ORGANIZATIONAL STRUCTURE

The Academy has been structured to achieve the maximum participation of members in its activities and administration. This has been achieved by devolution of responsibility and function to the Regions. At inception there were six Regions, each with its committee which enjoyed significant autonomy. Communication with Council was facilitated by the presence on Regional Committees of Council members from respective Regions. In Natal Midlands the interest and activity of a group led by Dr Neethia Naidoo, together with geographic factors, led to the formation of a sub-Region based in Pietermaritzburg. Another Sub-Region was created in the Border area of the Eastern Cape where Dr Elliot Murray led an active and able group of members in East London. In the new South Africa our Regions are based on the nine Provinces.

The concept of small group learning is central to Academy philosophy. To this end a number of these groups have been set up in Regions to promote interactive learning. The educational material and process involved, is selected by group members but assistance can be gained from the Regional Committees.

The main activity of the Regions has been in the field of continuing education which has taken the form of lectures, journal clubs and skills workshops. In Durban and the Western Cape an annual mini-congress has become a regular feature of the academic calendar.

The introduction of statutory continuing professional development (CPD) in 1999 has added a new dimension to this aspect of our activities. The approval of the Academy as an accreditor body by the Health Professionals Council of South Africa represents profound recognition of the expertise in general/family practice teaching that has been acquired during the first twenty years of existence. In 1998, the Academy appointed a CPD Task Team, chaired by Dr Julia Blitz to look into the requirements of the legislation and to set up guidelines for family practitioners to meet these requirements. In February 1999, the Academy convened a workshop in Johannesburg of all GP Organizations and received widespread support for its role in CPD. A Steering Committee was set up to investigate the formation of an accreditation board to maintain standards in our own discipline.

The Academy Task Team has also produced a brochure entitled "CPD Made Simple". This outlines the scope of CPD activities "that add value to our profession, by improving personal coping and growth, making us aware of ethical issues, facilitating multi-disciplinary learning, increasing managerial and organizational skills" and then stresses the importance of actively participating in the planning and process so that it meets the learner's needs and "thus the ultimate evaluation of CPD is based on whether or not there has been a change in practice, that enhances the quality of care provided to patients". The brochure also indicates the value of small group formation to achieve these objectives.

HUMAN BEHAVIOUR

A study of human behaviour is essential to the practice of holistic (comprehensive) care. Our understanding of the subject has gained much from the advances in the behavioural sciences, particularly psychology. In contrast to the reductionist approach of many medical disciplines, knowledge of the patient and his psyche is integral to the problem-solving process of family medicine and the delivery of personal care. It involves all the life situations, from birth to bereavement, which we share with our patients. It helps us to deal with family problems and the common conditions of depression, sexual dysfunction and loss in its many manifestations. Drs M Silbert and B Sparks[21, 22] have written extensively on these subjects in family practice.

One of the most important contributions to the theory and practice of family medicine has been the work of Michael Balint, a psycho-analyst and his group of general practitioners in London. In discussing problem cases, the participants gain insight into the doctor-patient relationship and learn to understand their own feelings and responses. This work is documented in "The Doctor, His Patient and the Illness"[23], a classic, first published in 1957. Amongst the insights that emerge, is the concept of the doctor himself as the most common 'drug' he prescribes. This work sheds light on that large part of our work that defies traditional diagnostic labels and classification. A great stimulus to this movement was provided by Enid Balint, widow and collaborator of Michael, who was the guest speaker at the 2nd GP Congress in Cape Town in 1980. Over the next decade she returned regularly to conduct weekend workshops.

Dr Stanley Levenstein took the lead in starting the first Balint Group, in Cape Town, in 1974 and subsequently reporting on the experience[24, 25]. He was also Convenor of the Academy Human Behaviour Committee whose main function was to stimulate the formation of these groups in all regions and to serve as a resource for participants. The value of this work was recognised in the training of family practitioners and was incorporated into our vocational training programmes and even undergraduate training[26, 27]. Academy members who were active in convening Balint Groups were Drs FD Dornfest, SN Furman and S Levenstein in Cape Town ; B Michaelides in Port Elizabeth ; P Matthews and H Brathwaite in East London ; C Brock in Durban and N Arnheim in Johannesburg.

The purpose of the Balint training is to promote better patient care and not to produce fledgling psychiatrists. This is neatly illustrated by R Greco of Pittsburgh, USA who describes the beneficial effect of Balint training on his practice in his book "One Man's Practice". He ends the introduction with an anecdote, a patient who was aware that Greco had undergone some form of additional training, asked him "What kind of doctor are you now?" He answered, "I am now a non-psychiatrist", to which the patient replied, "Well, I knew you had something to do with psychiatry"[28].

RESEARCH

Dr Joseph Levenstein continued his work, now as Chairman of the Academy Research Committee. He was involved in many personal projects as well as the organization of collaborative trials and in 1981 he published an overview of the subject of research in general practice[29]. The collaborative third phase drug trials continued - the most notable was on the efficacy of amoxycillin/clavulanic acid combination in common bacterial infections in the community[30]. A different type of project was the screening for colorectal cancer using the 'hemoccult' test. This was a collaborative study, not only of family practitioners, but with specialist disciplines. 94 practitioners from 5 coastal towns in the Western Cape screened 3422 patients over the age of 40, who were asymptomatic. Adeno-carcinoma was found in 12 patients and adenomas in twenty-one[31, 32].

