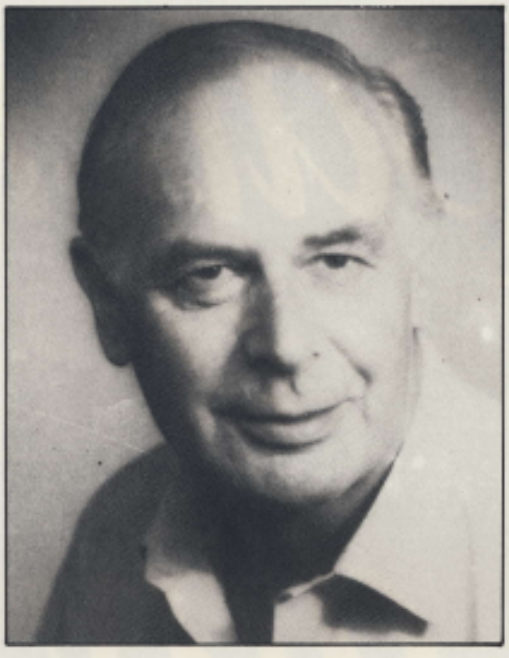
Vocational Training Column



by Dr John Smith

Address by Dr JA Smith in Durban on 13 March 1985 at the launch of the Vocational Training Scheme*

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Today is a unique occasion. It is the launching of the KwaZulu Vocational Training Scheme for family practitioners, general practitioners, primary care doctors — call them what you may. It is unique because it is a co-operative effort between :-

- Government — KwaZulu Government
- Medicine : the SA Academy of Family Practice/Primary Care and the primary care health teams
- Private enterprise : today I want to thank Sterling Winthrop for their generous financial support
- and the people : without patients and their families we would not exist, without their involvement we cannot succeed

What can we learn from the past ?

A careful analysis of health and disease have shown ominous signs that health policies throughout the world have set us on a dangerous course towards 'Health Crisis 2000'.

As we enter the final decades of the 20th century we are warned by the World Health Organisation (WHO) that there could be a crisis, both physical and financial, unless radical steps are taken by the public, by the professions, by commerce and industry and by governments. While great advances in medical care have occurred in the last few decades, the glittering attractions of high technology and the public demand for 'miracle cures' have meant that we have almost abandoned the principles of health and self-care in a 'caring community', by investing the bulk of our health budgets in 'end stage' medicine.

The overlapping themes of the WHO strategy for 'Health for all by the year 2000' are :-

* Promotion of lifestyles conducive to health
* Reduction of preventable conditions
* Provision of adequate and accessible community and family health care in 'caring' communities

It is with pride, Dr Hackland, that you can say KwaZulu has a comprehensive approach to health.

It is also with pride that the SA Academy of Family Practice/Primary Care has joined with you in this training scheme, started on the 1st of January 1985 which, I have already seen, bodes well for the future. The logistics are simple, well over 90% of health care takes place in the community outside our expensive hospitals: the hospital bed is the most expensive, the patient's bed at home the least.

Vocational Training Column — continued

As regards training, approximately 1 000 medical students qualify annually. Of these about half end up in family practice/primary care in the public or private sectors and, not surprisingly, in most enlightened countries of the world have required training for the job, vocational training in other words, for the same reasons as their specialist colleagues.

I cannot imagine a business man employing a potentially highly productive individual without training — that is if he did not want to become bankrupt.

This scheme involves a minimum of two years in hospital, in the community, and linked with the private practitioners. The infra-structure is already there. The objective is to produce a safe, sensitive and effective doctor. The spin-offs of these schemes, world-wide, have been :-

— that doctors are trained under supervision in areas where they are needed and often settle — that is the underpriviledged and underdoctored areas
— that such schemes have resulted in a better distribution of health professionals between rural and urban areas
— the trainess develop a holistic approach to health and disease and soon realise that health is more closely related to the number of water taps than hospital beds and that the health team includes the patient, family and community. They use the curative net to practice preventive care.

We all know of the money wasted because of episodic and fragmented care that has been given in the past. Again I compliment KwaZulu on having a comrehensive approach to health — it is cost-effective.

We often look to the Western World for our models. I think it would be more appropriate to look East, to such examples as Singapore.

As Premier Lee of Singapore once said 'after the 1939-1945 war, the question was how to make a living — a matter of life and death for millions of people. The answer turned out to be free enterprise with the philosophy of equal opportunities for health, education, jobs and housing. Today Singapore is healthy, wealthy and wise.

Here Government, medicine, free enterprise and the people have an opportunity to show what has occurred in free enterprise, Singapore can also occur here.

The KwaZulu Government has shown foresight by providing key vocational training posts — the infra-structure is there already. The SA Academy of Family Practice/Primary Care is providing co-ordination and expertise.

We hope private enterprise will give their support, like Sterling Winthrop — for health is everybody's responsibility.

The United Kingdom, USA, Canada, Australia and New Zealand over the last three decades have found that vocational training has provided benefits to all concerned, especially cost benefits.

Unless there is a sound primary level of health care, the rest of the system will be wasted, expensive and inefficient, no matter how skilled or specialised it is. In a nutshell — for health to be effective, it must reach a large percentage of the population.

The family is that vital factor in the concrete that keeps society together. Here we have an opportunity to see that all those involved in family health are trained for the job.

I cannot think of a more worthwhile project for bringing about peaceful change in South Africa.