Disadvantages:
- Division on educational grounds;
- May lead to rival educational body being formed in the new association;
- Will leave GP specialist education under dominant influence of other specialties.

Proposed Structure Model III
Advantages:
- Single GP/FP mouthpiece;
- Strengthens unification of the profession;
- Administrative support from the South African Medical Association;
- Strong organised discipline less prone to domination;
- Closer relations between the private and public sector;
- Access to other service products of the association.

Disadvantages:
- Limited autonomy as a subgroup of the Association;
- Possible competition for membership with Senior Hospital Doctors' Association (medical officers/family practitioners).

Comments
Model III seems to be more appropriate for our circumstances. However, I would appeal that a better universal definition of what general practice and family practice mean, be agreed upon. That definition may help remove the confusion and unnecessary labelling that leads to further division of doctors doing essentially the same work.

It should also be noted that GP/FPs are coming together not because of fears of domination by other disciplines, but because it is absolutely necessary that they be united. Such unity will help them determine the future of their trade. The medical profession faces numerous challenges and therefore cannot afford to be divided any further. There will always be tensions between different groups of the profession. Such tensions must be translated into creative tensions so as to make the association as democratic as possible.

The administrative infrastructure of the South African Medical Association will provide a good backup for the new College/-Council of General/Family Practice. There is no need to duplicate services anymore. It should be noted also that the National Council of the South African Medical Association will have generalists in the majority. The approach and emphasis of any group within the SA Medical Association should be to promote the interests of the medical profession and eliminate division.

We must also make sure that we are represented by visionary leaders in all other sub-committees like the Private Practice Committee, Finance Committee, Health Policy and so on.

I sincerely hope that this short discussion document stimulates debate among generalists and lays the platform for us to set up a body that will play a very vital role in planning a better future for general/family practice. ●

A SINGLE PROFESSIONAL ORGANISATION FOR GENERAL/FAMILY PRACTICE

A personal viewpoint of a possible model

It became clear during the deliberations about a new professional organisation for general/family practice, that there was overwhelming support for the single-organisation model. But what will such an organisation look like, and how can it represent the different interest groups that make up general/family practice today? I believe the best way is to start from the coalface, building the organisation upon principles and logical functional units.

1. The Principles
I suggest that the principles upon which to build a new organisation should be, amongst others, the following:
- There should be maximal unity in order to unite all practitioners in the discipline of general/family practice. Ultimately, there must be only one voice (remember the dictum of the past: divide and rule?).
- There must be room to accommodate strong interest groups, like the academic function and private practice, as examples. If there is not, it will create tension between factions and undermine common interests.
- The organisation must remain part of the greater profession of medicine, but have autonomy over the affairs of general/family practice.
- The organisation must be independent in a legal and business sense, have its own sources of income, be able to acquire or dispose of assets, and appoint staff. There must also be room for utilizing existing infrastructure within the medical profession to avoid wasteful duplication.
- The organisation must create a new culture, have new symbols, and be built around a single loyalty and interest: general/family practice. It must build on those loyalties and symbols of the past without retaining them as dividing factors.

Bearing these principles in mind, a new unitary professional organisation for general/family practice may look something like the organogram shown overleaf. The description that follows starts from the bottom.

2. Divisions/ functions
There are several distinct functions and interest groups that have to be accommodated with maximal autonomy over own affairs, almost like ministries of a government. These functions could be called divisions or sub-committees, depending on their nature.

The *academic function* is about the setting of professional standards of practice (e.g. accreditation of Continuing Professional Development activities for re-registration points), training and education, professional exams and qualifications, the development and conducting of the research and professional publications. It also has an important international liaison function with similar organisations, particularly WONCA (the World Organisation of Family Doctors). I suggest that this division be called a college, to give it the necessary academic status. It could even have sister college status with the present College of Medicine. All general/family practitioners with approved postgraduate qualifications in family medicine should qualify for membership of this college.

Private practice has developed into a very distinct interest group. There is a need for negotiating fees, the setting of standards for dispensing and liaison with business conglomerates of general/family practitioners.

General/family practitioners in *full-time practice* also need specific representation, especially with regard to conditions of service, specific training needs and the promotion of rural health.

Another definite function to be performed is the screening of *health policy and health related legislation*. The formation of specific proposals in this regard could be the function of a sub-committee.

Another sub-committee could be responsible for the evaluation of *professional conduct* of fellow practitioners ("peer review") and the formulation of *ethical guidelines* and norms of general/family practice.

