

To be or not to be (independent)

To the outsider, one of the strangest phenomena in family medicine in South Africa is the existence of two 'academic' organisations, both offering a national qualification in the discipline. The mystery deepens when it becomes clear that in many instances, the same people are leading and serving both organisations, which offer virtually the same examination under different banners.

This schizophrenic nature of family medicine dates back 20 years, when a large and influential group of family doctors broke away from the then College of Medicine of South Africa, citing as reasons a perceived paternalism and inflexibility to allow for the unique nature of family doctors. Since then the College of Family Practitioners and the Academy of Family Practice/Primary Care (Academy) have co-existed in a rather strange relationship. The advent of the new democracy in South Africa and the subsequent breakdown of old barriers also paved the way for a new look at organised family medicine.

Under the leadership of the Family Medicine Education Consortium (FaMEC), a process was started in 1997 to establish a single academic organisation for family medicine. This has been a long and frustrating process for those intimately involved. First, members of both organisations (sometimes the same people!) had to be convinced of the advantages of having one representative organisation for the discipline. Once that had been achieved, the future relationship with the Colleges of Medicine of South Africa (CMSA), the 'mother' organisation, had to be debated both with individuals within, and role players outside the discipline.

Consensus about forming a single representative organisation, offering one professional examination for the discipline, eventually became overwhelming.

There were fears however, that in trying to cater for too many different needs, this new organisation would be neither fish nor flesh. It was argued that academic issues, politics and labour issues should not be mixed. Others, on the other hand, felt that one organisation could indeed cater for all the needs of family doctors. In the end the argument for two organisations won, with one organisation catering for education, training, research and examinations, and the other for medical politics, professional fees and labour issues. Since both the Academy and the College of Family Practitioners tended to focus on academic issues, there was general consensus that they should be amalgamated. The predominant view at the moment is also that the second group of needs should be the domain of the recently established Society for General Practitioners and Family Physicians, a subgroup of the South African Medical Association.

The next big question was: to be or not to be independent from the CMSA. There was a group of CMSA diplomates and members who felt very strongly about their links with the CMSA. The CMSA is an umbrella organisation that can speak for the whole medical and dental profession and holds the MFCP (SA) qualification and financial assets of the College of Family Practitioners. There were, therefore, sound arguments to retain (at least) a strong link with the CMSA.

There was also a very strong lobby within the Academy and FaMEC who argued that family medicine needed a strong, independent organisation, especially at this stage of its development. They came from a position of independence within the Academy, with the memory of reasons why they had left the CMSA in the first place. They argued that in order to obtain unity we should

simply stop all support for the College of Family Practitioners, allow it to die and support the Academy stronger than ever.

In the end, the Academy, FaMEC and the College of Family Practitioners reached a historic compromise. They agreed to the formation of an independent sister college to the CMSA with the retention of strong links with the CMSA. The new family medicine college will manage its own affairs and offer the MCFP (SA) examination, but the CMSA will act as the 'university' in conferring the qualifications. The new family medicine college will also retain all income from membership fees and exams, share staff and facilities with the CMSA and pay the CMSA for services rendered. The new family medicine college will therefore be completely independent whilst retaining very strong links with the CMSA.

Family medicine representatives presented this compromise to the CMSA on 14 August 2001 in Cape Town, and the two parties agreed on a 'seven point plan'. This plan accepted the family medicine proposals for a trial period of five years, after which it will be renegotiated. This agreement was finally approved by the senate of the CMSA on 18 October 2001, in Cape Town.

Only time will tell if this compromise was the right course of action. However, this journal would like to make a strong plea to all its readers to make a special effort to support the plan. We believe it is our best plan, born out of four years of deliberations. We now have the responsibility to make it work.

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Editor