

AN OVERVIEW OF THE YEARS 1997-2003

Marietjie de Villiers, National Chairman 1997-2003.

INTRODUCTION

As with Basil Jaffe in the previous section I relate from a personal perspective the period 1997-2003

CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

The main business of the Academy since its inception has been CPD, but when the Health Professions Council of SA (HPCSA) in 1999 introduced obligatory CPD for all medical practitioners, it provided opportunities for the Academy to grow. We saw a remarkable increase in attendance at our activities, and were able to provide attractive and relevant programmes. But soon many other CPD providers joined with various incentives such as dinners, weekends away etcetera, incentives which the Academy could and would not compete with.

A remarkable achievement that acknowledged our role in setting and maintaining standards for the profession, was the development of the CPD accreditation portfolio. Julia Blitz-Lindeque took the initiative in this regard, not only convincing the decision-makers that the Academy had to be approved as a CPD Accreditor, but she also devised an operational process to administer our accreditation operations to become one of the foremost accreditors in the country today.

CONGRESSES

Three main conferences were held during 1997 – 2003, apart from the regular yearly mini-congresses organised by the Western Cape and KwaZulu-Natal regions.

The 11th Family Practitioners' Congress in August 1998 took place at Sun City and was themed "The Art of Holistic Care" with Chris de Muelenaere as Convenor. Chris and his team managed to organise a very successful and financially viable congress in a time when the traditional funding support for academic conferences was waning.

The usual 2-yearly conference for the year 2000 was postponed to put all effort into the 16th WONCA World Congress in May 2001 in Durban with Garth Brink as Congress Convenor and Bruce

Sparks as Chairman of the Scientific Programme. The theme was “Family Medicine: The Leading Edge”. Hard work was put into this programme over a long period of time and despite many concerns of not attracting participants from afar, the Congress turned out to be a huge success, and our international delegates thoroughly appreciated it. The congress also drew the largest number of local family practitioners ever to a South Africa family practice congress.

The WONCA Council meeting held at Alpine Heath in the Drakensberg preceded the Durban Congress. It was attended by about 120 office bearers: people from all over the world, leaders in family practice in their own countries. The mood at this meeting was very positive and up-beat about the future of family practice globally. The SA Academy of Family Practice/Primary Care received encouraging compliments and praise from many prominent family practice leaders during this meeting. To crown it all Bruce Sparks was elected as the WONCA President-Elect for 2004 – 2007 and was installed as WONCA President at the 2004 WONCA Orlando Congress. The Academy leadership was also instrumental in assisting with the initiation of a WONCA Women in Family Medicine group, which has since become an official Working Party of WONCA, with Marietjie de Villiers currently serving on its executive committee.

On Sunday night, 13 May 2001, the opening ceremony for the 16th WONCA World Congress was held in Durban. I will never forget that moment, standing in front of a hall filled with 2400 Family Practitioners from all over the world. It indeed was the greatest event ever in the history of the SA Academy of Family Practice! The congress put the SA Academy firmly on the global family practice agenda, by setting up a highly successful academic congress discussing relevant, pertinent and burning issues for health care in family practice and primary care. Garth and Bruce were awarded Honorary Membership of the Academy in recognition of their massive contributions to the organisation over many years including the organising of the 16th WONCA Congress.

The 12th Family Practitioners’ Congress was held in August 2003 at Stellenbosch with Shadrack Mazaza as Convenor and Bob Mash as Scientific Chairperson. This congress was the first to be organised in collaboration with FaMEC (all 8 departments of

Family Medicine), and RuDASA (Rural Doctors Association), in an attempt to better co-ordinate the profession and bring all the role players in Family Medicine in the country together. A workshop for the WONCA African Regions was also held during the conference and a number of delegates from Africa attended the congress.

