

FaMEC – the first three years

With the election of the new leadership and therefore the first “changing of the guard” at the Family Medicine Education Consortium of South Africa (FaMEC), it is an opportune time to review the progress that was made by this young organisation in the development of the academic discipline of family medicine in South Africa.

FaMEC is the association of academic (university) departments of family medicine in South Africa. It was officially formed in 1998 after consultation with the Flemish Consortium of departments of family medicine, who used a similar organisation to develop vocational training for family medicine in Flanders.

The aims of FaMEC are:

- The collective utilisation of resources of institutions involved in training of Family Physicians in South Africa.
- To be a representative voice for Family Medicine educational matters.
- Curriculum development for Family Medicine.

Its first official annual general meeting was held in Bloemfontein during May 1999, at the event of the 21-st-birthday celebration of the University of the Free State department of family medicine. Since then four issues dominated the agendas of all meetings. I will briefly touch on the progress made in each instance.

(a) FaMEC was instrumental in initiating the process to form of a single academic organisation for family medicine in South Africa, through the amalgamation of the SA Academy of Family Practice/ Primary care and the College of Family Physicians of the CMSA.

These negotiations were protracted

and very frustrating at times. It was a delicate process as we needed to convince the CMSA of the potential benefits, and there was concern within our own ranks that the amalgamation would mean the end of the independence of our discipline.

FaMEC then proposed an independent sister college to the CMSA for family medicine for an initial period of five years. The CMSA Senate accepted the FaMEC proposal on 18 October 2001 and a task team consisting of Marietjie de Villiers, Bruce Sparks, Julia Blitz and Dave Morrell (CMSA) is driving the implementation of the plan. We can hopefully look forward to the formation of the new unitary college for family medicine in 2002.

(b) The South African Family Practice journal (SAFP), the only academic journal for family medicine in South Africa, was successfully relaunched through a partnership with the Academy and now has a regular bi-monthly issue.

More than 40 original articles, mainly from FaMEC member departments, have been published since the relaunch in 1999. SAFP was recently listed in the “Africa Journals Online” section of the INASP (International Network for the Availability of Scientific Publications) website (<http://www.inasp.org.uk/ajol/journals.html>).

(c) FaMEC set itself the task to develop a handbook for Family Medicine in South Africa, which can be used as the primary textbook for undergraduate students during their family medicine rotation.

The Handbook for Family Medicine was published by Oxford University Press (Southern Africa) in 2000 and is one of FaMEC’s proudest flagships. It is an excellent example of what can be achieved by strong and creative leadership (Bob Mash) and the collec-

tive talent within FaMEC. The handbook is already a well-known textbook at most South African universities and in its second print.

(d) FaMEC aimed to formalise and define the outcomes for vocational training for family medicine in South Africa by providing visionary leadership and exerting influence in the HPCSA and other decision making bodies.

The ideal of compulsory vocational training for independent family practice, following the lead of many developed countries, was taken an important step forward by the Committee for General Practice of the Medical and Dental Professions Board.

The Committee appointed Sam Fehrnsen to conduct independent research and formulate policy proposals with regard to the way forward with postgraduate education and training in family medicine. These draft proposals are currently under consideration by all stakeholders, including the committee structure of the Board. It is hoped that the Board at the latest will take a final decision in March 2003. Jannie Hugo and Sam Fehrnsen deserve our appreciation for their excellent work till present.

As can be expected, there were also some challenges facing FaMEC that we were unable to meet or resolve successfully. I am particularly disappointed that we could not succeed in forming a South African Primary Care Research Group and that we still have two different degree names in South Africa for a master degree in family medicine. However, I am convinced that these disappointments came mainly as a result of matters beyond our control. I believe we will be able to meet these challenges in the years to come.

Pierre de Villiers

Editor and immediate past chairman of FaMEC (1999 – 2001)