Dr J Levenstein became the second Academy Chairman and held this position for six years - until he left to take up a Chair of

Family Medicine in Illinois, USA in 1990. After his departure, Dr SN Furman took over the post of National Chairman of Research from 1990-1993 and of the Western Cape Research Committee from 1990 -to date.

An important development in the past decade has been the establishment of SASPREN - the SA Sentinel Practitioner's Research Network[33, 34]. This was founded in 1991 as a joint project between the Academy and the Medical Research Council of SA and was funded by the Kaiser Family Foundation. Similar networks exist in USA and Europe with which links have been established. SASPREN consists of a volunteer network of Academy members from all the Provinces who undertake collaborative research in primary care, both private and public. By the year 2000 there were 60 family practitioners actively engaged in this work which is essentially of two types:

- surveillance of conditions and health events in the community, selected for recording on periodic basis. These are usually common conditions of public health importance. This acts as an early warning system to health authorities and can give useful information about the effects of intervention through the study of trends over a period of time
- participation in other research projects normally performed by family practitioners on conditions and situations occurring in the community. These studies have been undertaken on :

  Who consults the family doctor? [35]; Depression[36]; Domestic Violence[37, 38]; Post-traumatic stress disorder; Trauma; Sexually transmitted diseases.

The initiative for the establishment of SASPREN in 1991 was taken by Dr J Volmink. Dr SN Furman was Chairman of the Board from 1993-1999 and Dr L Geffen has succeeded him. In 1995 the Department of Family Medicine of the University of Stellenbosch became involved, lending both intellectual and material resources to the organization. Prof Pierre de Villiers became Co-ordinator until 1999 when Dr M Pather from his department assumed this post. SASPREN is now the research division of the Academy working in alliance with the Stellenbosch Department of Family Medicine, the Medical Research Council, the Department of Health and the Family Medicine Consortium (FaMEC).

PUBLICATIONS

Before the Academy existed SA Family Practice was a commercial journal owned by Thomson's Publications. At our inception we came to an agreement that it would become our official Journal with our own editor, Dr George Davie. Thomson's also agreed that, should they relinquish publication, the Academy would have the first option to ownership. This did indeed happen in 1983 and Prof GS Fehrsen became the new editor. The first issue of SA Family Practice with a new format and image appeared in January 1984. Prof Fehrsen was assisted by a strong editorial board consisting of Drs BLW Sparks - Southern Transvaal, MHH Ismail - Northern Transvaal, LI Robertson - Natal, SN Furman - Western Cape, BA Michaelides - Port Elizabeth, EL Murray - East London and WF Seidel - Orange Free State.

Passing reference must be made to a medical newspaper, Academy Post, which appeared for the first two years of our existence. It was a commercial venture owned by Keeble-Prins and could not survive in the market place. Nevertheless, it served a useful function in publicising the birth of the Academy.

SA Family Practice appeared regularly, carrying original articles; papers delivered at our congresses; clinical reviews and updates; regular columns, e.g. human behaviour; clinical corner; journal club; regional and group news; forthcoming events. During the editorship of Professor GS Fehrsen a series of writer's workshops was held which successfully stimulated contributions to the Journal. Two gifted writers made a special contribution to the success of the Journal with their regular columns and editorship, Drs Russell Kirkby and Chris Ellis. The Journal was widely read and was largely sustained by advertising revenue from the pharmaceutical industry.

In 1982 "A South African Manual for General Practice" was made available to our members by Merck, Sharpe & Dohme who had purchased the rights to publish it in this country. The Manual had been developed by a New Zealand family doctor and adapted for use in this country by Prof GJ Pistorius. He was also the convenor of an editorial board which produced updated supplements of the twelve chapters. These were distributed by representatives of MSD to our members.

In 1989 MSD relinquished ownership of the Manual and donated it to the Academy. Thereafter, updated chapters were published cyclically as three monthly supplements to SA Family Practice. Thus each of the twelve chapters was re-written every three years. Dr M Teichler of MEDUNSA was editor of the supplements which were again published in book form in 1995. After a dormant interval Dr G Ogunbanjo of MEDUNSA is producing a revised edition of the Manual for the Academy.

From its early years the Academy was responsible for the production of educational booklets. These varied from the original information brochure prepared by Dr B Jaffe to the booklets on vocational training and health education by Dr J Smith[39] to the update on hypertension by the Southern Transvaal Region in 1983. SA Family Practice then produced a series of six booklets which were distributed as supplements to the Journal from 1984 to 1988. Topics ranged from Measuring and Managing Protein Energy Malnutrition in Rural Communities (M Bac) to National Vocational Training Programme for Family Practice (JH Levenstein & GS Fehrsen[40]), Diabetes Today (LI Robertson), Sports Medicine (DP van Velden), Relevant undergraduate education for Southern Africa with Transkei as a case study (JR Kriel & GS Fehrsen[41]) and Reducing Diets (RD Kennedy & I Glatthaar).