PUBLICATIONS

The SA Family Practice journal went through a difficult time. Decreasing interest in advertising, as well as losses over a period of time and disinterest by the profession threatened the survival of our journal. A number of initiatives were launched to develop and sustain the journal, initially driven by Garth Brink, and supported by Julia Blitz-Lindeque, Mark Ferreira, Perland Publications and Jannie Hugo. After short periods with Roy Jobson and Russell Kirkby the editorship was taken up by Pierre de Villiers. Pierre and team worked hard to build up the journal again. In 2002 a successful merger with the Medpharm publication “Geneeskunde” was launched which contributed significantly to the status and sustainability of the journal. Pierre has continued to develop the journal into a world class publication, now ably supported by Gboyega Ogunbanjo, Douw Greeff and a committed editorial board including esteemed international academics. The Academy continues to spend a large proportion of its funds on the journal and in doing so making a significant contribution to the academic discipline of Family Medicine in South Africa. The monthly Journal has a strong peer-reviewed research section, a CPD section, a Rural Health section, Academy news etc. Indeed, the only one you need to read. “Today’s Doctor” also joined the Journal and provides practice and managed care news and content.

There continued to be a large demand for the SA Family Practice Manual. It needed updating and we embarked on a number of initiatives to further develop the product. It was decided that a focus on skills is crucial as there is nothing available to family practitioners in South Africa. The South Africa Family Practice Skills Manual is currently in its final stages of production in association with FaMEC under the able editorship of Bob Mash.

The first ever South African Handbook for Family Medicine was produced under the auspices of FaMEC and Editor Bob Mash in 2000. A number of Academy members contributed to the Handbook. This was indeed an important event for the discipline as it marks the official recording of the content of the discipline in South Africa. The Handbook is used as prescribed material for most undergraduate and some post graduate courses in South Africa.

A new distance-education programme on Ethics was developed by Keymanthri Moodley for the Academy. This programme is specially tailored to the learning needs of colleagues in general/family practice and addresses important ethical issues for family practitioners.

SUPPORTING RURAL HEALTH

The Academy regards rural doctors as a very important component of our discipline that needs special support. The Academy does so by initiatives such as the Rural Health Initiative (RHI), international and national conferences, and working closely with RuDASA and the Rural Doctors Section in SA Family Practice. The RuDASA chair was co-opted onto the Academy Council, and the national RuDASA conferences were supported with funding and content. Dr Neethia Naidoo represented the Academy on the WONCA Working Party for Rural Practice.

The second International Rural Health Conference was held in 1997 in Durban under the auspices of the Academy. These international conferences are now hugely successful ventures throughout the world.

The Rural Health Initiative (RHI), initiated by Prof Sparks continues to grow. It has been successful in drawing corporate funding for this initiative towards equity in health care. We acknowledge the funders for their support in making a difference to the lives of underserved communities. The RHI has formed partnerships with RuDASA and FaMEC in a new RHI governing structure namely the RHI Board. Mark Ferreira and Julia Blitz-Lindeque the RHI Directors made an important contribution. So did Penny Bryce as RHI Fund Raiser and Administrator. In his time as RHI Director Jannie Hugo managed the RHI in conjunction with the South-African-Flemish collaboration

developing vocational training in South Africa. Jannie is also developing a major home-based care and HIV/AIDS project for the RHI.

SMALL GROUPS

The Small Group Structure of the Academy has proved to be our special strength, especially in the face of a proliferating CPD market. The growing number of small groups is spread over the country, and the Academy developed and implemented a strategy to support them and facilitate the formation of new groups, moving closer to the ideal of a self-reliant network of practice-based small groups throughout the country using adult education principles in their continued learning.

RESEARCH

The Academy co-hosted a strategically important seminar on research in Family Medicine and Primary Health Care with the Medical Research Council in 1999. A task team for research was formed to develop and support of research in the Academy. Gboyega Ogunbanjo and Leon Geffen assisted in this, and research activities have developed mainly through SASPREN. Dr Leon Geffen is the new chairman of SASPREN, and Dr Michael Pather the new research co-ordinator. They took over from Dr Saville Furman and Prof Pierre de Villiers, who as past chairman and research co-ordinator respectively have built SASPREN into what it is today. Dr Geffen was invited to present this work at a prestigious WONCA Invitational Research Congress in Canada in 2003. He also formed the IT Task team, and spearheaded the formation of the Academy's first website.

