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Family Medicine as a New Speciality in South Africa.

To the editor: The proposed development of family medicine as a speciality is a welcomed decision by the HPCSA to finally upgrade the status of a trained generalist. Congratulations to the people who worked on this matter! This announcement is followed in March 2004 by the proposed midlevel medical worker to assist the doctors mostly in the under serviced areas. A sign of strengthening the backbone first level of entry of patients seeking medical attention and to minimise secondary and tertiary level referrals!

De Villiers mentions two things, the implications of being a medical speciality¹, specific field or scope of practice and training program. Having undergone good training at Stellenbosch for MFam Med, I agree there will be a need for further skills training especially in the fields of surgery, counselling, psychiatry, anaesthetics and palliative care to equip doctors who will be in the district health clinics, rural areas and in private practices. This is where there is an ever increasing need of well trained doctors as they will also train the

young doctors doing community service in the district hospitals. Those near teaching medical schools will be of greater assistance with the training of medical students assigned to their practices.

Dispensing will be crucial for these well-trained family physicians with an important role in the management and supervision of HIV/AIDS, assisting with the roll out of antiretroviral drugs (ARVs)².

The principles of McWhinney will have to be adapted to suite the very diverse South African society and rest of African continent. This will cater for the cultural differences and beliefs that exist with overwhelming HIV /AIDS epidemic in the different communities. This also emphasises why family medicine should be compulsory for general practice³.

The overwhelming chronic ill health, death and dying that doctors have to deal with, requires a good support infrastructures to cope with the added stress of HIV /AIDS.

The challenge for the government will be incentives to attract doctors, nurses and proposed midlevel workers to the rural areas.

What is the position going to be with the family physicians with MFamMed?

Good luck with the negotiations for all resources and transformation!

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Reference:

1. De Villiers PJT, Family Medicine as a New Speciality in South Africa. SA Family Practice 2004; 46(1): 3
2. Hugo J et al .The rollout of Antiretroviral (ARV) treatment and the contribution of Family Medicine-let's take the gauntlet. SA Fam Pract 2003; 45(8):3
3. Hugo J, Why Compulsory Family Medicine for General Practice. SA Fam Pract 2003; 45(4).