3. Co-ordinating functions
All these different functions need to be co-ordinated at national and provincial levels. Elected national and provincial councils could perform these functions. The *National*

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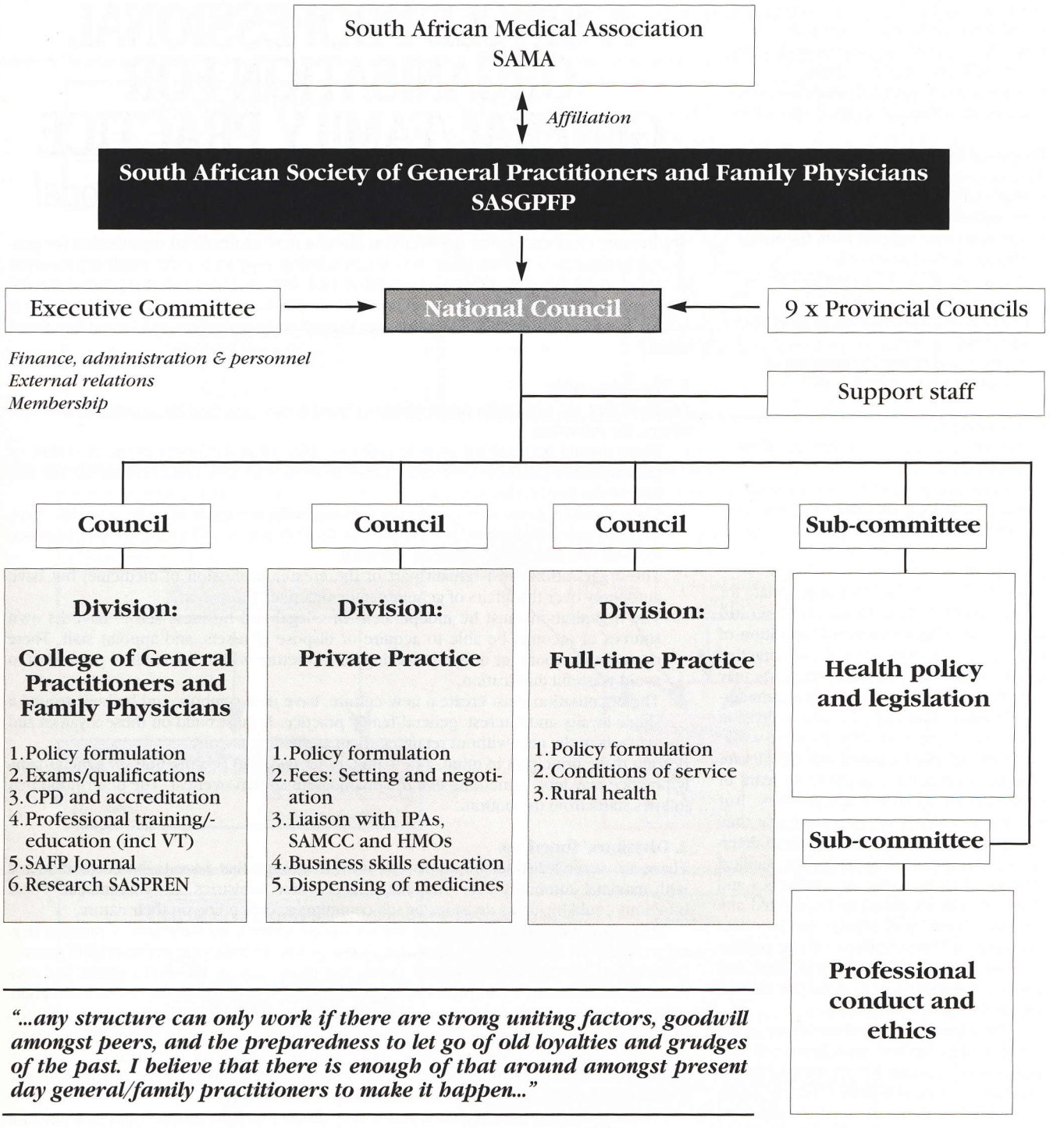

"...any structure can only work if there are strong uniting factors, goodwill amongst peers, and the preparedness to let go of old loyalties and grudges of the past. I believe that there is enough of that around amongst present day general/family practitioners to make it happen..."

Council should consist of a balance between provincial interests and the interests of the different divisions of the organisation. There could for instance be representatives for each province as well as representatives elected from the different divisions and sub-committees of the organisation.

A smaller executive committee could manage the day-to-day affairs of the organisation at national level.

4. What's in a name?

A suggested name for the new organisation is the "South African Society of General Practitioners and Family Physicians". This may sound like a very long name, but it has the advantage of uniting the two main categories of general medical practitioners in South Africa. There are however several other possible options for a suitable name. (SA Society: of General/Family Practice, of General Practice, of Family Medicine, of Primary Care Practitioners, etc.)

5. Relationship with SAMA

The relationship with the new South African Medical Association (SAMA) is of particular importance. I suggest that it should be an affiliation in terms of the SAMA constitution, because such a relationship would satisfy both the requirements for autonomy over own affairs and adequate input into general medical affairs.

An exciting idea to me would be a single membership fee for general/family practitioners for SAMA, which will give automatic membership of the professional organisation for general/family practice.

Finally, it has to be said that any structure can only work if there are strong uniting factors, goodwill amongst peers, and the preparedness to let go of old loyalties and grudges of the past. I believe that there is enough of that around amongst present day general/family practitioners to make it happen. ●