

Family Practice: Special Category, Speciality or simply Special People?

Family doctors are seeking more recognition for the special role that they play in the health system of South Africa. They want a greater say in the formulation of public health policies affecting the lives of their patients and their own working environment, but also in the way medical doctors are trained in this country to become generalists. They also want more recognition and support for their efforts to improve their own skills and the standard of care they deliver to their patients. After all, at least 70% of medical doctors in this country are general practitioners. They form the backbone of the medical services in both the urban and rural areas, where they are always in the forefront of the battle against disease and human suffering.

Specialisation developed in medicine as a reaction to cope with the wide-ranging demands on the medical professional. It was seen as the best way to deal effectively with specific diseases and to make progress in medical science. It was indeed very successful in its quest to understand and cure disease, but it also led to the emergence of family practice as a new discipline. Family practice attended to those aspects that were neglected by the other disciplines; most notably caring for the medical needs of individuals and families from cradle to grave.

The various medical disciplines in South Africa organised their training needs and professional standards in the form of full-time residency programs and examinations in the universities and the Colleges of Medicine. The Health Professions Council (Council) laid down the rules for specialisation in the form of "Regulations Relating to The Specialities and Sub-specialties in Medicine and Dentistry", under the Health Professions Act (Act 56 of 1974).

Everything is neatly organised into Speciality and Sub-speciality and their specific training requirements. The public knows what they get when they choose to consult an Urologist or a Cardiologist.

Although Family Practice is now firmly established in almost all South African medical schools, it is still the only discipline not registerable as a "speciality" in terms of the Act. The "category" of "Family Physician", which was introduced by Council to give recognition to those general practitioners that completed further training in family medicine, was put into place by a mere administrative ruling of Council at the time. Although the discipline has established formal training programs in South Africa over the past 20 years, family medicine qualifications are not regarded as on the same "level" as the those of the registered "specialities". This is evident in the fact that the Colleges of Medicine have not established a fellowship in family medicine, and the masters degree in family medicine is not regarded as a full masters in medicine (MMed) by most medical schools. Medical Schemes also do not pay family physicians higher fees than for other general practitioners.

When you speak to family doctors about these anomalies you get many answers and theories as to why family medicine has not developed along the same administrative lines as the other medical disciplines. The most common answer is that "the specialists" have oppressed any meaningful development of family practice in medical schools and on Council, because they fail to understand the need for such a discipline. They also fear that family physicians will deprive them of their medico-political power in medical schools and on Council and erode their source of income in the private sector.

Whichever way you look at it, and even if there is some truth in those opinions, I believe that family practice has only itself to blame for its current situation.

Family Practice is too poorly organised and fragmented to be able to produce any substantial change.¹ Unity and visionary leadership is needed in order to reach agreement on some strategic issues in the discipline: the core content of South African family medicine, the scope and duration of family practice training programs, and the levels of competence required to practice an acceptable standard of family practice. There is also a clear need to introduce more rigorous supervision of training and adherence to minimum standards for training sites. The public also deserves to know what they get when they choose to consult a family physician!

I believe the greatest opportunity ever for the development of family practice is happening right now around us - the development of the district health system in South Africa.² It will however take courage and leadership to say we need to establish more rigorous training programs and introduce standards of practice which are more evidence-based and transparent to other people.

If we want to be a discipline we need to act like a discipline!

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Editor

1. De Villiers PJT. De Villiers MR. The current status and future needs of education and training in Family Medicine and Primary Care in South Africa. *Medical Education* 1999;33:716-21.
2. Hugo J. What is the future of our discipline? *S A Fam Pract* 1999;21(2):7-8