For the first decade of our ownership the Journal thrived to the point that we acquired our own property, Academy House, in Johannesburg. Subsequently, we saw a decline in our fortunes. This was mainly due to the fact that we had become too dependent financially on pharmaceutical advertising. A positive landmark, however, was the recognition of SA Family Practice by the Department of National Education for subsidy purposes in 1997. After 13 years as Editor, Prof GS Fehrsen retired from the post at the end of 1996. For the next three years Dr Garth K Brink managed the Journal with the help of a series of guest editors until Professor Pierre de Villiers became editor in 1999.

VOCATIONAL TRAINING

Vocational training for general/family practice is based on the principle that doctors wishing to enter this field require training as rigorous as for any speciality. During the 1970's this form of training had gained wide acceptance and by 1980 had become mandatory in Britain (Legislation passed in 1975). In North

America, most medical schools provided residency programmes in family medicine. In Australia the College had launched its Family Medicine Programme in 1973 for which it had received considerable financial support from the Government. It is against this background that we promoted the introduction of vocational training in South Africa.

In 1975 a group of family practitioners in East London approached the Faculty of General Practice of the College for help in setting up a scheme. The first of many memoranda was submitted to the SA Medical & Dental Council in 1977 as a College (CMSA) document. The President of the College accompanied the Faculty representatives to the meeting with the SAMDC Educational Committee. In spite of some support, the Committee was opposed to vocational training being a requisite for entry into general/family practice.

One of the first decisions of the newly formed Academy was to place a priority on the introduction of vocational training. A further memorandum was prepared and another meeting with SAMDC Education Committee in July 1981 was unproductive.

In March 1983 Prof GS Fehrsen organized an Academy Workshop which identified the shortage of doctors in rural areas and proposed that vocational trainees be appointed to vacant posts in these areas and that the Academy would help to create educational facilities for doctors so deployed. The linking of vocational training to the health needs of rural communities is central to Academy philosophy and policy.

Internationally, vocational training schemes vary in duration from 2-4 years and have three components:

- a hospital phase of 1-2 years during which posts most relevant to general/family practice are undertaken. These are normally super numerary posts
- a primary care phase which may be performed in the public or private sector and in South Africa includes rural hospitals and clinics; in the Cape, Day Hospitals (appropriately renamed Community Health Centres)
- an educational component that continues for the duration of the programme and takes place mainly during a half-day release from other duties.

Organizationally, the Academy appointed a National Vocational Training Coordinator, Dr John A Smith and Regional Organizers in regions where programmes were started: Drs GK Brink in Natal, E Murray in the Eastern Cape, and S Levenstein in the Western Cape.

In 1985 the Academy created an Education Committee to oversee vocational training. It consisted of the Heads of the three established departments of family medicine together with Drs BLW Sparks and JH Levenstein. The function of this Committee was to set the standards, establish assessment criteria and to plan for certification of vocational training programmes. At this time there were well established Masters Courses at Pretoria, Medunsa and Bloemfontein and trainees were encouraged to link their training to one of them. After the new MFGP, now MCFP (SA) examination was instituted (1986) and made more relevant to family medicine, it was recommended as a suitable option for doctors completing their training.

The Education Committee convened a series of national Teacher Training Workshops from 1985 to 1990 in which trainers were given some insight into the skills required in vocational training. Most of these meetings were held in Natal where our first scheme was in operation, and were organized by Dr Garth K Brink.

To finance the educational activities of the Academy, The Family Health Foundation was established in 1986 under the chairmanship of Dr BLW Sparks, assisted by Dr AJ Kgomo. The main area of funding has been vocational training with the emphasis on the rural component.

The first vocational training programme commenced in Natal in 1985 due largely to the support of Dr D Hackland, the Kwa Zulu Secretary of Health and Dr Nick Karnezos the Medical Superintendent of Edendale Hospital. They provided five supernumerary posts for trainees at the hospital. It was a two-year course of which the first year was spent at Edendale Hospital, Pietermaritzburg rotating through departments relevant to general/family practice. The second year was spent in a primary care clinic or a rural hospital. A prefabricated building, donated by Eli Lilly, was erected in the grounds of Edendale Hospital and served as the headquarters of the scheme and the

meeting place of trainees. Its equipment included a video camera which was used for the study of the consultation. A half-day release system operated, during which trainees took part in a variety of activities including visits to primary care clinics and private practices. Many of the trainees were registered for the MEDUNSA Master's course and members of this Department came to Pietermaritzburg as part of their Distance Learning Programme. The first five trainees were: Drs Julia Blitz, Yunus Motala, Karen Volker, Allison Gillespie and Chris Stevenson.

Dr S Mobbs was the course organizer of this successful scheme and when he relinquished this post, Dr Julia Blitz succeeded him. After completing her training course, Dr Blitz entered private practice in Pietermaritzburg and became the Vocational Training Regional Director in Natal in 1994. After ten years in family practice, Dr Blitz became a senior lecturer in the Pretoria Department of Family Medicine in 1997. She has come to play a leading role in the Academy and is now Director of the Rural Health Initiative, Associate Editor of the Journal and Chairman of the Task Team on CPD.

