated, or maybe the CMSA leadership overplayed their hand and could not sell the deal within the CMSA itself. More likely however, the CMSA is not ready to give independence to one of its constituent colleges, in the fear that others would like to follow, ultimately leading to the demise of the CMSA itself.

Be as it may, some of us feel that we now need to withdraw from all merger talks and form a new and independent academic body for family medicine, conferring its own qualifications. Others argue that we need to re-negotiate a less threatening deal (to the CMSA) with the CMSA. They argue that although such a deal may lead to the demise of the Academy, it may yield a stronger College of Family Physicians (CFP) within the CMSA. It would then be possible to negotiate from much a stronger position within the CMSA to attain the kind of independence academic family medicine ultimately seeks.

Between these two opposites there may be a "third way". The essence of this alternative option would be to maintain and build three strong and separate academic organisations (Academy, FaMEC

and the CFP), but each with a very specific and defined role and minimal overlap between their functions, under an umbrella organisation (confederation). The rationale is that it will give family medicine the best of both worlds – complete independence with regard to continuing professional development, scientific assemblies, research and scientific publishing, whilst staying inside the CMSA to develop postgraduate examinations of a very high standard, including the very elusive fellowship.

The solution to "unity" may therefore not be in *merging* two very unwilling partners (Academy and the CFP), but rather in *eliminating overlap* and duplication between them to allow each to focus on its strengths, whilst creating greater unity of purpose. The answer may therefore not be a "unitary state" but rather a "confederate state", with a weak central government, which has the sole function of providing strategic focus and co-ordination in order to ensure convergence of all efforts to develop the discipline in South Africa.

In this third way the Academy would limit itself to CPD, organising scientific assemblies and promoting research through amongst others publishing original research – and give up the idea of offering professional examinations. The CFP, remaining within the CMSA, would be only an examination body fully controlled by academic family medicine within the CMSA. FaMEC would transform itself into a society of teachers of family medicine and focus on teaching and research in family medicine, its members vigorously supporting both the Academy and the CFP.

The unity steering committee, which was formed in 2001, has now proposed a process that may move us closer to this alternative option<sup>2</sup>. The basic idea is to hold a summit of academic family medicine leaders, hoping to formalise a network of family medicine organisations, which would plan the way forward towards "unity". This is a good start. Maybe it is the first step towards creating a "confederate government" for academic family medicine, an essential component

of the "third way".

Pierre JT de Villiers  
Editor

1. De Villiers PJT. To be or not to be (independent) [editorial]. SA Fam Pract 2001;23(6): 2.
2. Update on unity in academic family practice. Academy News. SA Fam Pract 2002;25(6): 26.

### Special announcement – a new associate editor

It is a pleasure to inform the members of the Academy and our readers that we have a new associate editor. Professor Julia Blitz is retiring from this position at the end of 2002, and Professor Gboyega Ogunbanjo will be the new incumbent. We would like to thank Julia for her sterling work to get the SA Family Practice journal back on track, and welcome Gboyega as part of the team.



Gboyega Adebola Ogunbanjo (MBBS, MFGP [SA], M Fam Med [Medunsa], FACRRM) qualified from the College of Medicine, University of Lagos,

Nigeria, and is currently Associate Professor & Principal Family Physician: Academic Head / Coordinator: Mpumalanga, Medunsa, and Associate Professor (Adjunct): School of Public Health & Tropical Medicine, James Cook University, Townsville Australia.

He is an experienced researcher and educator with more than 50 publications to his credit, and is currently busy with PhD studies at Medunsa. His current professional interests are Tuberculosis, STIs including HIV/AIDS, ethics and biostatistics.

He is married to Priscilla, educator with a Masters degree in Special Education Needs. They have two sons - *Olusegun* and *Oluseyi*. Special interests of the family include church activities, shopping and dining out. His personal interests include computers, travelling, cricket and football.