

A Quiet Revolution

Quietly, without fanfare or bloodshed, a revolution has been taking place. And like most effective and lasting revolutions, it will be a fait accompli before any of us realises it. At its April 1991 meeting in Cape Town, the South African Medical and Dental Council accepted the principal of compulsory recertification based on continuing medical education, for all medical graduates, not just general practitioners. And at the April 1992 meeting in Durban a three-man committee was given the task of putting the plan into action.

And so, within a frighteningly short time, this concept, certainly revolutionary for the Republic, will become reality, with momentous implications for all of us. The finer details are being worked out; the role of the medical schools in providing appropriate CME for the whole of the provinces in which they are situated: how to reach the truly rural doctor (something akin to what UNISA does countrywide, indeed world-wide): the role of the subgroups of MASA in providing CME for their membership. There are other implications. After years of providing highly relevant CME for an ever-decreasing group of practitioners who need it the least, and despairing of ever harvesting that faceless majority who only emerge, with their partners, at the 'bunfight' type of meeting which is so demeaning, both to the pharmaceutical company providers and to the doctors they cater for. And now, clearly, the problem will be to find venues big enough to accommodate the numbers who will be forced to start collecting the number of points necessary to obviate their having to rewrite their qualifying exams.

The role of the SA Academy of Family Practice/Primary Care in providing appropriate CME for its members is obvious, (all CME programmes will be vetted by an Accreditation Committee), and I have no doubt that most of the infrastructure is already there. And no other body is more aware of what truly appropriate CME is for the generalist.

So much of the really useful CME has, over the years, been provided by our friends in the Pharmaceutical Industry. This will undoubtedly continue. It will be the task of the Academy to ensure that the content of the programmes is relevant and likely to pass the muster of the Accreditations Committee, and protocols will need to be established and guidelines provided to assist the Industry.

A fine example of the type of CME which will be acceptable has been the recent series of lectures on Asthma provided by Allen and Hanbury, in association with the Academy, in some of the major centres, which, from all accounts, appears to have been excellent, appropriate, almost devoid of obviously commercial content or intent, and attended by numbers sufficient to make the Company feel the exercise was worthwhile.

This author has little doubt that the Pharmaceutical Industry will share the excitement of our Academy at facing the challenge thrust upon us by this momentous decision of our 'new look' Medical Council.

Mac Robertson