In 1986 the Education Committee of the Academy prepared a "Blueprint for Vocational Training in Family Medicine in South Africa". This was approved by all parties involved in the teaching of family medicine at a meeting in January 1987 and was then presented to SA Medical Council.

The Academy Vocational Training Programmes in the Eastern and Western Cape commenced during 1986-1987. The Eastern Cape scheme was of three years duration and consisted of two groups of trainees. One group was based on the Frere Hospital and the other on the Cecilia Makiwane Hospital. The latter provided the rural component because of its situation and the peripheral clinics associated with it. The course organizers were Drs P Matthews and H Brathwaite and both led Balint groups for the trainees which met every second week. When fully operational, 20-25 trainees were involved at any time. Many of the trainees registered for the MEDUNSA Master's programme which dovetailed with this vocational training scheme, both being of three years duration.

In the Western Cape the Academy has a two-year Vocational Training Programme. This was originally based on the Conradie

Hospital but for the past ten years five posts have been designated for this purpose in the Day Hospital Organization which also provides a 5/8th post for remuneration of trainers. Although trainees have a normal workload, they are released on Wednesday afternoons to attend a course supervised by Dr D Hellenberg. Dr SL Levenstein is the course organizer and leads a fortnightly Balint group on Tuesday evenings. The alternate evening is devoted to topic learning. Trainees are also encouraged to participate in the Academy CPD programme.

An important step in the history of our discipline was the legislation setting up a register of Family Physicians in 1993. Registration in the category is open to those who have undergone a recognized vocational training programme followed by a university Master's Degree in Family Medicine or the Membership of the College of Family Practitioners. By November 2000, 708 family physicians had registered with the Health Professionals Council.

During the past 15 years vocational training schemes have been introduced by the professorial departments of family medicine and it is only in the Western Cape that the Academy still operates a scheme. This is partly an evolutionary process and follows the pattern of other disciplines. However, it is also due to the loss of supernumerary hospital posts due to cut-backs in the Health Budget.

The introduction of compulsory community service in 1998 would have been accepted with less resentment had it been linked to vocational training opportunity. At present a number of young doctors are deployed in primary care situations without adequate training, supervision and support. The Academy, through its Rural Health Initiative is attempting to remedy this situation.

UNIVERSITY DEPARTMENTS OF FAMILY MEDICINE

The development and growth of the academic discipline of family medicine is largely dependant on the existence of strong university departments. Not only does family medicine benefit from contact with other disciplines but it contributes to the

intellectual life of the medical school. This it does by virtue of its philosophy, its scientific problem-solving approach and by the ethos of personal care.

There are pitfalls in the establishment of academic departments, i.e. appointment of a non-family physician as head, most commonly a specialist physician or community medicine specialist or under-resourcing the department so that it becomes ineffectual.

In order for departments to fulfil their social function it is desirable for them to have a large service commitment. In this way the quality of primary health care in the community can be substantially improved. Related to this is the desirability for departments to have a rural component. In this way undergraduates and vocational trainees are exposed to the problems and opportunities offered by working in a rural situation. It is also mutually beneficial and therefore desirable for university departments to maintain contact with the academic organizations of family medicine.

The establishment of university departments in this country has followed the pattern experienced abroad in that the young medical schools have led the way whilst the older schools have been resistant to innovation. Reference has been made to the Universities of Pretoria, MEDUNSA and the Orange Free State which early on had developed undergraduate and postgraduate teaching programmes. The OFS Department of Family Medicine functions within an integrated curriculum to which it makes an important contribution.[42] Professor GJ Pistorius, first Head of this Department also played a significant role in the growth and development of the Academy.

An interesting feature in this country has been the number of established doctors, often remotely located, who have completed M Fam Med/M Prax Med degrees whilst actively engaged in practice.[43] To meet the needs of these and others like vocational trainees, MEDUNSA developed its Distance Learning Programme. This entailed Prof GS Fehrsen and his staff members making 3-4 visits a year to different locations, which included Pietermaritzburg and East London when Academy Vocational Training Schemes were active there. This programme is based on adult learning principles which are neatly summarised

in the words of Albert Einstein, "I never teach my pupils, I only attempt to provide the conditions under which they can learn".

MEDUNSA has also taken the initiative in the exposure of undergraduates to rural practice. The main campus is situated in the urban setting of Garankuwa and the Department of Family Medicine has extended its base to four health districts with their health centres and community hospitals.

The University of Pretoria was the pioneer in the establishment of a Department of Family Medicine but this was largely based on the teaching hospital. In the past ten years the Medical School has undergone a transformation culminating in the introduction of a new curriculum in 1997 which is problem-orientated and integrated. Community-Based Education is intended to be integral to the teaching of all disciplines. Certainly the Department of Family Medicine has focussed on service delivery and teaching in the Local Authority Clinics, the District Health Clinics and rural hospitals.

Witwatersrand University established a Chair of Family Health in 1983. The first incumbent was Prof P Bundred whose academic background was community medicine/public health. He left the post after four years and was succeeded by Prof Bruce Sparks who had already made a major intellectual and organizational contribution to family medicine at the time of his appointment in 1987. The Witwatersrand Department has a large service commitment and students are exposed to rural as well as urban primary care in the course of their training. The Department is also responsible for the medical care of hospice patients and, somewhat unusually, is in charge of a ward in the teaching hospital.

