



FaMEC strategy into the future

The Family Medicine Education Consortium (FaMEC) was formed in 1997 by all the Departments of Family Medicine/Rural Health in South Africa. It has been going from strength to strength.¹ It set a broad developmental goal in 2003 “to contribute to a higher accessibility and quality of family medicine/primary health care in South-Africa, with special attention to underserved groups”. The needs for equity and transformation through the district health system and the adaptability of the medical practitioner, team and system in South Africa have been strong values.²

The broad academic goal since 2003 has been “To produce a better trained family physician operating in the framework of primary health care”. Other objectives were to network with a variety of stakeholders (including developing African Family Medicine) and to strengthen the organization of FAMEC. This has produced major gains in expanding the presence and relevance of Family Medicine.³ Family Physicians are progressively becoming key specialists in the District Health System (DHS). FaMEC has been challenged, with the end of the VLIR OWN INITIATIVES PROJECT (ZEIN 2003) in April 2006, to strategise its sustainability into the longer term fabric of South African health care.⁴

“Building the Clinical Team in the District Health System” and developing “Quality PHC service in the DHS” is becoming Family Medicines answer to African needs. The opportunity to develop the clinical team (including PHC Nurse and Clinical Associate (CA)) with a mix of appropriate skills and negotiated roles can help Family Physicians provide quality individualised care cost-effectively within an equitable population-based approach.⁵ FaMEC is embracing the development of the clinical team together with the development of doctors and the Family Physician.^{6,7,8,9}

FaMEC has resolved that the proposed training of CAs be part of a holistic solution. This solution is seen as developing team-based Departments of Family Medicine/ Primary Health Care in the District Health System responsible for clinical service. This process can be best driven jointly between FaMEC at National and Provincial level with post structures for District and Sub-District Family Physicians in all Health Districts. Government must aggressively market the ‘Health District’ and develop continuity and accountability in community practices. The clinical team members (including PHC Nurses and Medical Assistant) must be meaningfully assimilated into the body of Family Medicine whilst improving the general standard of Family Medicine training.^{10,3} Whether common ground is built on these thoughts will depend very much on the trust between Government and Family Medicine and between Family Physicians themselves. It seems to be promising so far.

Whatever the outcome of this deliberation with the National Department of Health FaMEC has also resolved that FaMEC must be strengthened into a legal entity, develop long term financial sustainability, be able to facilitate common interests

and also communicate a Family Medicine vision for Africa. The broad developmental of and academic goals training of 2003 are visionary. The development of the FaMEC as an organisation must support the inexorable move of Family Medicine to centre stage in health service delivery in South Africa and Africa. FaMEC is challenged to think through supporting Family Physicians in the DHS.

Family Physicians must develop the DHS as centres of excellence and a learning organisation. They need to weave together the Principles of the District Health System, Family Medicine, & Batho Pele with a focus on key national clinical priorities. There must be an active plan to addressing access issues, inequity and marginalised rural and urban health care specifically.

The challenge will be to develop adaptable clinical team approaches and cost-effectiveness in primary health care. If FaMEC is to be organisationally strengthened it must include the full clinical team within the body of Family Medicine / Primary Health Care and support appropriate career paths, remuneration, recruitment and retention strategies for the clinical team. Family Physicians must also integrate private and community health resources into the DHS and develop the National Health System.

FaMEC needs to ensure that all stakeholders are involved in its progress and that Family Medicine truly reflects South Africa's future. Unity has been a repeated call but a super-organisation is not the answer. We need to see beyond self-interest, develop a shared set of values, identify common goals and strengthen collaboration around these.^{11,12} It often emerges with enough straight talking.

Dr Shabir Moosa, MBChB (Natal), Dip PHCSM (Wits) MMed (FamMed) MEDUNSA

Coordinator Full-time Post-Graduate Training, Department of Family Medicine, University of Witwatersrand
Project Manager: Development of Clinical Departments of Family Medicine / Primary Health Care in District Health Services, Gauteng Department of Health

References

1. Blitz-Lindeque, J. FaMEC 2002-2004.ed. South African Family Practice. Oct 2004; 46(9).
2. ICHO-FaMEC VLIR project proposal. June 2003.
3. De Villiers P. Family Practice: Special Category, Specialty or simply Special People? Ed. . South African Family Practice. Mar 2000; 22(2)
4. Minutes: Farnec Workshop, Hammanskraal, January 2005.
5. Mhlongo, SWP.ed Can Family Medicine extricate itself from the shackles of Biomedicine? SA Fam Pract; Apr 2004; 46(3).
6. Hugo, J. A look at the future of Family Practice in South Africa. SA Fam Pract. Dec 1999; 21(2).
7. Cameron, D. Are Nurses the answer to the health needs of rural South Africa. SA Fam Pract, SA Fam Pract. 2003; 45(7)
8. Hugo, J. ed Midlevel Worker: Problem or solution. SA Fam Pract Mar 2004; 46(2).
9. Hugo, J. Implementation Plan for a Midlevel Worker for South Africa. A discussion paper. SA Fam Pract Mar 2004; 46(2).
10. Ingle. R. Vocational Training. For whom? SA Fam Pract May 2004; (46(4).
11. De Villiers, P. Vocational Training-revisited. SA FamPract. Apr 2000; 22(3)
12. Mazaza, S. ed The Academy through the lens of its new National Chairman. SA FamPract Dec 2003; 45(10).