
GUEST EDITORIAL

What's in it for me?



Dr CD van Selm

The Tongaat-Hulett Group Hospital
PO Box 5
Maidstone
4380

Curriculum vitae

Chris van Selm graduated from the University of Stellenbosch with BSc (Med) and MBChB in 1969. He obtained the Dip Mid (SA) in 1974 and thereafter spent many years in clinical practice. He was awarded the MFGP (SA) in 1980 and consequently the Diploma in Occupational Health from the University of the Witwatersrand in 1986. In 1984 he moved to Kearsney Hospital and in 1986 was transferred to Tongaat-Hulett Group Hospital as a Senior Medical Officer.

The SA Academy of Family Practice is now in its 12th year of existence, and if measured by our impact on Family Practice, the question to be asked really is whether it means something to us family doctors or not? It is human nature to expect something from being a member, after all we *pay* to stay within the membership ranks, and our expectations, to say the least, are that we should get something for our payment? Then again, if we attach a tangible value to education, to setting standards, and ultimately to recognition of purpose, we should see these objectives being used in achieving our goal, which is "to raise the standards of Health of the Individual, Families and Communities of South Africa, by developing Primary Health Care Personnel and the discipline of Family Medicine" — a Mission Statement defined at a Workshop in May 1991, and which we now need to address recognising its implications. However, having academic ideals may carry impact, but we still have to find realistic value and purpose, to motivate doctors to become members.

So what's in it for us?

To start with, the SA Family Practice Journal has a sound, innovative and practical approach to Family Practice, and this is clearly recognisable in its style, its sense of direction, and some remarkable originality in the articles and papers we all enjoy reading. If the value of publishing research is seen as a parameter of Family Practice, we must appreciate just how significant this avenue of communication has become. The Journal is always encouraging new articles, letters, bits of information and any aspect of Family Practice,

which can add to the pool of knowledge that such a discipline contains.

The very important developments taking place with regard to Vocational Training and the resultant Learning Processes that are needed for Family Practice, are now recognized by the SAMDC and developments in this direction are forthcoming. A young intern and newly qualified doctor will, by 1995, have vocational training and accredited recognition before being allowed to call themselves family practitioners.

Re-certification of doctors is also in the early stages of being considered by the SAMDC and the details of the debate should reach us soon. The value of Vocational Training, and re-certification as practised in some countries is geared to promote the discussion on our mission statement, and we should all benefit enormously from this.

Edendale Hospital in Pietermaritzburg, and Appelsbosch Hospital in Kwazulu, the Cecelia Makilwane Hospital in Ciskei, and the Frere Hospital in East London, as well as the Heideveld Day Hospital in the Cape Flats, are all sentinel regions where Training Programmes are being developed. Many trainees have already benefited from the training and become excellent Family Physicians integrated into the Communities in which they find themselves today.

Some of us have been experimenting with Community-orientated and Practice-based Training Systems, in which group discussions, self-learning techniques (using a modular system) and sharing communicating

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skills with each other all taking place *without* leaving our Practices. Again, while such systems of Vocational Training inevitably experience problems of their own the very significant nucleus of thinking and planning comes essentially from the Academy and its representative Council, and distance learning techniques, the design and propagation of Vocational Training Programmes, and the ongoing challenges of Family Medicine are all carefully considered by the Academy, which thus offers guidelines, and direction. Rural Family Doctors have a particular problem in training programmes, as leaving a practice to attend Medical School or lectures and other Workshops is often extremely difficult.

Why shouldn't we share our experiences with each other? I know of no other profession or even a discipline, that has such enriching opportunities to discuss, to argue about, to be entertained in, and ultimately to learn from, than Family Practice. Is the Academy not the place, the forum through its membership, which facilitates and accommodates such sharing, by belonging, understanding and participating in the learning experience of Family Medicine?

So there really is a great deal in it for us all, particularly if we add our superb congress every two years, and the ongoing CME programmes which include meetings, workshops and other groups (e.g. Balint), which offer excellent venues for meeting old friends and new colleagues, and of course the major benefit of gaining fresh insight into our discipline of Family Medicine.

Finally, let's look at our question by asking the alternative. What's in it for me by *not* being a Member? The problem that underlines this approach is that as a key member of a community, and as a professional of significant stature and respect, we may find ourselves withdrawing from or being left out of the input of knowledge, the excitement of the learning process and the very real loss of contact with colleagues in the Academic environment in which Family Medicine is growing so rapidly.

The South African Family Practice Journal, the very attractive rates at the Congress for Members, the real value of Weekend Workshops, and the benefit of knowing that our Vocational Training and re-certification programmes are all being guided by the Academy, all makes good sense to concern ourselves with its future.

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