The University of the Transkei (UNITRA) created a new medical school whose first students commenced their studies in 1985. The objective of the new school was clearly defined by the University Council. It was to produce doctors to meet the needs of the people of the Transkei; it should not necessarily follow the pattern of the conventional medical schools but should study relevant community-based models elsewhere; there should be no lowering of standards, only a difference in orientation. To meet the UNITRA Council guidelines a Workshop was held in Durban in June 1988. Participants included Professors GS Fehrsen, GJ

Pistorius and BLW Sparks. Dr JH Levenstein represented the Academy. Guests from abroad were Professors SS Obenshain (from Albaqurque of the University of New Mexico, USA), C Coles (of Southampton, UK) and M McGregor (of Montreal, Canada). The Workshop supported an integrated, problem-solving, community-based curriculum in which the Department of Family Medicine has a central role. Dr K Mfenyana, who also participated, was soon to become the first Professor of this Department. He had completed the M Fam Med at MEDUNSA whilst in general practice in the Transkei. Prof Mfenyana is also a member of the Academy Council.

The Southern Universities were more cautious in their recognition of family medicine/general practice as an academic discipline. Stellenbosch did create a Unit in 1983 in which Dr D van Velden was lecturer. In 1991 Dr Pierre de Villiers was appointed to the Chair and in 1992 a Department of Family Medicine/Primary Care was established. Prof de Villiers, as previously indicated, has been active in SASPREN and is now Editor of SA Family Practice. Prof Marietjie de Villiers, a member of the Stellenbosch Department, has been Chairman of the Academy since 1997.

The University of Cape Town, in the year 2000, does not yet have a department of family medicine although family physicians have taught in other departments for several years. A Department of Primary Health Care was created in the mid-nineties headed by Prof D Baqwa, whose academic background is community medicine/public health. It must be said, however, that he has been very supportive of family medicine and has two full-time lecturers in the Department, Drs Bev Schweitzer and Graham Bresick. Dr Schweitzer is Senior Lecturer and has taken an active part in reviving the MFamMed at UCT.

The University of Natal has recently created a School of Family & Public Health Medicine in which Professor Cassimjee is head of the Family Medicine Division. Dr Stephen Reid, already a part-time lecturer in the MEDUNSA Department was also appointed part-time to the Natal Family Medicine Department where his main commitment was to the rural component of undergraduate training. He continues to do this work, now independently, reporting to the Dean of Medicine. Dr Reid was also the first Director of the McCord Hospital Vocational

Training Programme[43] set up in 1995, to prepare doctors for working in rural conditions. He is an active member of the Academy who has been deeply involved in the practice and teaching of rural health medicine. His special interest is the interface of family medicine and public health medicine.

Most of the Heads of Departments and Units of Family Medicine were originally members of the Academy Education Committee. Appropriately they have now formed an independent body known as the Family Medicine Consortium (FaMEC). The object of this body is to create a common educational standard to help unify the Academy and the College and to create a single external examination for family medicine.

WONCA - The World Organization of Family Doctors

We have seen that Dr BM Fehler established our presence in WONCA in 1972 and held executive positions on the world body for the following ten years. He was joined in 1975 by Dr JH Levenstein who was Chairman of the Standing Committee on the Emergency Call from 1975-1980 and of the Continuing Medical Education Committee thereafter. He was a Vice-President of WONCA from 1978-1980. In 1981, shortly after its formation, the Academy was recognised by WONCA as the official academic organization representing South Africa. Prof BLW Sparks was the South African representative on the WONCA Council from 1983-1998. He has been on the Executive Committee since 1993 and Treasurer since 1998. He was also Regional Vice-President for Africa from 1992-1998.

WONCA has set up a number of working parties which deal with issues universally common to family practitioners. A number of Academy members have taken part in these teams and have benefited from the experience of colleagues in other countries.

A historic joint Workshop was held by WONCA and WHO (World Health Organization) in Ontario, Canada in November 1994 in which the key role of the general/family practitioner in the health care systems of the World was stressed. The resolution arising from this meeting was taken to the WHO General Assembly in Geneva in May 1995 and accepted unanimously by the 186 member nations including South Africa. The following are extracts from the resolution:

"General Practitioners, in particular, are seen as holding pivotal positions in ensuring the delivery of comprehensive, continuous, co-ordinated and personalised health care. Their role, along with other primary care providers, is seen as very important in making the optimal use of health resources. In future health care systems their role is likely to become even more predominant if they are able to improve the co-ordination of individual and community services".

"Use well-trained family doctors to provide better quality care more cost-effectively - not only are they uniquely qualified for the task but represent the most effective means to control unnecessary and untimely use of specialist services".

"Every country should provide specific vocational/residency (postgraduate) training in Family Medicine".

The 2nd WONCA Rural Health Congress was held in Durban in September 1997. Dr GK Brink was the Convenor and Dr S Reid was Chairman of the Scientific Programme Committee.

