
From the Editor



Van die Redakteur

Garth Brink and his committee are congratulated! They really put things together for a very pleasant and well organised congress. Elsewhere in the journal you'll find a pictorial version of it.

Dr F.P. Retief, the Director-General of Health and Welfare, started the proceedings saying that the G.P. in South Africa is presently reviewing his identity. He hastened to say that he is not suggesting an identity crisis similar to that of the 'young hippy', but a review. The GP is looking at his identity at three levels.

Regarding his identity towards the public and his patients there is a tendency, in the urban areas especially, for him to be seen as "the rest of the profession" in the terminology of the SAMDC. The GP is expected to fulfil a sorting and referral officer role.

In the medical schools and teaching environment there is a search for identity. Is the Prof of General Practice on a par with the clever Specialist Prof? What should he teach in the undergraduate curriculum? How should he be involved in continuing education? Is the GP fulfilling his role as educator of the public?

Dr Retief said, the GPs are reviewing their identity within their own ranks. What does the GP of the future look like? What about the team approach? What is the place of the "nurse practitioner", the pharmacist and others in the primary care sector?

Well, we did not have all these questions answered at the congress but all of them were aired! We want to thank Dr Retief for encouraging us in the process of finding this identity. When reviewing general practice development he said, "In 1963 Richard Scott was appointed the first professor of general practice in the world. From Edinburgh this *renaissance* in training has spread to the far distant corners of the world. A 5-day congress devoted completely to Family Practice is more than tangible evidence that this renaissance has not come to a stand-still".



The Congress was indeed a vibrant and happy occasion. With the expert guidance of Gayle Stephens (whose keynote address appears in this issue of SA Family Practice) we looked at the world in which we work as well as at the work we aspire to do. Ian McWhinney then put our developing clinical method into historical perspective and illustrated how difficult it can be to communicate this new-found method to our specialist colleagues who do not necessarily share our presuppositions. Joseph Levenstein then described a model for general practice he developed and tested together with Ian McWhinney. It is a model that looks at our work from the patient's point of view and is being tested as a teaching and evaluation tool at present.

Much discussion in further sessions revolved around patient-centred medicine and the doctor-patient relationship. Some might say that this all sounds a bit philosophical but there were many practical, clinically oriented talks and workshops as well. We will be publishing many of these papers in the next few months for all those who could not attend to share in the congress.