



## The Academy in 2011: a time of difficulty and opportunity

These are difficult times in our country. The effects of the worldwide economic recession are evident in job losses and financial hardship. Socially and morally, our country seems to be leaderless, crime ridden, and filled with corruption and mismanagement. Globally, we are facing the possible devastating effects of overpopulation: climate change, disease and wars.

I am sad to report that our professional society, the South African Academy of Family Physicians (Academy), is also going through very difficult times. The decline unexpectedly came about just when the profession of medical family practitioners (general practitioners) transformed itself into a medical speciality during 2007.

The history of the Academy started in 1980, when it was founded by a group of inspired general practitioners. At that time, there was a need to establish practice standards and provide training opportunities for general practitioners. Continuing medical education meetings were organised, postgraduate Master's degrees were instituted at some universities, and the *South African Family Practice (SAFP)* journal was established. The eighties were probably about finding the soul of family medicine, its *raison d'être*.

The nineties saw the results of the hard work of the eighties. The Academy provided vocational training, *SAFP* flourished and regular national conferences were held. The universities provided a stream of Master's degree graduates in family medicine (MPraxMed/MFamMed). In 1993, the Health Professions Council of South Africa (HPCSA) provided recognition to all these developments by establishing the (non-specialist) category of "family physician."

The first decade of the 21<sup>st</sup> century saw the final battle for setting standards in family medicine. In September 2007, the HPCSA established family medicine as a medical speciality. All universities instituted four-year full-time training and MMed programmes. The College established a Fellowship in Family Medicine. The public service created many new family physician (specialist) posts, the career path necessary for the new speciality. And so the battle was won; or was it?

The one area neglected was the the private sector. The Academy was founded by a group of mainly private practitioners, and the MFamMed programmes were mainly instituted to provide for the ongoing educational needs of private practitioners. Yet, the impetus for the development for the speciality mainly came from the universities, through an organisation called FaMEC (Family Medicine Education Consortium), which was a collaboration of mainly the university family medicine departments. The focus of the movement to establish family medicine in South Africa shifted to the academic and public sectors. This situation was perhaps accelerated by the merger of the Academy with FaMEC to form the South African Academy of Family Physicians (SAAFP, as it is now called).

Apart from Academy stalwarts in the Western Cape, Gauteng area and UKZN, most private practitioners channelled their energy into economic survival and joined independent practitioners associations (IPAs) and

other organisations that focused on protecting their income and position in the healthcare industry. The development of the speciality went largely unnoticed by them, because, practically, it meant really nothing to them. As a result of the stringent "grandfathering" criteria set by the HPCSA, very few of them could register as specialist family physicians and, even if they could, it did not translate into a better economic proposition for them. The medical aid industry made no attempt to remunerate specialist family physicians at specialist level.

The result is that membership of SAAFP dwindled, not only from the private sector, but ironically also from the academic/state sector. The private practitioners saw no benefits of being a family physician, and perhaps the academic/state sector felt that, with the speciality achieved, the SAAFP had no further role to play.

The truth is that we need the SAAFP. Here are a few very good reasons:

- The SAAFP's aim is to develop the discipline and body of knowledge of family medicine (private and public sector) through research, education and training, provide for the professional needs of its members, and represent the opinions of the profession at national and international forums. The SAAFP represents South Africa on the World Organisation of Family Doctors (WONCA).
- The SAAFP is the title owner of a scholarly journal dedicated to family medicine, *SAFP*, a DHET-accredited journal. Through the South African higher education subsidy system, it is worth at least R5 million annually to South African universities. The journal also provides a CPD programme to SAAFP members, worth 30 CEUs per year.
- The SAAFP organises the biannual National Family Practitioners Conference, which is the showpiece of new knowledge in family medicine.
- The SAAFP has the responsibility to develop and set national standards for training in family medicine, working with the universities and the College of Family Physicians, who are represented on the Council of the SAAFP. The *Handbook of Family Medicine* and the *South African Family Practice Manual* are invaluable training resources developed through this collaboration.
- The SAAFP is also the voice of family medicine in South Africa. It studies governmental healthcare policy documents and gives input, and serves as an important platform for collaboration between urban, rural, academic and private practice, through representation on its Council.

This editorial aims to be a wake-up call for family physicians and family practitioners (who can also become members!) in the academic, state and private sectors. Join the SAAFP, and support the development of your discipline. The alternative is "too ghastly to contemplate", namely, no voice and no relevance in a sea of mediocrity.

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