THE GENERAL/FAMILY PRACTICE CONGRESSES

Reference has been made to the first General Practice Congress held in Johannesburg in 1978 which was a great success in all respects, academic, organizational and attendance. The Congress thereafter became a biennial event which was held in different centres. The Academy has remained the main sponsor together with the National General Practitioners Group of the Medical Association and the local University Department(s) of Family Medicine.

The Congresses have been a forum for general practitioners from all sectors, urban and rural, private and public, academics from this country and abroad. The programmes have catered for those who seek updating and those interested in the research, philosophy and ethics of family medicine. The free paper sessions have offered scope for the latter group. The workshop format has encouraged participation as opposed to passive learning. The following is a list of the Congresses that have taken place with the venues, dates and the names of the main organizers:

1st 'Standards and Responsibility'
Carlton Hotel, Johannesburg - August 1978. Chairman Congress Committee: Dr B M Fehler. Convenor - Academic Programme: Dr G Davie & Prof D van Staden.

2nd 'Family Medicine'
Holiday Inn, Cape Town - March 1980. Chairman: Dr B Jaffe Academic: Dr SL Levenstein Guest Speaker: Enid Balint.

3rd 'Family in Crisis'
Sun City, Bophuthatswana - August 1982. Chairman: Prof BLW Sparks Academic: Dr RM Meyer. There was a large attendance attracted partly no doubt, to the recreational facilities offered by the venue!

4th No specific theme
Elangeni Hotel, Durban - June 1984. Chairman: Dr GK Brink Academic: Dr LI Robertson
This congress was notable for its guest speakers, Professors Ian McWhinney of Ontario, and Gayle Stephens of Alabama, two of the intellectual pioneers of family medicine. After the congress they visited Dr Helga Holst, one of Prof McWhinney's family medicine graduates who was in charge of the Emmaus Hospital in a rural community in Kwa Zulu Natal. Professors ADP van den Berg and GS Fehrsen and my family were present at this poignant meeting.

5th 'Skills'
Johannesburg Sun Hotel - April 1986. Chairman: Prof ADP van den Berg Academic: Prof GS Fehrsen
One of the guest speakers was Dr Nigel Stott, a South African, who was a senior lecturer in the Department of General Practice of the Welsh National School of Medicine, Cardiff. Other Guest speakers were Professors R De Smet from Belgium and K Haehn from Germany.

6th 'Dilemmas in Primary Care'
Cape Sun Hotel, Cape Town - March 1988. Chairman: Dr Guy Parr Academic: Dr SN Furman
Three of the overseas speakers had been active members of the Academy. Dr Boz Fehler came from the United Kingdom, Professors Clive Brock and Franklyn Dornfest from the United States.

7th 'The Vital Link'
Wild Coast Sun, Natal - June 1990. Chairman: Dr GK Brink. Academic: Dr S Mobbs and R Kirkby
Professor Nigel Stott, now Head of his Department, was a guest speaker and gave the keynote address.

8th 'One Family, One Future'
Sun City, Bophuthatswana - September 1992. Chairman: Dr M Perlman Academic: Dr H van der Westhuizen
Guest speakers included Professors David Metcalfe (UK), Dr Larry Green, (USA) and Prof Henk Lamberts from The Netherlands.

9th 'Family Medicine for All'
Cape Sun, Cape Town - April 1994. Chairman: Dr DA Hellenberg Academic: Dr N David
The Congress took place just before the momentous 1994 election when there was a great deal of uncertainty and concern. Dr F van Zyl Slabbert opened the Congress with a superb political analysis. One of the guest speakers was Dr Joseph Levenstein from Illinois who had made such an important contribution to academic family medicine in South Africa.

10th 'The Constant Carer'
Grahamstown - September 1996. Chairman: Dr P Matthews. Academic: Dr H Brathwaite (both from East London)
The guest speaker was Professor RE Rakel (USA), eminent family medicine editor.

11th 'The Art of Holistic Carer'
Sun City, Bophuthatswana - August 1998. Chairman: Dr C de Muelenaere, Pretoria Academic: Dr E Baraldi
Guest speakers were Professors Jan Heyrman from Louvain, Belgium and Tom Campbell of Rochester, New York.

THE COLLEGE(S) OF MEDICINE OF SOUTH AFRICA

In creating the Academy, we remained in the College of Medicine and continued to sit on its committees. During this period the College of Medicine has undergone significant constitutional change. Thus, in 1994, the Faculty of General Practice became the College of Family Practitioners with, like other large Colleges, two seats on Council; the Convenor became the President. This did represent recognition of equality within the College which had not existed before. During the past two decades there have been only three Convenors (now President), B Jaffe 1977-1984, JH Levenstein 1984-1989, BLW Sparks 1989-2000. Prof Sparks has been a member of College Council since 1986 and was joined by Dr SN Furman in 1995 under the new dispensation. The most recent development has been for the parent body to be known as the Colleges of Medicine of South Africa and for the Council to be termed the Senate.

