
EDITORIAL

Medical Council Now Registers Family Physicians

Toward the end of November 1993, I received my certificate. It says that my name is entered in the category for Family Physicians which has been created in the Register of Medical Practitioners. What a good feeling!

Twelve years ago I was present at one of the first meetings to motivate for the establishment of Vocational Training and a category for Family Physicians in the Medical Register. Change comes slowly even in these times of accelerated change that we live in.

Who qualifies? Up to December 1995, anyone with a Masters in Family Medicine degree from a South African University, the MFGP from the College of Medicine of South Africa, or a recognised overseas qualification, is eligible for registration. Those who apply after 1 January 1996 will, in addition, have to supply evidence of having undergone a recognised vocational training programme. Vocational training programmes will have to be two years in duration and trainees must receive adequate supervision during this time. Practices, district health services and hospitals that wish to have recognised vocational training programmes can get the application forms from the Medical Council. They will be inspected before recognition of the programme is given.

The implications for the future are enormous. If there are many who undertake the training and qualify themselves specifically for the task of the generalist, the standard of family practice/primary health care is likely

to improve in line with trends across the world. If most remain outside of the family physician category, as general practitioners, we can end up with a two tier USA-like situation.

They have general practitioners and family physicians, as well as various ambulatory specialists, in the primary health care field. In the EEC countries, Canada and Australia the majority of the doctors in primary care are being vocationally trained. The SAMDC has opted not to make the training compulsory at this stage. I do hope that the younger generation will get on with it and join the ranks of the family physician, having had purposeful training for a very rewarding career.

During the years of boycott, South African general practice has drifted further and further behind their counterparts in the Western world. We still, to a large extent, keep ourselves busy with old arguments about private practice vs HMOs and a National Health Service. Hopefully, the new category for Family Physicians in the Medical Register, the lifting of the boycotts and the opportunity to restructure our health service in a changing South Africa, will enable us to catch up.

If we put our minds and energies to it, we can catch up in a short space of time, as the Irish have done. Let us work for universal vocational training for generalist doctors, for a system of quality assurance in family practice and for access of the total population to quality, humane and affordable primary health care. Change is in the air and there are many who have

gone before us on this road who are willing to help us to achieve these goals.

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