PARTNERSHIPS

During my term of office one of the crucial decisions of the National Council was that the Academy should actively work against fragmentation in the profession. We felt that family practice in SA can only overcome the challenges facing the profession by working in partnerships with our patients, colleagues, government, other medical organisations, NGO's, training institutions, communities, businesses, pharmaceutical industries and others. Spearheading this partnership campaign was the 12th National Family Practitioners Conference in Stellenbosch in 2003.

Extensive and protracted discussions were held to form a unified academic body for family practice. Unfortunately we were not able to merge the relevant bodies due to the complexity of the issue. Subsequently though a network was formed binding the Academy, CFPSA, FaMEC and RuDASA to work together. Already this alliance has had some success in the decision to allow a Fellowship examination in Family Medicine, and the landmark decision of the HPCSA that Family Medicine will be a recognised specialty on the specialist register of Council, with mandatory postgraduate training.

The Academy also started a popular initiative to award a prize to the best undergraduate student in Family Medicine in all 8 academic departments of Family Medicine in SA. The Academy participated in and was invited to give input into a variety of academic and medico-political issues. We continue to be represented in various forums and committees.

FINANCES

A great challenge was the financial stability of the Academy. This was achieved through a mixture of fiscal discipline, rationalisation, and developing additional income streams. Treasurers Garth Brink, Cedric Schmaman and Gboyega Ogunbanjo, bookkeeper Jeanette Pritchard and many others who worked so hard to achieve this.

A recent challenge is the reduced support from the Pharmaceutical Industry. Changes in the industry itself, as well as their increased role in provision of CPD, have made the Academy a less attractive option for them (as opposed to funding organizations specifically related to the prescribing business). A recent series of articles in the British Medical Journal highlighted the extent of entanglement of the profession with the Pharmaceutical Industry. We are reflecting on these relationships and facing the challenge to the Academy in terms of healthy relationships and alternative avenues for funding.

VOCATIONAL TRAINING

Although the Academy took a leading role in vocational training in the past, (following international examples where professional organisations are responsible for vocational training (VT)), only one active VT programme is left in the Academy, namely in the Cape Metropole.

A collaborative Flemish, FaMEC and Academy project is developing pilot sites for VT throughout the country, and with the new regulations for the specialty of Family Medicine, it looks likely that vocational training will be taken over by the universities. The Academy however still has an important role to play in VT through the participation of our members as tutors/trainers and to bring young people into the profession.

PEOPLE

The most valuable and enriching experience while the Academy's National Chairman was the people that I met. I had the privilege to work with colleagues over the breadth and width of our beautiful country. People who work in widely varying circumstances, all committed to improve the health of our communities. A number of people served on National Council during these years and spent a lot of their time and energy in guiding and supporting the Academy. Council's Executive took the brunt of the load and need special mention namely Shadrack Mazaza as Vice-Chair, Gboyega Ogunbanjo as Treasurer, and Neethia Naidoo as National Secretary.

Council also instituted a number of Task Teams and committees, which provided us with better focus and an ability to move rapidly. Julia Blitz-Lindeque took charge of the CPD Task Team, Leon Geffen of the Information Technology Task team, and Gboyega Ogunbanjo of the Membership Committee, and Cedric Schmaman of the Finance Committee. Existing task teams namely the HIV/AIDS team under Ezio Baraldi and later Adri Prinsloo, the Women's Task Team under Thembi Maleka, and Quality Assurance under Jannie Hugo, continued to function. The Academy put out a statement on HIV/AIDS and supported the Treatment Action Campaign for access to Anti-Retroviral treatment for pregnant mothers.

Finally the Academy's staff members that I worked with during these years are really the people that kept the Academy going behind the scenes. Lucille Pick, Jeanette Pritchard, Michelle Padiachee, Linda Howard and Penny Bryce need a special mention in the history of the Academy.

INTO THE FUTURE

At the end of 2003, Shadrack Mazaza took over the reigns as National Chairman to lead the Academy into its 25th year.