

How healthy will we be by December 1985

We are starting a new year, with many signs of hope and growth for family practice/primary care in Southern Africa. The Academy is steadily growing in membership. There is greater understanding and awareness, and recognition of our discipline.

The journal has completed its first year in the new format. The Industry has responded to us by advertising in our journal, again enabling us to make ends meet. We express our thanks to all those who supported us in 1984 and those who have promised to do so in 1985. Our readers have been very encouraging in their written responses, giving helpful criticism and appreciation. We look forward to even more general practice research getting into print in 1985. There are a growing number of authors who make us very optimistic for the future. How about you?! Start with a letter if nothing else.

Fewer **leaders** in academic and medical administration positions confuse family medicine with family planning! More are accepting that general practice, family medicine and primary care belong to the same family and can only be separated to secure double standards in medicine.

The Medical Council is seriously looking at the issue of postgraduate vocational training for general practice and a register of general practitioners. The Council is also taking an interest in the general practice component of undergraduate training. Kwa-Zulu has taken a comprehensive look at the future of primary care in their area

They have set up ongoing research in this area under Dr D Prozesky. In association with the Academy, they have taken in the first five **vocational trainees** in family practice/primary care at Edendale Hospital. We hope this year to carry a regular journal feature on vocational training from John Smith, our National Co-ordinating Director for Vocational Training. Together with the Natal group, under the leadership of Garth Brink and Sid Mobbs, the local course organiser, we look forward to real progress in 1985.

Family practice departments are growing in number. Wits appointed a professor in family health and Stellenbosch a senior lecturer in 1984. Let's hope that these universities will allow them to grow into fully independent departments. Perhaps 1985 will see Natal and Cape Town making an end to their planning phase and finally establishing fully fledged departments of family medicine that will be a credit to those institutions. We realise that universities are the bastions of conservatism and the status quo, but did not think that these two latecomers were more so than our other schools! We need to be wary also in every situation that none of our departments is relegated to the status of a token or mascot department. There is a growing internationally accepted discipline¹ that needs to become an integral part of medical schools for the sake of our patients and cost-effective rational health care delivery.

We are gaining recognition that can only be of value if we deliver the goods. If we do not improve and move towards a greater level of **patientcentredness**² we are doomed to failure. We can avoid stagnation if we continue to be active researchers in primary care more and more. It is on **sound research** that teaching of future generations is built and that we will be able to gain credibility in a competitive world that wants questions answered in a responsible and rational manner. If we try to build a discipline only on the strength of numbers and medico-political muscle, we face a premature and ignominious death.

SA Family Practice wishes all in Southern African family practice/primary care a rewarding and actively growing 1985. We hope our journal, with your help, will play a significant part in nurturing this growth.

REFERENCES:

1. Stott, NCH. Primary Health Care — Bridging the gap between theory and practice. Berlin: Springer-Verlag, 1982.
2. Levenstein JH. The patient-centred general practice consultation. *SA Fam Prac* 1984; 5: 276-82.