

Proposed National Health Insurance System

On March 15th, Bruce Sparks as National Chairman and Sam Fehrsen as National President of the Academy made a written and oral presentation on behalf of the Academy Council to the Committee of Enquiry into a National Health Insurance System.

In essence we declared our support for the principles of the RDP and the major aims of district-based comprehensive primary health care. Support for the concept of a National health Insurance System that could make health care accessible to all, was also given.

The submission started with the words of Prof David Metcalfe, "...A well trained family doctor can respond appropriately to most of the problems that most of the people have most of the time", WHO/WONCA Conference, Canada 1994.

For this reason we presented the view that merely changing the manner of financing health care would not achieve much. It should be accompanied by:

1. an extended role for the family practitioner within the district health system and of the private practitioner within the public health sector;
2. a national vocational training programme for generalist doctors; and
3. a system for quality improvement with performance and utilisation review.

S O U T H A F R I C A N
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PRACTICE**

It was pointed out to the Committee of Enquiry that over R205 million is presently spent annually on specialist registrars in training in South Africa. We estimate that not more than R3 million is spent on the training of generalist doctors at present. We emphasised the willingness of the Academy and the Departments of Family Medicine at SA's medical schools to get involved with training on a larger scale.

The February 1995 draft of the working paper of the joint WHO/WONCA Conference held in Ontario, Canada in November 1994 was appended in support of the Academy's submission. It is entitled "Making Medical Practice and Education more Relevant to Peoples' Needs: The Contribution of Family Doctors". One of its core recommendations is that every country should provide specific vocational/residency (postgraduate) training in family medicine which should follow basic medical education and which should meet the needs of a balanced workforce.

The bottom line of the NHI is more resources for basic health care for people who have little or no access to health care at present. Are we as generalists ready to respond to this opportunity? It means retraining ourselves to work cost effectively within a capitation environment as well as relocating to where the patients are.

Sam Fehrsen