AN INTERNATIONAL AGREEMENT ...

A report from a meeting of South African and Flemish Heads of Department of Family Medicine — Durban 18th-19th September 1997

Present

From Flanders: Prof J Heyrman (Leuven); Prof J Kartounian (Brussels); Prof P van Royen (Antwerp); Prof J De Maeseneer (Ghent); and from the Inter University Co-Operation, Dr D Leroy and Prof A Deresse.

From South Africa: Prof G Pistorius (Free State); Dr J Hugo (Medunsa); Dr M de Villiers (Univ of Stellenbosch); Prof D Baqwa (UCT); Dr M Cassimjee (Univ of Natal); Dr R Kirkby (Univ of Pretoria); Prof B Sparks (Wits); Prof K Mfenyana (Unitra); Prof S Fehrsen (co-ordinator); Dr J Blitz (SA Academy of Family Practice/Primary Care); and Dr S Reid (McCord's Hospital VT programme).

At the end of the meeting the following matters were formally agreed to by the South African delegation:

DECLARATION: PART ONE

Policy Proposals

1. *Undergraduate Curriculum*

- The duration of the undergraduate curriculum for obtaining the MBChB should be five years.
- The curriculum should have a core as well as selectives and electives.
- The family medicine approach should be a major integral part of the curriculum.
- The four basic approaches (rather than disciplines) should form the core of the curriculum, ie:
  the public health approach
  the medical approach
  the surgical approach and
  the family medicine approach.
- Programmes developed should be integrated, interdisciplinary and community based.

2. *The Intern Year*

- There should be a common intern year for all interns.
- There should be family medicine block/rotation in the intern year.
- This year should be an orientation year to enable interns to make career choices thereafter.
- The intern year should include the four approaches of the undergraduate curriculum.
- After the intern year people can then embark on vocational training, either for a career in family medicine or for a specialty.

3. *Vocational Training in Family Medicine*

- Training should be full time and compulsory, in disciplines related to or in family medicine, with a minimum of 12 months in primary health care.
- There should be a professional competency endpoint examination after two years.
- Trainees can choose to register for the MMed in Family Medicine from the commencement of vocational training.
- The degree's duration will be four years (2 VT + 2 after) and be an MMed (Family Medicine) degree.

DECLARATION: PART TWO

1. The eight departments responsible for family medicine agree to form a consortium to work together on common objectives by:

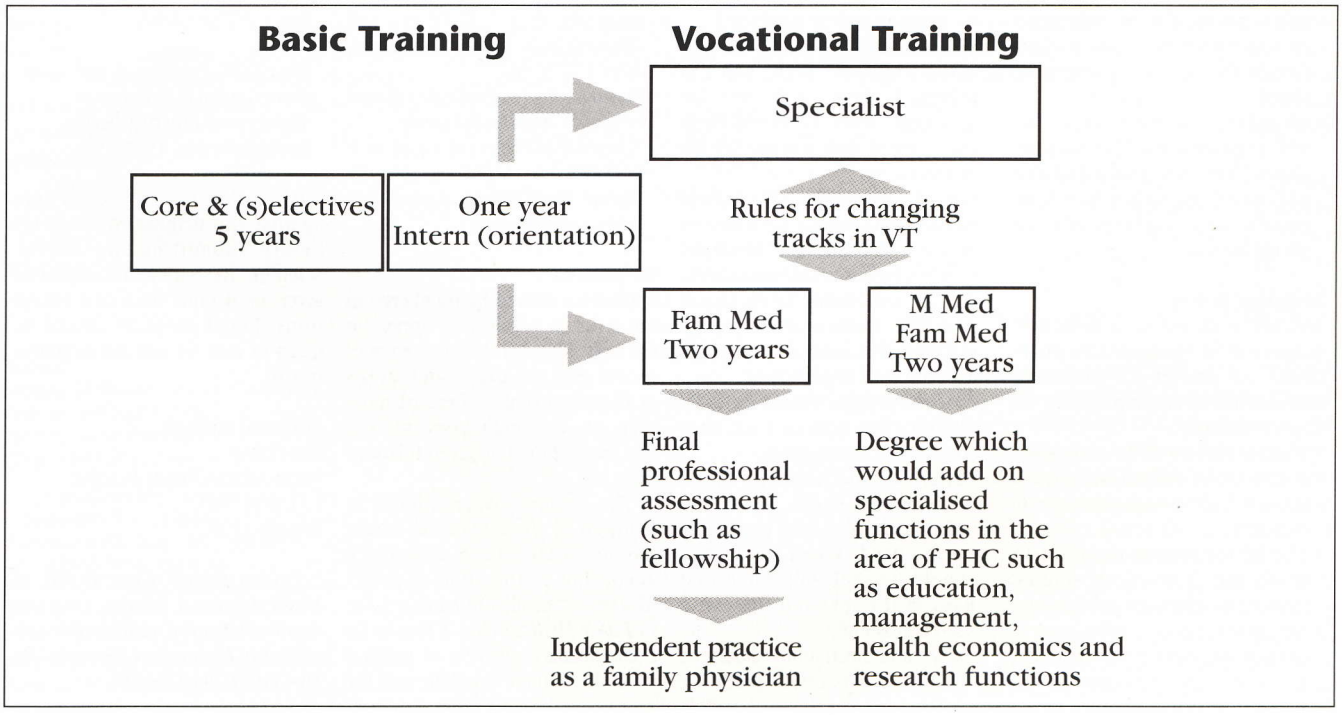
- forming a network for communication and consultation;
- coming to a common vision and concerted action, eg. on vocational training;
- developing methods to represent the viewpoints of the consortium;
- sharing and exchanging expertise;
- optimising and potentiating one another by collective utilisation of resources in order to serve all districts in the country;
- contributing to the management of the change in the basic curriculum and vocational training.

