



Transforming the Academy

Readers of this journal and members of the South African Academy of Family Practice/Primary Care (SAAFP) will know that the SAAFP is currently going through a process of profound change, which started during January 2006.¹ The main driver behind this was the ideal to form a single organisation that could serve the needs of academic family medicine in South Africa, both in the private and public sectors, in close collaboration with the universities. This process gained more momentum when family medicine finally became a specialty with the HPCSA at the beginning of 2007.

Before 2007 academic family medicine was organised into three main groupings: (1) The SAAFP focusing on organising and offering continuing professional development (CPD) in many forms, such as meetings, conferences and publications; (2) the College of Family Practitioners (CFP) offering a professional examination as entry into the family medicine register as an alternative to the university professional qualifications; and (3) the universities, offering structured vocational training degree programmes as an entry into the family medicine register.

In practical terms all these activities and functions were performed by a relatively small group of practitioners, and it became clear that academic family medicine needed to create more unity in standards and function and eliminate duplication. It was decided that the first step should be to merge the Family Medicine Education Consortium (FaMEC), which represented the university departments/divisions of family medicine, and the SAAFP to form one representative organisation focusing on CPD, vocational training and the further development of the discipline. The second step would be to create a unitary end-point examination for the specialty between the CFP and the universities.

The SAAFP and FaMEC were finally merged at the end of 2006, followed by the election of a new Board of Directors to give shape to the new organisation. The Board had its first strategic planning meeting on 19th of April 2007. Below are some proposals from the Board aiming at the consolidation of the merger process and to provide for the necessary structures to perform the functions needed from the organisation.

Members of the SAAFP are hereby invited to comment on these proposals as part of the consultation process of the SAAFP with its members. Final proposals will be presented to the membership for approval at a general meeting, as some of these changes would require amendment of the SAAFP's articles of association.

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1. The **name** of the organization be changed to: "**Academy of Family Doctors South Africa**". It was felt that "**Academy**" should remain part of the name. An alternative would be to rather use the name of the discipline in the name, i.e. "**Family Medicine**".

2. The **vision**: "The Academy of Family Doctors South Africa strives to optimise patient care provided by family doctors in South Africa".

3. The **mission**: "The Academy of Family Doctors South Africa is an organisation whose members practice in any context (*of health care*). It strives to continually improve the clinical care of its patients through advocacy, teaching, learning, research, and service delivery."

4. **Corporate image**: The logo and corporate colours (blue and maroon) of the organisation to remain unchanged.

5. **Membership**: The articles of association be amended to make provision for different categories of membership with differential fees, and that the board can revise these fees annually. For example, it was suggested that there should be a category to cater for registrars in family medicine.

6. **Structures**: The following sub-structures are proposed to perform the various functions of the new organisation:

(a) *Health Policy (committee)*: The President and Deputy President of the Board would be the spoke persons for the organisation, and together with members in key positions monitor health policy and standards in practice. The organisation should monitor, speak out (advocacy role) and suggest policy changes to government, in line with the mission of the organisation.

(b) *Editorial Board of South African Family Practice*: This is already in place and should continue with its current role.

(c) *CPD (committee)*: Redefine the organisation's role in CPD, first by looking at current CPD functions and programs in the regions and how they could be supported, and by promoting maximum collaboration between the organisation, University departments of Family Medicine and other organisations.

(d) *Education, Teaching and Learning and Research (committee)*: This committee would perform most of the functions previously performed by FaMEC. It would provide input into curriculum's of the universities (under graduate and post graduate), promote the sharing of resources, and coordinate the publications of handbooks for the discipline.

(e) *Quality Improvement*: In service delivery, standards and protocols, access and distribution, peer reviews, put in place a code of conduct for members, credentials and accreditation.

7. **Administrative support**: Finally, it was decided that the administrative and logistic support structures of the SAAFP should be reviewed once the sub-structures has been finally agreed to.

Comments and proposals can be sent to saafp@netactive.co.za or faxed to 011-8076611

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Editor

Reference:

1. Mazaza S. The new face of academic family Medicine. SA Fam Pract 2006;48(9):3