

## The Academy and the Family of Medical Associations

Since its inception in 1980 the South African Academy of Family Practice/Primary Care has often had to look at itself and its functioning in relation to other medical groupings.

It was established in the first place to enable general practitioners/family physicians to raise the standard of their discipline and its service to the people of South Africa. The feeling at the time was that all our opportunities for association were within organisations where specialist disciplines were determining the agenda. We also believed that we would never be able to raise the standard of primary health care if we were working to the precepts of specialists whose practice populations and disease profiles differed from our own. Without discontinuing our association as individuals with the National General Practitioners Group (NGPG) of MASA and the Faculty of General Practice of the College of Medicine of South Africa we formed our own association, the Academy.

Remarkable advances in Family Medicine have taken place since then. The Academy has established *SA Family Practice* as a monthly journal with original research articles, CME and news, generated in South Africa for our circumstances.

We now have two quarterly publications in addition, *The Medical Sex Journal* and *The SA Family Practice Manual*. The Academy has three vocational training programmes established mostly in medically underserved areas for those who wish to equip themselves for family practice/primary health care.

In the polarised community in the South Africa of the eighties the Academy, by concentrating on

academic aspects and the standard of primary care, has been able to attract membership from a wider political constituency than most. We have had an ongoing and often turbulent relationship with the NGPG. Our biennial congresses for general practitioners have been joint ventures.

NAMDA, the National Medical and Dental Association established in the early eighties, had an opposition relationship with MASA. They found it very difficult to speak to one another. The Academy Council had office bearers from both associations in its membership that often taxed the chairman's abilities to the limit.

On the 15th of August 1991 the executive committees of the Academy of Namda met for a joint meeting for the first time. We reviewed the histories of the two organisations and discussed the need for academic and medico-political bodies to retain separate identities while respecting one another's sphere of influence. In one sense there is nothing in medicine and life which is truly apolitical, and as such, a concern for the standard of medicine offered to the public is also a political concern. On the other hand this can be distinguished from practising politics at the party political level, which is ultimately necessary for the practical establishment and delivery of health care to the population of a country. It seems thus, that especially in a polarised system, these tasks are best served by two or more associations.

We came to three conclusions. We should continue to meet when the need arises. We should work together on specific projects as the opportunities arise and that people should be encouraged to become members of both organisations.

As a new constitution and a new health care dispensation gets negotiated for the future, the many organisations now operating in the country will hopefully talk to one another more frequently. By some miracle we might end up with fewer organisations to belong to and maintain.

*Sam Felsen*