



Family Medicine as specialist discipline: Roots in History

The final publication of the regulations making family medicine a specialist discipline for family medicine, general practice, primary care and rural health in South Africa in the Government Gazette of 17 August 2007 was indeed a milestone. This editorial gives a short historical perspective to respect those who came before us and to guide us into the future. A more factual description of the history of the discipline is described in "The First 25 years of the Academy" published in 2005¹.

Several roots can be identified in this process:

General practitioners

From the late 1950's, general practitioners, some with training in the UK, started to organize themselves around academic issues. They were involved in the establishment of the College of General Practice and the Academy of Family Practice / Primary Care. An important aim of all these was to reflect on their practice and to promote learning and research in general practice through continuous medical education and vocational training. The Academy already in 1985 developed a comprehensive plan for national vocational training and established two training programmes. With the compulsory CPD (Continuous Professional Development) in 2000, the Academy became the most active accreditor of CPD in the country.

Missionary and rural doctors

Churches developed health care in rural and poor areas in SA as part of mission activities. Doctors in these hospitals rendered basic care at small hospitals and soon extended care to communities through health promotion, health education and district clinics. These later became homeland health services where health wards became functional health districts. From them we inherited the notion of caring for the people in need and the comprehensive community based care. This became a strong rural health movement through RuDASA (Rural Doctors Association of Southern Africa) and academic Rural Health Units at several university medical faculties and the Rural Health Initiative (RHI) established by the Academy.

Family Medicine Departments

The first department of family medicine was formed in University of Pretoria in 1968. This was followed by other universities until all had departments in their Health Science Faculties. These departments clearly defined the theory and practice of family medicine so that it could be taught to undergraduate and post graduate students. They also play an increasingly important role in undergraduate training. The collaboration between these departments lead to the establishment of FaMEC (Family Medicine Education Consortium), which played a crucial role in the development of family medicine as a specialist discipline.

Urban primary care

Another, often neglected root is the primary care service in

large urban areas e.g. the day hospitals in the Cape Peninsula and clinics in Soweto. Nurse clinicians and doctors in these services provide care to large populations. Many of these services are now included into urban health districts and teaching complexes. The challenges and advantages of partnership between the doctor and nurse clinician, and its implications for primary care and family medicine come from this root.

International links and influences.

The international root is also very old. The first training in SA was as chapters of the British Royal College of General Practitioners. Further links with family medicine in Holland, North America and especially with Ian McWhinney from Canada significantly shaped the early years of theory development in SA. Later collaboration with the Belgian (Flemish) family physicians through ICHO (Interuniversity Collaboration for Training in Family Medicine) helped in the formation of FaMEC. The Belgians funded the "Optimisation of Family Medicine Training in SA" project that ran from 2003 to 2006. It facilitated standardized and coordinated national family medicine training and development of training complexes in districts throughout SA. This project is continuing with family medicine development in other African countries.

Political history

The two major political events in SA in the 20th century left clear marks on family medicine. The 1948 take over by the National Party which with the help of the medical fraternity put a stop to the promising development of Community Oriented Primary Care (COPC) which started in the Pholela project of Kark and of the direction to community based primary health care proposed by the Gluckman Report. Consequently nearly a half century passed in which primary care and community based care was neglected in favour of large hospital, tertiary care development. During this time general practitioners and missionary doctors were involved in the development of primary care largely without government policy support. The Alma Ata Declaration in 1978 did help to give primary care more prominence, but the actual development of clinical care at primary level depended largely on people outside the government service.

The second major event, democracy in SA in 1994, put the ANC health policy in place with the District Health System as the basis of health care. In response family medicine in SA claimed the health district as the domain for the practice of family medicine; in the private and the public sectors, in hospitals, clinics and health centres and by doctors, nurse clinicians and home-based carers.

How will the development from these roots influence future policy and practice, and grow into care that is more appropriate for all the people of South Africa?

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Reference

1. Fehrsen GS (editor) The First 25 Years of the Academy. FAMILIT, Pretoria 2005