

Thoughts on the state of family medicine in South Africa

To the Editor: Thank you for your article in the latest *South African Family Practice*.

I have worked as a general practitioner (GP) in Canada and Ireland, where the duties of a GP are clear. I was a GP in South Africa for 25 years too.

In Canada, when you work in a remote town on the prairies, you are expected to do almost everything, with the proviso that you receive telephonic advice from a consultant in the field in which you need help.

The Canadian rural GP works in his or her consulting rooms during the day, looks after patients in hospital, conducts after-hours calls in the hospital emergency room and visits patients in old age homes. Very few house calls are performed.

In other words, with telephonic support at hand, as a Canadian rural GP, you pretty well run the show.

In Ireland, GP work is more consulting room-oriented. Most of the practices in which I worked did not look after hospital patients, who were instead referred to a nearby hospital. But GPs carried out visits to old age and psychiatric hospitals and conducted considerable after-hours work, including the bane of medical practice: house calls.

Both those countries have GP training programmes where the GPs are trained to carry out what is necessary within specific medical structures. Population densities, geographic distances and cultural aspects play some role in determining the required particular medical skills in the two countries.

The difference from South Africa is that the GPs in those countries have a clearly defined career path to follow, with rewards for skills

that are acquired along the way. They know where they are going. They can take leave, attend courses, have a pension at the end of their life's work, and are assisted by the state in paying for and running their practices. They have a career in general practice, without the need to sacrifice personal lives and families for their vocation, as is often the case here.

Where I work now, in the Eastern Cape, there is succession of young, bright, career-oriented doctors going to Canada, Europe or Australia, in many cases to work as GPs there, or staying here to specialise. But they are certainly not going into general practice in our town.

Perhaps I am pessimistic because I live in the Eastern Cape, but I see little future for GPs in South Africa. The provincial clinics and local hospital jobs seem to be disorganised and uncoordinated and are not a delight in which to work. The National Health Insurance appears to be going nowhere, and from what I hear from my local associates, being a general practitioner is not easy either.

So if there is no clearly defined vocational path for GPs (a clear-cut training course, a reasonable work schedule, realistic hours, annual holidays and at the end of the road, a respectable retirement), what's the point of being a GP in South Africa?

Give us a career, not jobs!

I qualified in 1974, and since then, I have been in this "pregnant" GP job. The baby's coming sometime in the future, but as far as I can see, this patient is never going into labour!

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SOUTH AFRICAN ACADEMY OF
FAMILY PHYSICIANS

1st Announcement

17th National Family Practitioners' Conference (2014) Family Medicine for all: Implementing COPC

Time: 2 to 4 May 2014 (Friday lunch time to Sunday lunch time).

Venue: University of Pretoria (Hatfield Campus), Pretoria South Africa

We are partnering with the IPA movement in the organisation of the conference.

The role and skills of generalist doctors and how it relates to the generalist team to implement COPC will be the focus. The academic program will also include skills training e.g.: Pain management, change of lifestyle counselling, using data to improve practice and management of chronic illness.

Research will be the focus of the Friday afternoon while the Saturday and Sunday will be aimed at the specific needs of General Practitioners in private and public sector.

Other members of the COPC team will be invited and accommodated in the program.

Further announcements on registration, abstracts etc will follow shortly.

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