
Comment Komentaar

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The changing face of Family Practice

The profile of the average Family Practitioner has changed over the last twenty years. We have regained much of our lost stature in the eyes of the public and our specialist colleagues, after the soul searching of the status of the General Practitioner, when it was felt that the family doctor was going to disappear from the medical scene in the fifties and sixties.

Who is the average GP today? He sees an average of 30-40 patients a day, and mainly in his rooms. The percentage of day calls to consultations has dropped from one in five to one in twenty, except for notable exceptions like those doctors who practise in areas where there is a high proportion of elderly eg in the Sea Point

area (Costa Geriatrica), and thus calls are in the order of one in four.

The contracted-out doctors have also noted that their night call rate is minimal. Is it that their patients, because of the high fees will sit it out till the morning or go to the Provincial hospital, or is it because the contracted-out doctor does not need that extra night income and is unavailable at night?

Figures from the Eastern Cape metropolitan area suggest that the family doctor receives 16% of his income from procedures eg anaesthetics, D & Cs, minor path tests etc, and 5% from non-surgical hospital care. The country doctor without hospital facilities is denied this aspect but possibly makes it up

from dispensing.

The contracted-in, office bound, non-dispensing Family Practitioner, who does no procedures, is obviously at a serious disadvantage, often through no fault of his own.

The "ideal" General Practitioner should earn 65% of his income from consultations, 20% from procedures, 7,5% from non-surgical hospital care and 7,5% from home visiting.

Even though the Academy is not concerned with fee structures, it is our academic mentor and minor procedures for Family Practitioners should be encouraged and revised with more practical updating courses for small groups in the Academy. □