Vocational Training for South Africa — Dr J A Smith

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Though the term 'family practice' does not embrace all that I will be discussing, I believe it is the most appropriate and meaningful term. The family is the basic unit of over 4 000 societies in this world and while 'every society creates its own casualties' the family is potentially the most powerful element in any society, passing stable value systems from one generation to the next, and therefore its care is of paramount importance. It should be added that in some underdoctored areas the family practitioner may not be a doctor. The family practitioner and the community health team provide six types of care:-

- primary care
- family care
- domiciliary care
- continuing care
- preventive care
- personal (holistic) care

Health Care must be comprehensive, not fragmented, to be effective. The family practitioner has been described as that vital factor in the concrete which keeps society together.

PRIMARY CARE

The other point which I wish to make (already stressed by Sir James MacKenzie over 60 years ago) is that the teacher of practical matters must be one who experiences what he teaches. We all recognise that the best teacher for one who wants to be a shoemaker is the man who is in the habit of making shoes. This simple truth applies, not surprisingly, to family practice as well.

For health care to be effective it must reach a large percentage of the population through the co-ordination of health teams by well-trained family practitioners and can be supported by all those who wish to climb onto the family practice/primary care bandwagon. We must support and implement the principles laid down in the farsighted new Health Act and the National Health Services Facilities Plan. We in South Africa are doubly cursed by diseases both 'ancient and modern' ranging from preventable ones such as tuberculosis and other infective diseases and exploding populations on the one hand, to heart and lung disease, alcoholism and the road accident epidemics on the other. Peter O'Neil in the WHO publication 'Health Crisis 2000' states that we must honestly assess whether we are not fooling ourselves by continuing the development of enormously expensive technology to deal with, say heart disease, when we all know that good primary health and medical care by and for the individual, the family and the community could reduce the risk and cost of most heart afflictions. The people who have the credibility to implement this philosophy are the family practitioners and those with whom they work. Only the foolish would say we do not need life-saving health care facilities but in the right place and at the right time.

If only people inside and outside our profession had listened to what the Colleges and Academies of Family Practice throughout the world and the World Health Organisation have been saying repeatedly and clearly for the last three decades, we would not be galloping (both physically and financially) towards that Health Crisis 2000. A recurrent theme throughout the world over these last three decades has been that 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 how expert or how highly specialised it is'. If such a service is to be economical, no one should perform a task which someone less qualified can carry out as competently. If only such a philosophy (which is embodied in our Health Act) had been implemented decades ago, our future would not look so disturbing. But let us not be gloomy, but offer something exciting and constructive to help resolve the problem instead.

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INTRODUCTION

It has been said that in the pre-industrial revolution era our profession only treated symptoms, in the industrial revolution era only disease and in those countries in the post-industrial era they have begun to treat people and factors that influence their health and their happiness. While wealth is a very relevant factor, even the 'nouveau riche' often lack that important factor 'education'. There is no disputing a lost war. Moreover, success in battle and military expertise is too obvious to be denied. Most commanders-in-chief realise the importance of having well-trained troops in the battlefield. The battle orders of the new Health Act and the National Health Services Facilities Plan are clear and unequivocal, but until we have people at all levels of command with credentials and credibility for the posts they fill, so long will we continue to utilise our limited resources ineffectively. That is the 'raison d'etre' of the Academy of Family Practice/Primary Care.

The present medical educational scene was summed up some years ago by the Chairman of the New Zealand Medical Council. "The current undergraduate course, due to the expansion of medical knowledge, is only adequate to produce a basic doctor. Health promotion, disease prevention and the early detection of disease plays a very small part in the curriculum'. The individual, the family and the community are seen as relatively passive agents through which germs and other noxious agents pass 'en route' to the body. 'In the past, generations of family practitioners have been shocked at the realisation that their training has prepared them poorly to deal with the problems that we've presented to them each day'.

Health care concepts have probably changed more in the last 30 years than in the previous 3 000 years through the formation of Colleges and Academies of family practice with defining of the discipline, growth of its academic base, research in general and the initiation of Vocational Training Schemes in particular.

VOCATIONAL TRAINING IN SOUTH AFRICA

The new graduate intending to enter family practice requires vocational training in the same way as his or her specialist colleagues. It is considered unethical, by more and more members of our profession throughout the world, to engage in unsupervised clinical practice unless one has undertaken vocational training appropriate to one's responsibilities.

