2001 - The State of Family Medicine in South Africa

As family doctors from all over the globe gather in Durban for the WONCA 2001 Congress, many of them South Africans, it is worthwhile to reflect on the state of the discipline in South Africa. Our colleagues from abroad may also wonder where their host country stands in respect to international trends and practices in the discipline.

South Africa is undergoing tremendous political and social change affecting every sphere of society, including medical education and the delivery of health services.

One has to view the state of family medicine in the new South Africa against the backdrop of some of the most important challenges for its health care system.

(1) A commitment by government to develop primary health care in a district health system in order to provide equity in access to basic health care for the total population.
(2) The typical burden of disease of a developing country with a significant first world component, and the spread of HIV taking on catastrophic proportions.
(3) The enormous challenge of redressing the inequities of the past in human resources for the health care system, with great emphasis of the training of black health care workers.
(4) To provide adequate health services within a very limited annual budget of just over R500 (about US$ 65) per person.

In undergraduate medical education, current curricular reform at all major medical schools places family medicine in an increasingly important role – elevated to one of the "big six" teaching departments. The focus of teaching in family medicine is on clinical primary care, communication skills, patient-centred care and family/community oriented primary care, all within community-based teaching settings.

There is unfortunately still limited understanding within most medical schools about the contributions that family medicine can make. Some of this may come from mere resistance to change and even a perceived threat to standards if family doctors do more teaching. Family doctors consequently often doubt their own value in the face of such persisting support for the traditional bio-medical paradigm. It is also very disturbing that some of the teaching programmes in family medicine in South Africa continue to be bio-medically and disease oriented in order to fit in with the existing way of doing things in medical schools. The solving of this "paradigm-struggle" and the gaining of more acceptance as teachers remains a major challenge.

Postgraduate medical education in family medicine is still optional in South Africa, as the current registration system allows medical practitioners unrestricted practice after completion of the intern and community service years. There is specifically no need for further training to become a family doctor, probably the most demanding vocation of all in medicine. This is not in keeping with the international trend of special training for family doctors, which is now supported by evidence as to the benefits of such further training.

The Medical and Dental Professional Board has recently instituted a separate committee for General Practice. This committee has now embarked on an investigation of the training needs of general practitioners for independent practice. There is much hope that its recommendations will lay the foundation for an appropriate vocational training program for general practitioners in South Africa.

The proper role of the family doctor in the future District Health System still has to be more clearly defined. The current policy of government clearly states that primary health care should be nurse-driven, with doctors providing a second level of care. It is argued that South Africa cannot afford the cost of all primary care patients being treated initially by a doctor, and will never have the human resources to do that. The challenge is to provide clear answers to this question through research.

Since January 1999 doctors are obliged to undertake continuing professional development (CPD) in order to re-register with the Health Professions Council. The aim of this system is to ensure quality care for the patient through the continuous professional development of the doctor.

Although plagued by many teething problems, this new system holds many positive implications for family practice. Some of these benefits could be the clearer definition of the learning needs of primary care doctors, and the development of teaching programs for family doctors, based on the principles of adult learning. Family doctors themselves will increasingly gain experience as teachers of peers.

The profession of family doctors remains organisationally divided, which continues to be an obstacle for its future development. Over the years many different groupings have been established, enhanced by South Africa's previous segregatory policies. Perhaps this is also a reflection of the varied interests so typical of the generalist. This situation left the profession weak in terms of bargaining with government, academic institutions and funders. Several promising movements towards unity on medico-political and academic spheres are in progress, but there is still no final resolution towards a clear unity of purpose.

Family medicine has reached maturity in South Africa as a branch of learning and instruction in medical science. It is now up to us, the family doctors of today, to seize our opportunities and achieve our aspirations early in the new millennium.

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