In the past three years there has been a strong move to form a unified academic organization of general/family practitioners. This has had the support of the Academy, the College of Family Practitioners and the Heads of the University Departments of Family Medicine (FaMEC). The initiative for unification comes from FaMEC who believe that the educational activities, setting of standards and examination should be the function of a single body. It is believed that this new body should have an affiliation with the Colleges of Medicine but should remain a separate legal entity. The reasons for this are historical and practical. The historic reasons relate to the experience of our first decade in the College and the fact that the discipline is in a different stage of development from the older disciplines. There are many practical reasons. The Academy has a large number of activities which require administration and funding. It administers the Family Health Foundation to promote its educational work and more

recently the Rural Health Initiative. Unlike other Colleges, the new body would be inclusive rather than exclusive, admitting all who identify with its objectives, not only those who have written the examination. In forming the new College it is desirable that we retain an association with the Colleges of Medicine which symbolises the unity of the profession and the interdependence of its disciplines. It is envisaged that the Colleges of Medicine would administer the examination for Fellowship of the proposed College. Negotiations are at present taking place to achieve these objectives.

THE ACADEMY AFTER 1990

In 1990 Prof Bruce Sparks succeeded Dr Joseph Levenstein as Chairman of the Academy and brought his own style of leadership and organizational skills to the position.

In the same year the Academy held a Workshop on the Role of the General Practitioner in Primary Care. Participants represented all organizations concerned with the delivery of primary health care including governmental bodies. The purpose of the Workshop was to counter the model of primary health care which was based solely on clinically trained nurses under the direction of public health specialists. The document that emerged was a constructive plan that embraced all primary health care workers but showed how the well-trained family practitioner was central to the process. A summary of the document was published in the form of a Declaration[44]. It was useful during negotiation with Government and statutory bodies that took place frequently during the nineties.

During the past decade the Academy has had contact with Government old and new. The main objective of these meetings has been to obtain support for vocational training schemes particularly those located in rural areas, and to achieve recognition of the central role of the family practitioner in the delivery of primary health care. An important meeting was held with Dr R Venter, National Minister of Health who subsequently promulgated the regulations pertaining to the registration of the category of Family Physician in 1993. Thereafter the public service established ranking of Senior, Principal and Chief Family Practitioner designed for those who had undertaken postgraduate training in the field.

The new Government declared its commitment to the provision of primary health care for all and the Academy has had meetings with Directors General of Health in National and Provincial Government to explain how we can contribute to this objective. The Academy has also been consulted by Government in matters pertaining to education, compulsory community service, recertification, HIV/AIDS, research, rural health and dispensing. In particular, the Academy has made submissions to the Parliamentary Portfolio Committee on Health on the subject of vocational training in 1996 and to the Truth and Reconciliation Commission in 1997.

During the chairmanship of Prof Sparks, a number of task teams/working parties were set up to investigate ways in which the general/family practitioner could contribute to HIV/AIDS, Women's Health and Rural Health. Other task teams were formed to deal with Continuing Medical Education, Quality Assurance and Examinations. The Women's Health Group remains active and functions under the chairmanship of Dr Thembi Maleka.

The activities of the Academy were growing rapidly and it had become apparent that full-time professional help was needed. To this end Dr Peter Cusins was appointed Chief Executive Officer of the Academy in March 1995 and his appointment led to the transfer of the head-office from Cape Town to Johannesburg. Mrs Rose Jonker, who had been in charge of the head-office from the beginning, was a casualty of this move. Her efficiency and industry had in large measure contributed to the success of the organization. Dr Peter Cusins left after one year and financial constraints precluded the appointment of a successor. He had reorganized the Academy structure and introduced some innovations. These tasks were undertaken jointly by Prof Bruce Sparks and Dr Garth Brink.

From its inception the Academy has regarded rural health and the health of people in peri-urban townships as a priority. As an academic body we have sought to locate vocational training schemes linked to the provision of service in these areas. This goes back to the eighties when the Academy, in conjunction with the Kwa Zulu Department of Health revived the dormant mission hospital at Appelsbosch and financed some of the staff and equipment through the Family Health Foundation.

Dr Neethia Naidoo, a private practitioner/district surgeon in the Natal Midlands was the Chairman of the Rural Health Task Team and has remained actively involved both locally[45, 46] and as a member of the WONCA Working Party for Rural Health. The problems of rural people relate to poverty and under-development aggravated by the shortage of medical services and personnel. Of interest is the fact that rural health services are largely manned by foreign doctors. The shortage of rural medical personnel is a world-wide problem; doctors are daunted by the prospect of professional and social isolation. Professionally they feel ill-trained and inadequate to deal with the wide range of knowledge and skills necessary to function in this environment. Rural medical practice involves three main areas of knowledge and skills:

- General Practice/Family Medicine
- Community Medicine/Public Health
- Procedural Skills, e.g. Anaesthetics, Caesarean Section, Laparotomy

There is a much greater involvement in the community and its needs than in an urban setting. What are the needs of the rural community? I am grateful to Dr Ian Couper for insight into the work of the rural doctor and the needs of the community. Dr Couper worked for nine years in the Manguzi District of Northern KwaZulu Natal and in 1999 became a Senior Lecturer in the Department of Family Medicine, MEDUNSA, based in the Odi District of the North West Province. He undertook a survey of the priority issues raised by the community committees in the Manguzi District during 1996, the number of times in brackets : Clean water (27), Clinics (15), Upgrading roads (15), Crèches (15), Radiophones to call hospital (13), Toilets (13), Electricity (9).

