To the Editor

After reading the editorial of the recent issue of the *South African Family Practice*,[1] my thoughts went back to almost 12 years ago when I retired as Head of the Department of Family Medicine at the University of the Free State. One of the "goodbye" letters I received then was from Pierre de Villiers. With this letter, I want to return the compliment and say goodbye to Pierre.

Pierre, thank you very much for what you have done, and are still doing, for the discipline of Family Medicine in South Africa. Not only as Editor-in-Chief of *SAFP*, but also as Head of the Department of Family Medicine at Stellenbosch, and as a member of other Family Medicine organisations.

Allow me some comments on your editorial of the previous issue.[2] I quote from a few paragraphs:

"I am sad to report that our professional society, the South African Academy of Family Physicians (Academy), is also going through very difficult times. The decline unexpectedly came about just when the profession of medical family practitioners (general practitioners) transformed itself into a medical speciality during 2007. The history of the Academy started in 1980, when it was founded by a group of inspired family practitioners. At that time, there was a need to establish practice standards and provide training opportunities for general practitioners. Continuing medical education meetings were organised, postgraduate Master's degrees were instituted at some universities, and the South African Family Practice (SAFP) journal was established. The eighties were probably about finding the soul of family medicine, its raison d'etre.

The nineties saw the results of the hard work of the eighties. The Academy provided vocational training, SAFP flourished and regular national conferences were held. The universities provided a stream of Master's degree graduates in family medicine (MPraxMed/MFamMed). In 1993, the Health Professions Council of South Africa (HPCSA) provided recognition to all these developments by establishing the (non-specialist) category of 'family physician'.

The one area neglected was the private sector. The Academy was founded by a group of mainly private practitioners, and the MFamMed programmes were mainly instituted to provide for the ongoing educational needs of private practitioners. Yet, the impetus for the development for the speciality mainly came from the universities, through an organisation called FaMEC (Family Medicine Education Consortium), which was a collaboration of mainly the university family medicine departments.

The result is that membership of SAAFP dwindled, not only from the private sector, but ironically also from the academic/state sector. The private practitioners saw no benefits of being a family physician, and perhaps the academic/state sector felt that, with the speciality achieved, the SAAFP had no further role to play."

Pierre gave an excellent overview of the history of the development of the discipline of Family Medicine over the past 30 plus years, and I agree with him wholeheartedly. I was a founder member of the Academy in 1980. The Academy then really addressed the needs of the "*soul of family medicine"*, which included private, academic and state sector practitioners. The *"need to establish practice standards and provide training opportunities for general practitioners"* was addressed *inter alia* by instituting Master's degrees at universities. The curriculum of those degrees was structured to cover the full spectrum of the scope of a family practitioner, and included clinical family medicine, family health and community health, as well as practice management.[3]

As a member of the Executive of the South African Academy of Family Practice/Primary Care, as well as of the then South African Medical Council, I was instructed by the Academy to get the Council to approve the principle of vocational training for family practitioners. In May 1986, the Council appointed me as convener of an Ad Hoc-committee to investigate the matter and make recommendations to the Council. The other members of the committee were Prof JC (Kay) de Villiers and Dr Johan Schutte. Many obstacles and resistance from a Council, mainly specialists, had to be overcome, and many pre-existing concepts regarding Family Medicine had to be changed. There was, however, also a great deal of understanding and support, and in 1993 the non-specialist category of Family Physician was finally established. The requirement for registration was a Master's degree in Family Medicine from a South African university, or membership of the Faculty of General Practice of the College of Medicine.

The availability of a custom-designed Master's degree, as well as the establishment of a category of Family Physician, was just the right injection that Family Medicine in South Africa needed. Hundreds of family practitioners, private as well as full-time, enrolled for the degree. At last there was an opportunity for the private practitioner in his or her practice to take part in relevant vocational training, and at least receive some part of recognition in the form of a degree. The ulterior motive of those practitioners was improvement

of their knowledge and skills, and no financial gain through a higher fee structure was a part of the system. Between 1981 and 2000, when I retired, a total of 247 practitioners obtained their MFamMed degree at the University of the Free State. When the MFamMed was finally replaced by the specialist degree, this figure rose to 380. Add to this the numbers of all the other universities who presented the non-specialist degree, and it is clear that this facility provided an immeasurable component of the real needs of the Family Medicine community in South Africa.

In his editorial, Pierre states that the decline of the Academy "unexpectedly" came just when the profession of Medical Family Practitioners transformed itself into a medical speciality in 2007. This was not unexpected, it was predictable. The problem was not the transformation into a speciality; this could even be regarded as a milestone. The real problem was the abolishment of the non-specialist qualification which was designed and customised for the specific needs of the practising family practitioner. He or she was able to do vocational training and obtain a degree while still running his or her practice. No practitioner in the country can leave his or her practice for four years just for the sake of vocational training. In the same context, no Family Medicine programme based in a tertiary academic institution can really convey the real knowledge and skills needed by the rural practitioner without the inputs of the latter. This aspect was a real bonus in the now-abandoned non-specialist programme.

In summary, I have got no problem with the institution of the specialist degree in Family Medicine. I believe there is a specific need for that. My main concern is the abolishment of the non-specialist vocational training programmes. This was probably the biggest mistake that was made in the history of Family Medicine in South Africa. An extremely successful programme was replaced by one that "unexpectedly" caused a major decline. The Department of Family Medicine at the University of the Free State is, since 1981, still running three refresher courses for family practitioners per year. During every course, there are still requests from practitioners to re-institute the previous non-specialist programme.

My plea is: listen to the wake-up call made by Pierre in his editorial. To all those in the present Family Medicine decision-making cadre: take heed of the cries for help of the family practitioner community and, by doing that, make a real contribution to the essence and growth of our discipline.

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References

1. De Villiers PJT. The journal: a change at the helm. S Afr Fam Pract. 2012;54(1):4.
2. De Villiers PJT. The Academy in 2011: a time of difficulty and opportunity. S Afr Fam Pract. 2011;53(6):556.
3. Pistorius GJ, Pistorius CWI. Family practice management. HAUM, 1990; p. 8.