2. The departments opt for an incremental approach starting where they already work together, eg. VT.

3. Structurally, a steering committee has been formed to achieve consensus on:

- a general policy on vocational training;
- a common strategy.

4. At an operational level, task forces are and will be formed to prepare documents for agreement and action on:



- exchange of resources;
- the educational tasks that the consortium is to organise or co-ordinate:
  a) assessment of professional competence at the end of VT for independent practice as a family physician;
  b) training that should be context-based reflecting the needs of the country;
  c) that the trainee should acquire core skills required to function independently in any district team anywhere in the country — multi-professional, urban, rural, public, private;
  d) the approval of training sites;
  e) core content;
  f) supervision;
  g) training of the trainers (centrally organised by the consortium but delivered probably provincially, with provincial co-ordination meeting across provinces for quality improvement);
  h) university departments to link with districts in their designated areas and provide support and quality improvement, distance education and supervision;
  i) making available nationwide logistical and educational resources of all its members;
  j) arranging external examiners.

5. The consortium will make arrangements for a rotating chairman. A management structure will be established by the consortium to run its affairs.

6. The consortium will need legal status to acquire funds or contract with other parties, eg. the government.

7. The steering committee will follow a consultative approach towards the profession, other disciplines and the community.

Further decisions

Composition of the steering committee

- Heads of Departments or informed representatives
- Representatives from other recognised VT programmes, at this stage, the Academy and McCord's
- The first convenor to be Prof Pierre de Villiers.

Collectively they will:

- embark on developing a common policy for family medicine
- lobby
- establish and support task groups.

Task groups

Dr J Hugo was asked to draw up terms of reference for each of the following task groups which were established at the meeting:

1. To examine mechanisms for pooling and sharing educational resources and strategies for implementation, including a register of expertise and materials.
   Convenors: *Dr G Ogunbanjo, Prof B Sparks*

2. District development — to prepare a document for the role of family physicians in the district health system.
   Convenors: *Dr J Blitz, Prof D Baqwa*

3. Design a programme for the training of trainers on a national basis.
   Convenors: *Prof K Mfenyana, Prof S Fehrsen*

4. To develop a concept for a core curriculum
   Convenors: *Prof D Baqwa, Dr M de Villiers*

5. To co-ordinate external examiners.
   Convenors: *Prof G Pistorius, Dr R Kirkby*

6. To develop a management structure and a budget.
   Convenors: *Dr G Hukins, Dr J Blitz*

Dr Blitz was also asked to budget for funds for the day-to-day affairs of the consortium from contributions of co-operating departments of the consortium and to look for external funding on a project basis for the task groups. ●

SA FAMILY PRACTICE: INSTRUCTIONS FOR AUTHORS

- The *South African Family Practice* accepts manuscripts prepared in accordance with the Vancouver Style[1] and any papers that conform to that style will be considered.
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- Manuscripts will be acknowledged; letters will not be, unless a stamped addressed envelope is enclosed.
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Copy should be neatly typewritten with double spacing and wide margins. Pages should be numbered.

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- Scientific articles should conform to the conventional structure of abstract, introduction, methods, results, discussion and references.
- The abstract should be no longer than 150 words and should set out what was done, the main findings and their implications.
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- Tables should be simple and should not duplicate information in the text of the article.
- Tables should carry Roman numerals, thus: I, II, III etc. and illustrations Arabic numerals, thus: 1, 2, 3, etc.
- Photographs (in duplicate) should be glossy, unmounted prints.
- When identification of a patient is possible from a photograph, the patient must submit signed consent to publication.

References

References should be numbered in the order in which they appear in the text. The full list of references should give the names and initials of all authors (unless there are more than six, in which case only the first three should be given followed by *et al*).

The authors' names should be followed by the title of the article; the title of the journal, abbreviated according to the style of *Index Medicus* (consult the January issue of *Index Medicus* (No. 1 Part 1) for these details); the year of publication; the volume number; and the first and last page numbers. Titles of books should be followed by place of publication, publisher, and the year of publication:

Stott NCH, Davis RH. *The exceptional potential in each primary care consultation.* J.Roy Coll Gen Pract 1979;29:201-5.

Stott NCH. *Primary Health Care: Bridging the Gap Between Theory and Practice.* Berlin: Springer-Verlag, 1983:43-7.

Authors must verify references against the original documents before submitting the article. Scientific measurements should be given in SI units with two exceptions: Blood pressure should be given in mm Hg and Haemoglobin in g/dl.

Editorial address

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[1] International Committee of Medical Journal Editors. *Uniform requirements for manuscripts submitted to biomedical journals.* Br. Med J1982;284:1766-70.