The 2nd World Rural Health Congress held in Durban in September 1997 was a great success and a major landmark in the history of the Academy which hosted it. From this Congress emanated the Durban Declaration[47] which highlights the plight of rural people and the neglect of these communities by society. In a wide-ranging document it re-affirms its support for the global campaign to achieve Health for All ; that the alleviation of poverty is essential to achieve this objective ; that nutrition, clean water, efficient sewage disposal, a safe environment, immunization of children, housing and education are the highest

priorities ; in spite of the detrimental economic effects of globalization on the poorer countries the document stresses the importance of good governance and the elimination of nepotism and corruption ; it calls on wealthy countries to cancel the debt of the poorest, to curtail trade in arms and to contribute the promised 1% of GNP ; calls on the WHO, UNICEF, the World Bank and other international agencies to work for the elimination of poverty.

The second part of the Declaration[48] commits the delegates to take practical measures to:

- ensure appropriate delivery of public health measures
- develop multi-disciplinary teams with a community-orientated approach
- ensure a mix of primary health and public health, clinical and community medicine approaches appropriate to each community
- ensure appropriate training of adequate numbers of rural doctors and other health professionals and promote this form of training by universities
- ensure continued educational support for health professionals in rural areas
- work towards providing incentives and suitable conditions for health professionals in rural areas
- provide adequate resources and facilities for rural health care

The Declaration ends with the statement - "Since the great majority of poor people of the world live in rural areas, we pledge ourselves to this global initiative to achieve health for all rural people by the year 2020".

The Durban Declaration is an affirmation of Academy policy. Repeated reference has been made to the priority accorded to rural health and the benefit that accrues from linking postgraduate vocational training to the delivery of medical care in rural and under-doctored areas. Medical schools, particularly MEDUNSA, Pretoria, Witwatersrand and Transkei have, in addition extended rural exposure to much of their undergraduate training.

In 1996 the Academy set up the Rural Health Initiative (RHI) under the chairmanship of Prof B Sparks. The objective of the RHI, as indicated in its mission statement, is "to improve and maintain the health status of communities in rural and underserved areas of South Africa, through education and support of health workers". This has involved the collection and disbursement of funds to a series of projects - seventeen at the end of the year 2000. These projects are based on the provision of decentralized education programmes using distance-learning techniques. They are facilitated by trained regional and local co-ordinators assisted by visiting health specialists and other resource personnel. Communication lines are set up between doctors based in the local rural hospital and specialists and regional hospitals. Communication is encouraged between doctors working in the same region.

Essential to the success of these projects is the development of a communications infrastructure using the burgeoning field of information technology. This includes the computer, email and fax, 'Telemed', electronic linkage to CD ROM library searches and electronic data libraries. Some of these have been made available to RHI projects, others are being tested. Telemed appears to have great diagnostic potential.

A valuable function of the Rural Health Initiative has been in relation to the period of community service compulsory for all medical graduates from January 1999. Mention has been made of the fact that many young doctors are sent to rural areas without adequate training, supervision and support. The RHI is encouraging doctors so deployed, to participate in its educational programmes and to use the information technology that it has provided at the local rural hospital.

Dr Julia Blitz is the present Director of the Rural Health Initiative and Ms Penny Bryce is the Project Manager. An interesting new national project has recently been launched by the RHI entitled "Family Practice Ethics into the 21st Century", coordinated by Dr Keymanthri Moodley.

In 1997 Dr Marietjie de Villiers of the Stellenbosch University Department of Family Medicine became the 4th Chairman of the Academy and in the same year became the South African representative on WONCA Council. In 1999 Dr de Villiers was

elected to the Health Professions Council and became a member of the SA Medical and Dental Professional Board. She is now on the Executive Committee and chairs or sits on a number of committees of the Board. Her main task as Academy Chairman has been to oversee the introduction of CPD for family practitioners. Dr de Villiers has also led the Academy delegation in talks with the Colleges of Medicine of South Africa to achieve unification of the Academy and the College of Family Practitioners. In addition to the CPD Task Team chaired by Julia Blitz, an Information Technology Task Team has been set up under the chairmanship of Dr Leon Geffen.

COMMENTARY

When requested to write the history of the first twenty years of the Academy, it seemed essential to commence with the first academic organizations of general practitioners, some two decades earlier. Thus, in summary, we have dealt with:

- 1958-1969 The formation of six South African faculties of the (British) College later the Royal College of General Practitioners.
- 1969-1970 The South African College of General Practitioners.
- 1970-2000 The Faculty of General Practice of the College of Medicine of South Africa later named the College of Family Practitioners (CMSA).
- 1980-2000 The SA Academy of Family Practice/Primary Care.

Perhaps one of the most important aims of all these organizations has been to raise the self-esteem of the general practitioner by demonstrating that his/her field is as intellectually demanding, as emotionally taxing (and rewarding), as socially necessary and, requiring a training as rigorous as for any other medical field or discipline. This has led to the somewhat irreverent reference to our organizations as the "GP consciousness movement".

The nomenclature adopted in this history has been all-embracing. Thus the terms general practitioner, family practitioner and primary care physician have been used interchangeably as have the terms general practice and family medicine to denote our discipline. It is interesting to note that the term general