Belgian lessons for FaMEC

In December 2004, five representatives from family medicine departments in South Africa were invited to benchmark with ICHO, the family physicians' organization in Flanders, Belgium in the framework of the VLIR Own Initiatives program (2003). This experience and its meaning for practical solutions in the South African context are spelt out in a series of five articles. The first will give an overview of the country, its history and health system. The second article will concentrate on the Flemish model for training family physicians and the third will elaborate upon the educational system which is in place. In the fourth article, a particularly interesting concept, the learning plan, will be dealt with and in article five the evaluation system is discussed.

The purpose of this series is to stimulate debate in South Africa at a time where the new registrar training is imminent and ideas are still fluid. The essence of the debate should be to encourage good principles and practices experienced in other countries, to take root within a South African context.

The first article on p… discusses the background to Belgium, the ICHO and the FaMEC project within which this scholarship visit occurred. There were many lessons learnt. It became very apparent that despite the learning afforded by the visit to Flanders the concentrated time the scholars spent sharing their own South African contexts was in itself valuable –insight was often stirred by collective reflection on various elements in the visit. The scholars also found that the African context was different and needs to be embraced more clearly. This has evolved since with greater South-South cooperation evident in the follow-up VLIR-ICHO-FaMEC project in April 2006. The project now goes beyond South Africa to developing a network between Southern and Eastern Africa. The dilemmas and slow progress around standardization –a common training programme, assessment and research- need to be explored. It was clear that a standardized vocational training programme will only occur by sharing the various SA programmes in detail between South African Universities. If the Flemish Universities have bravely given up their universities parochial need to be 'different' in the national interest why are we so hesitant in South Africa where the need is more?

FaMEC is growing yet feeling constrained by lack of organizational capacity. Whilst organic growth has been good our sponsors were clearly very interested in sustainability. FAMEC has reviewed the VLIR-ICHO project and programme since 2003 and adopted plans for long-term sustainability using ICHO as a model. FAMEC is exploring a legal framework of partnership and a clear business plan to develop its organizational integrity. The ICHO-ISHO model challenges FAMEC to actively network between Departments of Family Medicine, with service providers and stakeholders, provide leadership/advocacy and develop grounding within the service - both public and private. The 'assumptions' in the project and stakeholder perceptions of Family Medicines 'ivory tower' thinking are beginning to be seriously addressed.

The structure of ICHO with a director and educationalist challenges FaMEC to think through its own structures as it goes forward. FaMEC has already incorporated educationalists, researchers and other relevantly skilled people into staff structures in its proposals to the Department of Health. Individual departments of Family Medicine need to actively explore this within each Province. FaMEC is already boldly broadening the concept of the Family Medicine clinical team in the African setting as inclusive of Primary Health Care nurse and Clinical Associate. We are defining Family Medicine in Africa. The strong views of our promoter and host in Gent, Prof Jan de Maeseneer, on Health Systems has led to greater and broader insight on the future of Family Medicine in South Africa. We clearly struggle in Africa with resources and teamwork is the way forward.

To succeed at imminent sharp growth in Family Medicine we need to focus quickly on improving the standards of trainers and the rigor of Family Medicine training itself. It will be vital for the scholars to jointly develop 'train the trainer' workshops, equipping each university with training capacity and taking these to a wider audience in South Africa including the private sector. Belgium offers models for group practices as training complexes – we need to develop ours. The scholars also need to facilitate task groups around the learning issues identified. South Africa needs much stronger medical education competency – Family Medicine Departments need to take the lead in setting these up within departments. We are going to be limited in the near future with capacity to train registrars. We need to think out of the box. The ICHO documents on the site are very valuable and should be adapted to use in SA similarly. FAMEC needs to establish a presence on the Internet that is accessible to all students and should consider national support systems around the core curriculum using the models detailed in the second article.

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