Most enlightened countries seem to have adopted programmes of between two and four years duration following internship. The Academy is undertaking a Vocational Training Scheme (VTS) in underdoctored areas and at national level and has honoured me by my appointment as National Co-Ordinating Director. It has appointed an educational committee consisting of representatives from our university departments and units of family practice/primary care. Each of our regions head a part-time regional director who will work in association with other educational bodies, Armed Forces etc. At the local level there will be a local course organiser, trainers and trainees or registrars. The VTS will cover a minimum two-year period, ideally it should be three years and can be represented as a three-legged stool. The one leg, a one or two year 'hospital' phase, the second leg a 'family practice/primary care' phase of one year, and the third leg a regular half-day release course to cover aspects of practice not covered in the normal clinical phases through lectures, group discussion, audio-visual tape slide presentations, visits to practices and other community health activities and research projects.

The ground to be covered for any intending family practitioner is extensive and no training scheme can provide more than an introduction to family practice with a vital core of what must be known (with decreasing emphasis on what it would be helpful to know and what it might be desirable to know) but it can be a model for continuing education so that it becomes a part of the practitioner's future professional life. Trainees will be encouraged to study for the MFGP(SA) examination and/or a Masters degree at one of the University Departments of Family Medicine.

Thanks to the Kwa Zulu Health Services a pilot programme has been launched at Edendale Hospital with five family practice/primary care trainee registrars.

It is recommended that each doctor should seek to gain as broad a range of experience as possible in the hospital phase and the following posts would be considered suitable:-

General Medicine	Dermatology
General Surgery	Accident & Emergency Medicine
Paediatrics	Geriatrics
Obstetrics and/or Gynaecology	Ear, Nose & Throat Surgery
Psychiatry	Orthopaedics
Ophthalmology	Anaesthetics
Urology	Community Medicine

The programmes undertaken should be flexible to meet the pre-determined educational needs of the trainee.

Suitable hospital experience is regarded as an important part of vocational training because it offers the trainee a concentration of clinical experience, opportunities in acquiring skills, practicing various procedures, decision-making, the ability to discriminate in the use of investigations, learn sensible prescribing and become familiar with a wide range of drugs and their side effects. Also the trainee will be involved in treating life-threatening diseases, their complications and consequences.

In the United Kingdom, 10% of family practitioners are involved as trainers in the VTS. Again we are fortunate in that posts will be available in primary care in some of the Kwa Zulu rural hospitals and clinics.

INFLUENCE OF VOCATIONAL TRAINING

Besides the obvious benefits of such a scheme, such as better job prospects in both private and public sectors, other less obvious ones have emerged in countries offering vocational training. These are:

— *a better distribution of medical manpower.* The young doctor is shown opportunities that he or she would not otherwise have seen ;

— *95% of trainees in the USA have stayed in family practice.* They experienced family practice as a discipline in its own right which is meaningful, worthwhile and enjoyable ;

— *comprehensive as opposed to fragmented health services.* Vocational training helped to provide comprehensive health services ;

— *raised standard of medical officer/posts.* While the medical officer posts in non-teaching hospitals, in many countries were considered 'dead end' jobs with no career structure, remaining unfilled or filled with elderly doctors, doctors who have not made the grade elsewhere or by overseas graduates (some of dubious standards), the introduction of vocational training schemes has made these posts a part of the career structure for young and motivated practitioners where the permanent staff have provided an educational input. This has resulted in these posts being filled, and not only filled, but filled with young and motivated doctors and consequent raising of standards;
— *cost effectivity.* Vocational training has cost effective benefits, to put it mildly.

Recently an elderly doctor who works in one of our hospitals was heard to say that he now earns nearly R46 000 for doing virtually nothing. What he meant to say was that though he saw a lot of patients, he did not have the responsibility of the private practitioner. But even then that was only a fraction of the truth:

— what percentage of his patients should he have referred to trained nursing staff?
— what percentage of his patients were referred unnecessarily to specialists because of his lack of training?
— what unnecessary medication was prescribed 'just in case' on these patients, who were probably unknown to him?
— what unnecessary investigations were ordered 'just in case' on these unknown patients?

OBJECTIVES OF VOCATIONAL TRAINING

The objectives of our vocational training will be to produce a practitioner who:-

— thinks and behaves in terms of health as well as disease and can apply techniques of prevention and health promotion as well as of cure and rehabilitation ;
— thinks and behaves in terms of the family and community as well as in terms of the individual sick patient ;
— thinks and behaves in terms of the patient's needs and feelings as well as of the disease process ;
— thinks and behaves in terms of membership of a health team consisting of doctors, nurses and other health workers ;
— thinks and behaves in terms of making the best and most effective use of the financial and material resources available ;
— thinks and behaves in terms of the country's patterns of health and disease and its relevant priorities.

In other words, to produce a safe, effective and sensitive doctor.

For the first time, along with the beginnings at two universities, the Academy, like our colleagues in other enlightened countries, will offer meaningful career preparation and, hopefully, will be providing good medical care. As we all know that does not mean expensive health care.

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